

The Adult DCD/Dyspraxia Checklist (ADC) Instructions for use (Kirby & Rosenblum, 2008)

Revision of scoring (2011)

About DCD in adults

Developmental Co-ordination Disorder (DCD), also known as Dyspraxia in the UK, is a developmental disorder affecting motor co-ordination. The American Psychiatric Association (APA; 2000) cites the prevalence at 6% for children in the age range of 5–11 years. Having reasonable co-ordination skills is a necessary requisite for nearly all activities of daily living and for full participation in school. The child with DCD usually has difficulties undertaking a range of self-care tasks at home such as feeding and dressing and has difficulties in school with tasks such as handwriting and playing team sports. Presentation of signs and symptoms may vary depending on the age of the child and the demands presented to him or her. As the child grows up new skills may present new challenges. In teen years greater academic and sporting demands may lead in a child who has managed well in primary school to start to have difficulties. Difficulties may include recording information at speed and playing team games. The difficulties may result in lowered self esteem and greater social isolation (Poulsen, Ziviani & Cuskelly, 2007) and increasing peer relationship problems (Dewey et al, 2002).

The diagnostic criteria for Developmental Coordination Disorder (APA, 2000) describe a childhood developmental disorder and may not be appropriate for an older age group. The adult presentation of motor symptoms and signs may have altered because the individual has received intervention or can now adapt or avoid situations or specific tasks. For example, as adults they may avoid playing team games or may use a computer to record information rather than having to write by hand. However, this does not mean the individual no longer has difficulties and these may be seen when he or she tries to acquire new skills such as learning to drive a car.

What is the Adult DCD/Dyspraxia Checklist (ADC)?

The ADC is a useful tool to help identify Developmental Co-ordination Disorder/ Dyspraxia/ movement difficulties in adulthood. There are currently many DCD/Dyspraxia checklists for children but few have been extended to DCD/Dyspraxia in adulthood.

The questionnaire

The ADC has been trialled with over 100 students and young adults in both the U.K. and Israel and has been shown to effectively identify DCD/Dyspraxia type difficulties in adults. The ADC is divided into three parts.

Background information

The aim of the first part of the questionnaire is to gather background and contact information. Information regarding other/past diagnoses is useful as it allows an understanding of other areas of difficulty that may impact on the individual such as attention or reading difficulties.

Section 1: Childhood history

In order to meet criterion B of the DSM-IV (i.e. having difficulties interfering with activities of daily living and education since childhood), ten questions relate specifically to past motor difficulties in childhood.

Section 2: Current functioning

Section 2 contains items about current functioning. These questions look at areas that have been associated with DCD in childhood such as daily living skills, self organisation, learning new skills, sporting behaviour, leisure behaviour and handwriting. These questions were selected from information gathered from clinical practice working with adults with DCD and with discussion with occupational therapists working with adults with DCD.

Who can use the ADC?

The ADC can be completed by any adult over 16 years of age. Employers or Higher/Further Education staff may wish employees or students to complete the ADC in order to identify areas of strengths, weakness and areas that need further support. Additional information from other sources such as parent, teacher or employer may be useful also to gain a more complete picture and to corroborate information and /or difficulties.

How do I complete the ADC?

The ADC should take 10-15 minutes to complete. The checklist is simple to complete and contains instructions throughout. Once complete, the checklist can be scored using the attached scoring sheet. It is not a diagnostic tool but can be useful in highlighting areas of difficulty and identifying the need for further diagnosis, assessment or support.

Scoring and interpretation of the ADC

In order to get a joint score the adult needs to complete Section 1 (as a child) and Section 2 (current functioning)

Each question is allocated a score as follows:

Never = 0

Sometimes = 1

Frequently = 2

Always = 3

Add Section 1 and Section 2 to give an overall total

The individual requires a score of at least 17 in Section 1 in order to meet the criteria of having past difficulties in childhood.

If this is the case then the combined score can be calculated.

A score of:

56 + = DCD at risk 65+ = Probable DCD

Additional note:

Differential Diagnosis

- Some individuals may score high on the ADC but may not have DCD. Individuals with visual impairment and visual perceptual difficulties alone may have difficulties with co-ordination. Look at the pattern of difficulties in the answers.
- Someone who has Cerebral Palsy could have similar scores on many of the questions.
- Some individuals have poor motor function but may have Joint Hypermobility Syndrome- these individuals often have pain on writing, and flexible fingers.
- Individuals with cognitive impairments will have a marked increased risk of motor impairments, especially if it is below 70. Be aware someone that presents with a global pattern of difficulties in a number of domains, this may not be representing a specific learning difficulty. For this reason the diagnosis is usually not given below 70 as there is a much higher frequency of motor difficulties.
- Deteriorating motor ability is a 'red flag' and advice should be sought from a GP, or neurologist.
- Pain on movement should also seek additional guidance.

*******Gaining a multiple informant view point**

Always try to look at the pattern of difficulties being presented. Take a past history in childhood. Seek additional information from individual, parent (where possible), school, and/or present employer/lecturer to gain as full history as possible. There is not one test that will diagnose DCD in adults but best practice suggests the need for triangulation of information.

Someone who has scored low in past difficulties in childhood is very unlikely to have DCD. Their recall may be poor and seeking past historical information on childhood functioning should be sought through from enquiry from parents, old school reports etc.

Additional sources of information to assist with screening

Look at handwriting *quality, speed, accuracy*- usually individuals with DCD have poor control in writing, variable letter formation, poor spacing and difficulty maintaining writing along a line leading to poor legibility.

Co-existing difficulties

Dyslexia, ASD, Dyscalculia and ADHD commonly coexist with DCD.

Consider ADHD where the individual has poor organisation, and time management difficulties as well as impulsive behaviour and poor attention skills.

Consider Dyslexia where there are writing difficulties alone. Some individuals will present with poor handwriting who have Dyslexia, because of difficulty in spelling words. In a copy task these individuals should perform better than in a free writing task. The form of the letter formation is usually more consistent in these individuals than in those with a predominant motor difficulty, even though it may appear 'untidy' and slower to produce.

Consider ASD where an individual has difficulties socialising with others, has poor group interaction,