

Digital Commons @ George Fox University

Faculty Publications - Grad School of Clinical Psychology

Graduate School of Clinical Psychology

2010

Behavioral Issues of Children with DCC: An Update

Glena Andrews George Fox University, gandrews@georgefox.edu

Follow this and additional works at: http://digitalcommons.georgefox.edu/gscp_fac



Part of the <u>Psychology Commons</u>

Recommended Citation

Presented at NODCC 2010 Conference, Santa Clara, CA

This Conference Proceeding is brought to you for free and open access by the Graduate School of Clinical Psychology at Digital Commons @ George Fox University. It has been accepted for inclusion in Faculty Publications - Grad School of Clinical Psychology by an authorized administrator of Digital Commons @ George Fox University. For more information, please contact arolfe@georgefox.edu.

Behavioral Issues of Children with DCC: An Update

Glena L. Andrews, Ph.D.

NODCC 2010 Conference

Santa Clara, CA

- Lower capacity for somatosensory information processing
 - Schieffer, 1999
- Lower ability for tactile-spatial functioning
 - Brown et al, 1999
- Perform within average range on mental flexibility tests
 - Schieffer, 1999

- Difficulty with inductive reasoning
- Deficits in fluid intelligence:
 - Problem solving
 - Memory encoding
 - Concept formation
 - Sequential reasoning
- Difficulty learning new rules
 - Schieffer, 1999

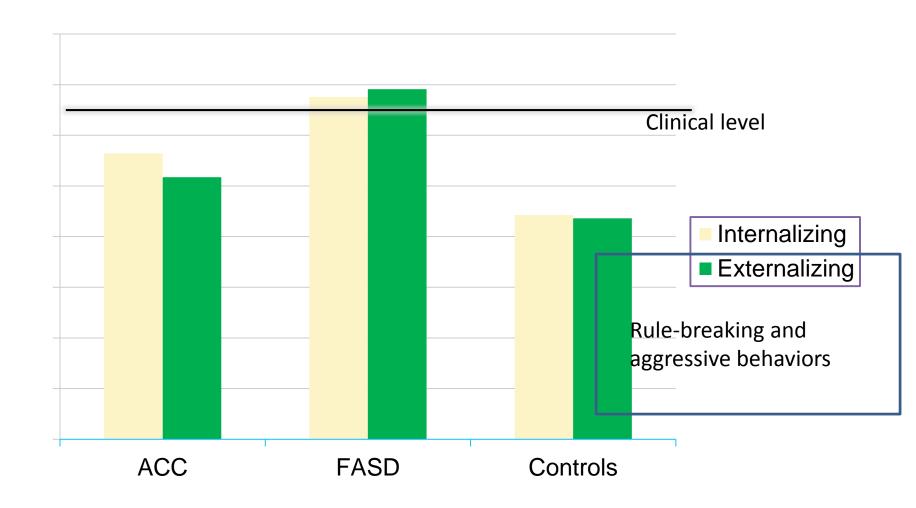
- Trouble processing complex social interactions
 - Schieffer, 1999, Paul, 1998
- Unaware of subtle interpersonal information
- Unaware of subtle emotional information
- Struggle to process emotions

- Less likely to use feeling words in describing events
 - Khatchikian, 2001
- Socially naïve
- Poor self-awareness
- More difficulty with emotional processing
 - Brown & Paul, 2000

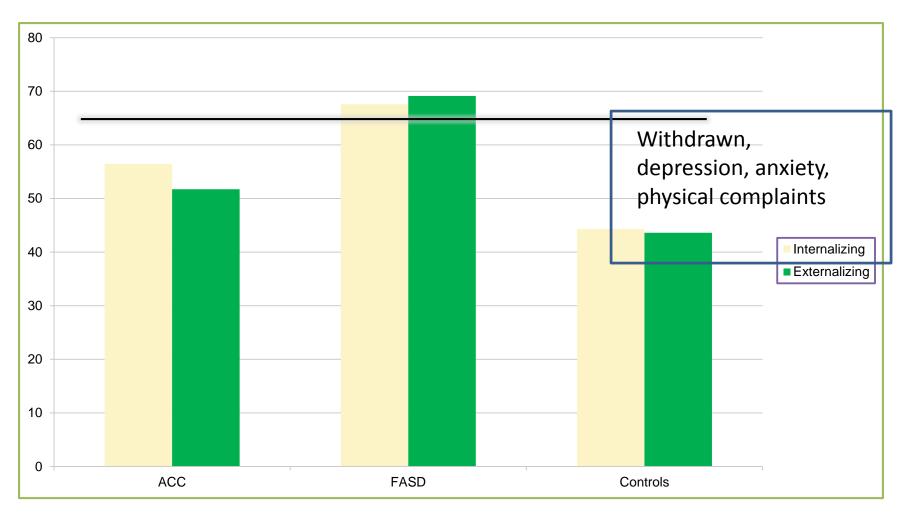
Behavioral Issues Research

- Children and teens (Mean age = 11 years)
- 28 with complete ACC
- 2 with partial ACC
- Comparison groups
 - Fetal alcohol syndrome
 - Prenatal exposure to alcohol
 - Children with no diagnosis

