

Diagnostic Interview for DCD in Adults 2018 (DIDA)

Ref: Kirby,A, Barnett, A, and Hill, E.

Introduction

The European Guidelines for DCD (2018) are in line with DSM-V (2013)/ICD-10 and for the first time include adults with DCD.

In the UK DCD is also known as Dyspraxia and this document is referring to the same condition.

DIDA offers a process to follow for the assessor in order to check the criteria for diagnosis are met and to be able to operationalize them.

The interview protocol provides some concrete examples to ask about concerning the person's performance in the past (e.g. in childhood/school days) and their current performance.

The aim is to explore if the person has a pattern of motor symptoms and signs that demonstrate that the person is most likely to have DCD and not another condition.

DIDA focuses predominantly on the **core motor symptoms** of DCD.

It is also important to remember that DCD/Dyspraxia impacts on the person's life far more widely than 'just' the motor domain alone, BUT motor difficulties need to have been present to be able to fulfill the criteria for diagnosis.

***No motor symptoms - either now, or in the past
= it is not DCD/Dyspraxia**

For confidence in the diagnosis there is a need to elicit examples of impact on daily life and activities in the past and currently. This includes examples:

- when the person was in school (pre/primary and secondary schools)
- at home
- in work/study
- and in leisure.

Childhood difficulties indicate that this is not a new disorder (such as being caused by a brain tumour, or head injury or other condition such as Multiple Sclerosis) arising in adulthood but has been present since a young age.

Examples are required of *the impact of having motor difficulties* that relate to socializing, relationships and family life, along with types of choice hobbies and the impact the challenges have had on the person's self-confidence known to be related to DCD.

Where possible, gaining information from different sources can help to provide a greater picture of impact. This may include parents/partners/ and friends (where appropriate) who are able to contribute additional information especially about past performance in childhood. This is called triangulation of information.

DCD often co-occurs with other conditions (e.g. Dyslexia, Dyscalculia, ADHD, ASD, DLD). Presence of symptoms of these other conditions does not preclude a diagnosis of DCD.

In addition, conditions such as anxiety and depression may also co-occur and need to be considered. If there is any concern discuss this with the person seeing their G.P.

Motor difficulties can also be present with other motor conditions and so this also needs to be excluded e.g. Cerebral Palsy, Stroke, Parkinson's, Multiple Sclerosis and Muscular Dystrophy.

UK DCD descriptor (2018)

Developmental Coordination Disorder (DCD), also known as Dyspraxia in the UK, is a common disorder affecting movement and coordination in children, young people and adults with symptoms present since childhood.

DCD is distinct from other motor disorders such as cerebral palsy and stroke and occurs across the range of intellectual abilities. This lifelong condition is recognised by international organisations including the World Health Organisation.

A person's coordination difficulties affect their functioning of everyday skills and participation in education, work, and leisure activities. Difficulties may vary in their presentation and these may also change over time depending on environmental demands, life experience, and the support given. There may be difficulties learning new skills.

The movement and coordination difficulties often persist in adulthood, although non-motor difficulties may become more prominent as expectations and demands change over time.

A range of co-occurring difficulties can have a substantial adverse impact on life including mental and physical health, and difficulties with time management, planning, personal organisation, and social skills.

With appropriate recognition, reasonable adjustments, support, and strategies in place people with DCD can be very successful in their lives.

Please see: www.movementmattersuk.org for more information on adults and DCD (Dyspraxia).

Please read before using DIDA

1. The aim of DIDA is to provide a framework for gathering information to demonstrate if the individual meets the criteria for DCD (or not).
2. Ask the preliminary question in italics- if the person is finding it harder to give a response you can prompt with the examples provided in each section.
3. If they provide a response similar to the ones given, tick them off.
4. If they provide specific examples, write them in the box provided beneath each section. This allows you to gain the evidence for your report.
5. Where possible also try to obtain corroborative information- this can be gathered by gaining information from other sources e.g. school reports, parent testimonial, reports from professionals to support information being provided, from partners.

The aim is to try to determine the ***pattern and severity of impact of motor co-ordination*** difficulties and the secondary consequences of these difficulties on participation and activity in different settings.

Note: Impairment needs to be seen in more than one setting and present since childhood.

IMPORTANT first stage: completion of the ADC.

Before starting the interview ask the person to complete the Adult DCD checklist (ADC). They may need to ask their parents/guardians about questions about their childhood. This is often better completed before you see the person face to face.

The score in the ADC allows you to screen before the assessment and if this does not highlight a likelihood of DCD there is no need to proceed (in the majority of cases).

You can also use the responses (where the person has said they have a difficulty) in the ADC to ask for further elaboration in the interview stage.

Notes to assessor (These are all in green and are present providing additional information)

At the start of the interview:

Explain to the individual:

(The following is an example of a script that can be used).

I am going to ask you a series of questions to find out if you have symptoms and signs that are often seen with people with DCD/Dyspraxia. The questions will be about how things are for you now and also things about your childhood.

The questions I am going to ask are based on the definition of DCD/Dyspraxia which is the accepted understanding internationally of what it is.

For each question if you can provide me with some specific examples of how this has impacted on you, now or in the past it will help me to understand your pattern of strengths and challenges that relate specifically to your life.

Everyone is different and will have difference experiences, opportunities and challenges for many reasons.

Part 1: Symptoms of Developmental Co-ordination Disorder (DSMV criterion)

DSM-V

Acquisition and execution of coordinated motor skills are below what would be expected at a given chronological age and opportunity for skill learning and use; difficulties are manifested as clumsiness (e.g., dropping or bumping into objects) and as slowness and inaccuracy of performance of motor skills (e.g., catching an object, using scissors, handwriting, riding a bike, or participating in sports).

(Use Adult DCD screener for additional information on *past* motor skills to gain a score.)

Note to assessor:

You are trying to gather information to demonstrate that there is evidence of having difficulties acquiring motor skills compared to others at a given age. This should be in childhood as well as currently experienced as an adult.

In order to do this, you need to find examples that support this. A comparison is made compared to others of a similar age i.e. what is expected for the age of the child.

Some children, but not all, with DCD have a history of delayed developmental milestones. Evidence of this does not mean DCD for certain but may be additional information to increase the likelihood that DCD is present.

Motor related issues in childhood (Pre-school, Primary and Secondary schools)

In order to demonstrate events and impact.
These can be used as prompts if required.

Assessor:

“I want to find out about how things were for you, day to day when you were a child, either in or out of school and if movement and co-ordination difficulties impacted on you day to day and in participating in activities that you would have liked to do, or needed to do?”

	Identified as problematic
Gross motor/Balance	
Type of sports chosen in/out of school and why/when e.g. position played in school/choice of non- team/ball sports. (Note to assessor: Some children can have a passion for a specific sport that results in them practising a lot and improving their skills. If DCD seems likely, and the person is playing a ball or balance sport, ask about amount of practice since childhood).	
Type of sports/activities avoided and why was this and when? (Note to assessor Comments from others; other children leaving them out; being placed in 'goals')	
Experience of playing in team games in primary and secondary school (Note to assessor: ask them what it was like)	
Others comments on motor skills- anything else of relevance?	
Experience of learning to ride a bike or not doing so?	
Using climbing equipment in playgrounds, falling, hurting oneself, breaking bones?	
Others recognising running style (ungainly, slower, speed) including comments made by others.	
Difficulties with playing ball games e.g. kicking, throwing, catching compared with others of a similar age.	
Sporting events at school-choice, participation, impact, avoidance e.g. sports day.	
Fine motor/Self – organisation	
Avoidance of construction toys e.g. Lego	