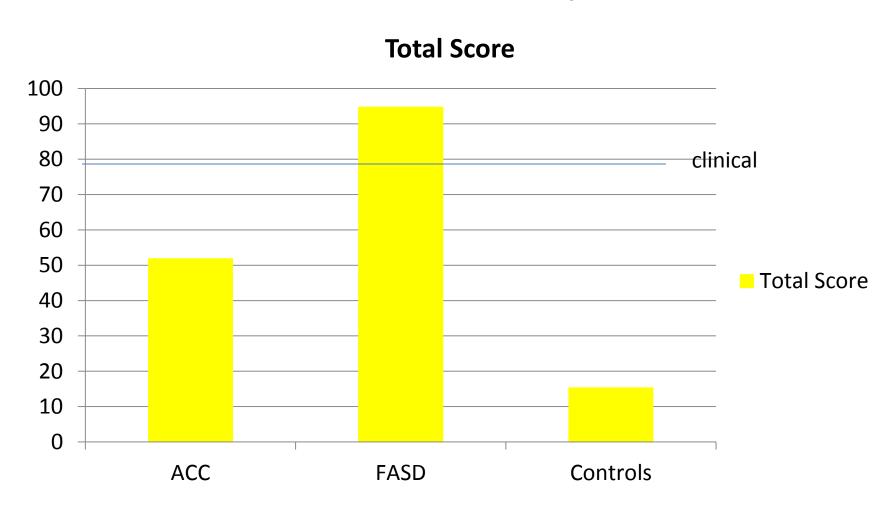
Behavioral Issues Research: Achenbach



Behavioral Issues Research : Achenbach



Behavioral Issues Research: Behavioral Traits Survey

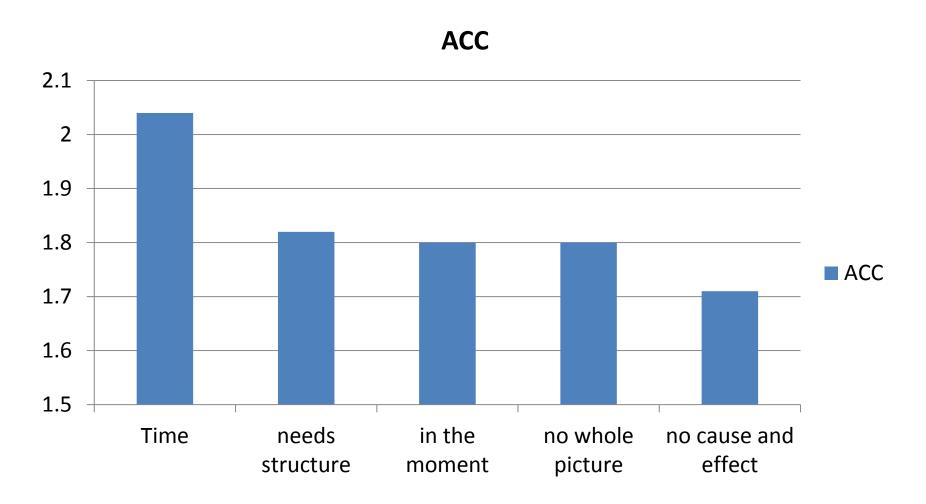


p<.0001

Behavioral Traits Survey

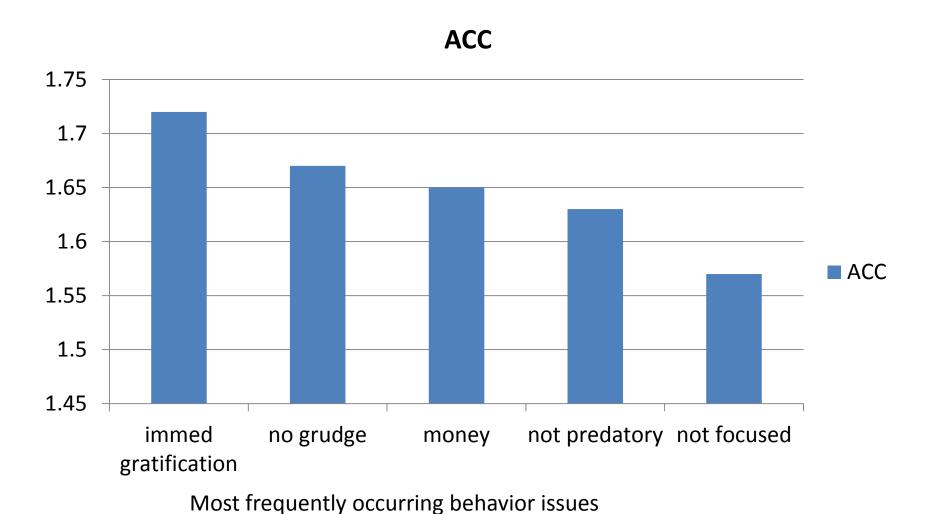
- Sample = 85
- 30 participants with ACC or partial ACC
- Ages 1 ½ to 28 years

Behavioral Traits Survey: Item Evaluation



Most frequently occurring behavior issues

Behavioral Traits Survey: Item Evaluation



Social and Emotional Research: Children 6-11 years

- Sample of 61
- All met age appropriate developmental milestones
 - Sat without support by 10 mo
 - Walked independently by 20 mo
 - According to parent report
 - Andrews & Badaruddin 2006

80

Social and Emotional Research: Children 6-11 years

- CBCL Social Problems
 - Overly dependent
 - Lonely
 - Does not get along with others
 - Jealous of others
 - Feels others are out to get her or him
 - Accident-prone
 - Is teased by others
 - Not liked by others
 - Clumsy
 - Prefers to be with younger children
 - Problems with speech

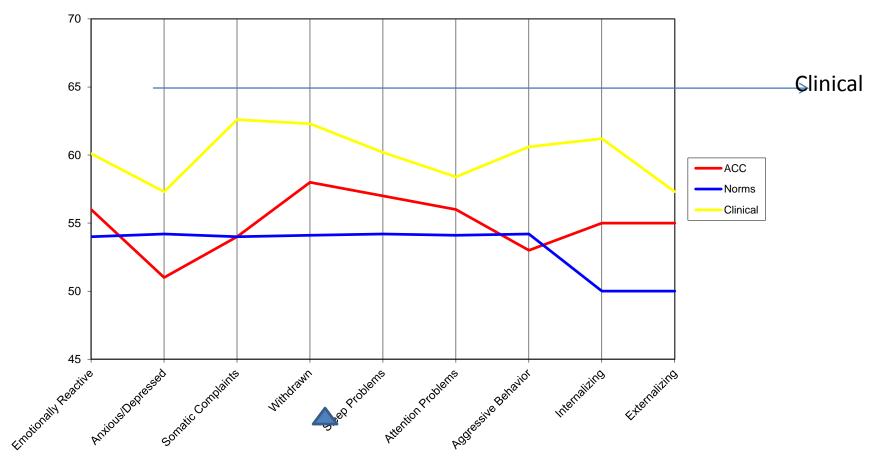
Social and Emotional Research: Children 6-11 years

- CBCL Thought problems
 - Ruminates
 - Harms self
 - Hears and/or sees things (others don't)
 - Twitches
 - Picks skin
 - Repeats behaviors or acts
 - sleeps less
 - Stores things
 - Unusual behavior/ideas
 - Sleep talks/walks
 - Trouble sleeping

Social and Emotional Research: Children 6-11

- CBCL Attention Problems
 - Acts younger than age
 - Fails to finish tasks
 - Unable to concentrate
 - Confused
 - Daydreams
 - Impulsive
 - Poor schoolwork performance
 - Inattentive
 - stares

CBCL Comparison for 2-5 year olds



CBCL Symptom Scales

Social and Emotional Research: Children 2-5 years

- CBCL Withdrawn
 - Acts younger than age
 - Avoids eye contact
 - Does not answer
 - Refuses active games
 - Unresponsive to affection
 - Shows little affection
 - withdrawn

Why the difference between 2-5 and 6-11 year olds?