Recording information in class: speed/accuracy/legibility/pain	
Changing for games e.g. doing up laces, boots, fastenings, slowness?	
Packing bags/folding items, organising desk area, locker in school, losing possessions?	
Specific times if using cutlery and/or spilling food/pouring liquids was problematic	
Taking notes in class, copying off the board?	
Specific difficulties with tool usage e.g. cutlery, scissors, rulers	
Specific tasks difficult in school requiring co-ordination e.g. chemistry/CDT/art/crafts/slower than others/told off by teacher	
Difficulties with painting, drawing, colouring in the lines, with completing jigsaw puzzles as a young child	
Others comments about quality, legibility of handwriting	
Participation/Activity	
Avoidance of specific activities in school	
Playground games/participation?	
Managing lunchtimes in school e.g. opening packaging, carrying trays, using a straw, spilling/messy?	
Avoidance of activities at home/after school e.g. party, youth clubs, cubs, Brownies	
Swimming – under the water, slower to learn, difficulty with synchronising arms and legs together	
Support in school provided	
Impact of motor difficulties	
Lower self-esteem/felt different/others noticed	
Bullied by others	
Lack of friends/isolation/dependence on parents/sibs for friendships	
Weight gain during childhood	
Fatigue	

Write notes here of examples given:

Part 2: Current Symptoms of Developmental Co-ordination Disorder (DSMV criterion)

DSM-V

The motor skills deficit significantly or persistently interferes with activities of daily living appropriate to the chronologic age (e.g., self-care and self-maintenance) and impacts academic/school productivity, prevocational and vocational activities, leisure, and play.

Use **ADC for current motor related skills** and level of impairment and to gain the total score.

Assessor

"I want to find out about how things are NOW day to day, and if movement and co-ordination difficulties impact on you, day to day and in participating in activities you would like to do, or need to do?"

Ask the following to gain the specific examples of impact and interference in Activities of Daily Living (ADL).

Greatest problem(s) day to day?	
Support currently received at home or in college/university/work . Who provides this support and what form does it take?	
Fine motor and organisation	
Note taking in class/lectures/work setting slow/illegible/impact on functioning	
Do you avoid any sort of fastenings on shoes or clothes?	
Difficulties with self -care regime	
Slower completing assignments, exam time, under time pressures	
Ironing, folding items, packing bags	
Do you have difficulties with using utensils in the kitchen at all?	
Doing DIY tasks? Do others comment on this at all?	
Gross motor	
Types of sport (if any) chosen? What avoided and why?	
Avoidance of motor tasks or sports because of difficulties e.g. running, participation in team sports	
Impact on activity and participation	
Specific activities avoided day to day e.g. Learning to drive <i>Note to assessor: if they give an example ask why is it problematic to seek out information about the motor/planning components.</i>	
Social situations avoided and if so why e.g. dancing, clubbing	
Any related fatigue issues as a consequence of motor difficulties	
Impact in gaining employment or in studies/interviews	

Assistance provided, additional exam time, adjustments made by others	
Learning new work related skills accurately and to time?	
What if any strategies are used to compensate for motor difficulties e.g. using computer/ others taking over some tasks/not iron clothes/plastic cups	
Avoidance of motor tasks because 'clumsy/accidents' e.g. unloading dishwasher/ DIY/washing up, drying up?	
Impact of driving difficulties – bumps, parking, not driving a car.	
Dependence on others to do some tasks for you e.g. ironing, transport	

Write notes here of examples given:

Part 3: Onset started in childhood

DSM-V-*The onset of symptoms is in the early developmental period.*

Ask: When did you first notice or others such as your parents/guardians/health visitors or teachers) that you had some difficulties with your co-ordination?

You may need to ask individual ask parents if they know this information.