- Increased social and academic demands with age
- Increased disparity in the myelination (maturation) of the corpus callosum

Comparison Group: Autism

- Confusion between children with DCC and those on the Autism Spectrum
 - Some similar behaviors
 - 23% of children with ACC would qualify for a diagnosis of Autism
 - 7% of children with ACC would qualify for a diagnosis of Asperger's disorder

Badaruddin & Andrews, 2006

Diagnostic Criteria for Autism Spectrum Disorders

- Deficits in Social Interaction
 - ✓ Nonverbal behavior
 - ✓ Developing peer relationships
 - ✓ Sharing interests with others
- Deficits in Social Communication
 - ✓ Delay in spoken language
 - ✓ Initiating & sustaining conversation
 - ✓ Repetitive or idiosyncratic language
 - ✓ Lack of make-believe or symbolic play
- Repetitive/Restricted Behavior
 - ✓ Preoccupation with interest
 - ✓ Nonfunctional routines or rituals
 - ✓ Repetitive motor mannerisms
 - ✓ Preoccupation with part of objects

ACC vs. Autism vs. Asperger's Syndrome

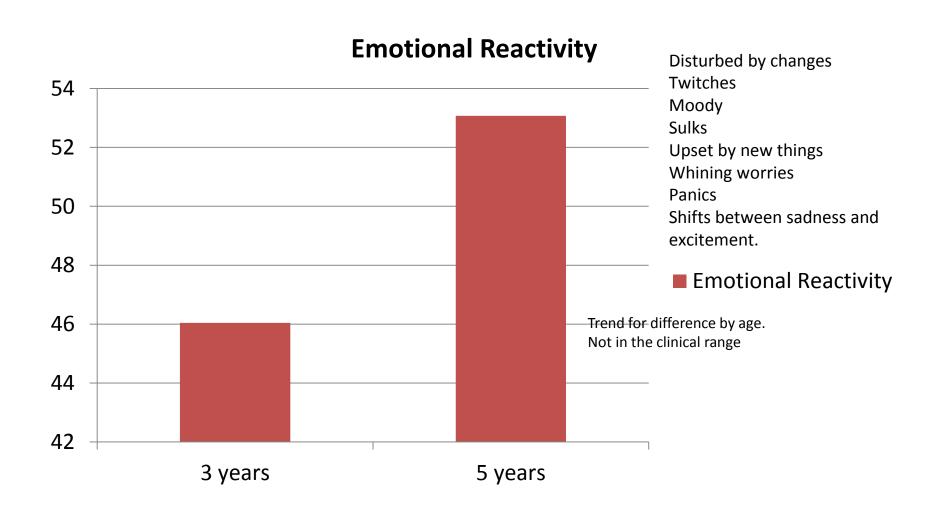
Diagnosis	Social Interaction Deficits	Social Communication Deficits	Repetitive and/or Restricted Behavior
ACC	X	X	
Autism	X	X	X
Aspergers	X		X

Implications from this study

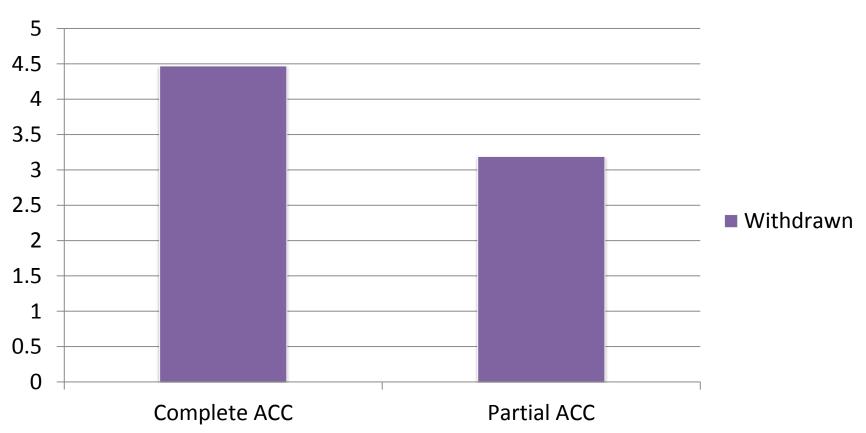
- Behavioral problems may become more pronounced with increasing social & academic demands
- With age, the disparity between corpus callosum functioning increases
- Autism interventions may be useful
- Autism diagnosis may be appropriate & useful (though ACC & Autism are not the same)

- Sample = 134
- Complete ACC
 - 54 females
 - 35 males
- Partial ACC
 - 21 females
 - 21 males