Assessor

“I want to find out if there is anything in your very early childhood that may have indicated that you could have motor difficulties. If you say yes to any of these it doesn’t necessarily mean you have DCD, but I want to try and build a picture with you to assist in making a diagnosis”

<p>Do you know if you have any delay with any of your motor milestones? (Note to assessor: walking later than 18 months) If yes, tick box. (Note to assessor: A lack of delay doesn’t preclude DCD either)</p>	
<p>Do you know if you had any delay in speech/understanding? (Note to assessor: DCD has been shown to overlap with language difficulties. Verbal dyspraxia can also overlap with DCD)</p>	
<p>Has anyone else recognized /been concerned about motor difficulties? What did parents/guardians/health visitor notice? What happened as a consequence of this?</p>	
<p>Any standardised assessments taken/ or reports?</p>	
<p>Have you ever received any intervention/ or specific support as a child for your co-ordination? If so by whom e.g. occupational therapist or physiotherapist? (Note to assessor: If yes, this may signify motor difficulties were recognized by others.)</p>	
<p>Have you been referred for an assessment because of your motor skills/difficulties in the past? If yes, to whom and when? (Note to assessor: If yes, this may signify motor difficulties were recognized by others.)</p>	

Anyone else in your family got a diagnosis of DCD/Dyspraxia?

(Note to assessor: DCD can run in families, and/or there may be the presence of other developmental disorders as they overlap often).

Write notes here of examples given:

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Part 4: Not due to other conditions

DSM-V

The motor skills deficits cannot be better explained by intellectual disability or visual impairment and are not attributable to a neurological condition affecting movement (e.g. cerebral palsy, muscular dystrophy, or a degenerative disorder).

You need to have evidence of this e.g. a GP letter, previous consultation or a report.

Ask the following.

If YES to any of the following then DCD diagnosis can't be given until ruled out.

Assessor

“Are you concerned about any of the following?”

<p>Any other known motor difficulties (concern about or been diagnosed with) e.g. Cerebral Palsy, Tourette’s syndrome, Muscular Dystrophy, Parkinson’s, Multiple Sclerosis, Motor Neurone Disease, stroke (CVA), Huntingdon’s chorea that you are aware of, or concerned you may have?</p>	
<p>Are you at all concerned that your co-ordination has deteriorated in anyway the past 12 months e.g. walking, writing, co-ordination, have a tremor you didn’t used to have, loss of skills?</p> <p>(Note to assessor:If yes, indicate the need to see G.P. and the diagnosis of DCD cannot be made.)</p>	
<p>Vision not been checked?</p> <p>(Note to assessor Poor vision could impact on motor functioning. Encourage the person to have their vision checked if it is more than 2 years since last testing.)</p>	
<p>Note to assessor :</p> <p>Intellectual disability/Low IQ present– Is there information from cognitive assessments that suggest that the individual could have a learning disability. Motor difficulties would have to be below other areas of functioning to gain a diagnosis of DCD – this requires specialist assessment.</p>	
<p>Motor symptoms arose in adulthood (The person should be seen by GP).</p>	
<p>Motor symptoms arose after road traffic accident or brain injury</p> <p>(Note to assessor :The person should be seen by GP).</p>	

Motor symptoms being reported as assymetrical (with or without tremor).	
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(Note to assessor This is unlikely to be DCD.)

Do you have pain or swelling in any of your joints or back?	
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Other relevant information

Note to assessor

Ask about past relevant history

Any other known learning difficulties or relevant diagnoses e.g. Dyslexia/ADHD/ASD/Dyscalculia/Developmental Language Disorders that may be co-occurring or the reason for presentation. DCD often overlaps with other conditions.

Do you think you may be depressed (feel low, sad,tearful), or feel anxious (caan't focus, feel agitated, have palpitatons), or may have any other mental health challenge that need to be considered for reasons for fatigue, low mood, avoidance of sports/participation?

Are there any other reasons do you think for motor difficulties being present e.g.avoidance of sports/participation/lack of opportunity to practice?

Additional surveys, assessment results that have been completed.

E.g. DASH, OT/physio reports, paediatrician's report, previous Educational Psychologist report, evidence of extra time in exams, Educational Health Care Plans, received a statement of educational need /Action/Action plus when in school or the equivalent.

Note to assessor:

Additional information that may inform the guidance can include assessments such as WAIS and Beery BUT should NOT be used as a basis for a diagnosis as they have not been designed for this purpose.

Report

Name

Date of birth

College/University/Workplace

Course /job type

Year of study

(if appropriate)

Date of interview