Infant-Toddler Study: CBCL



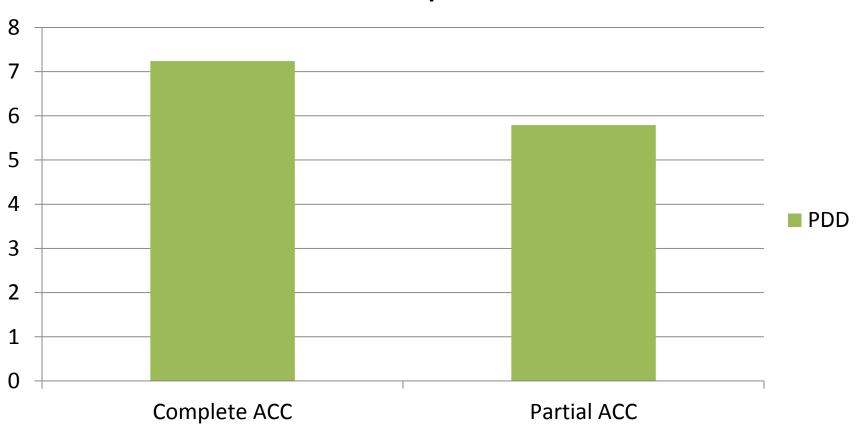




Trend, both within average range

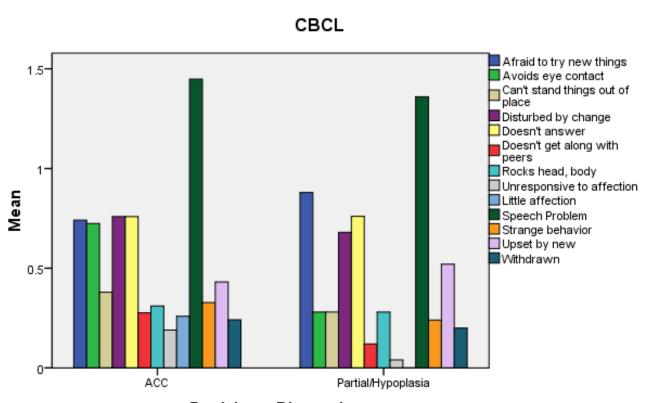
Infant-Toddler Study: CBCL

Pervasive Developmental Disorder



p<.05 complete ACC in borderline clinical range

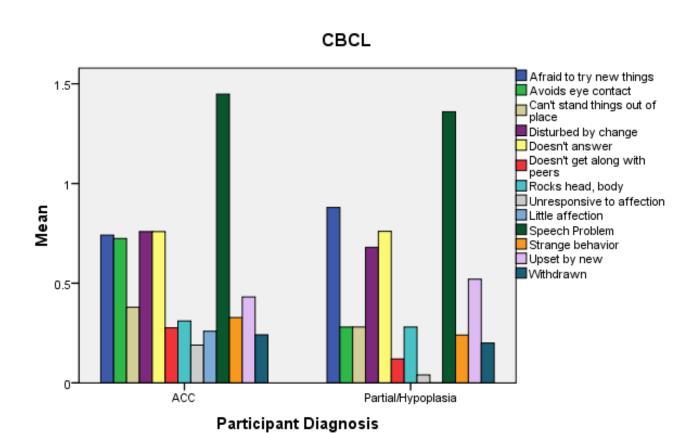
Item Ratings for Pervasive Development Problems



Speech problems are the most frequently occurring issue, but may go unnoticed as the problems are not in the clinical range.

Participant Diagnosis

Item Ratings for Pervasive Development Problems



Positive Behaviors:

- *Affectionate toward others
- *not withdrawn
- *do not display "strange" behaviors
- *gets along with others

- Implications
 - Children with DCC begin to demonstration emotional difficulties around age 5
 - Children with complete ACC appear to demonstrate more withdrawn behaviors even before age 5 years
 - Children with complete ACC fall in the borderline clinical range with behaviors similar to PDD
 - Speech problems appear to be the most frequent issue

- We know there are issues that must be addressed
 - Find your child's strengths
 - Help others (family members, teachers, etc) to also find the strengths
 - Keep records
 - "star" books

- Find a support network that is informed about your child's challenges
 - Family
 - School personnel
 - Medical professionals
 - Mental health professionals
 - Paraprofessional services
 - Psychosocial rehabilitation
 - Case management

- Be prepared to educate others (for years!)
 - About the diagnosis
 - About subtle differences between DCC and other diagnoses
 - About your child's needs
 - About your child's strengths

- Be proactive in working with your child
 - Teach social skills
 - Modeling
 - Age appropriate explanations
 - Peer social skills groups
 - Role playing
 - Repeatedly if your child needs to learn behaviors by rote
 - Adjust methods as your child ages

- Be proactive in working with your child
 - Learn warning signs
 - When your child is becoming overwhelmed
 - When your child is frightened
 - When changes are triggering behaviors
 - When your child is confused
 - Social settings
 - Emotions of others
 - New situations

- Be proactive in working with your child
 - Learning how to work with school personnel
 - Know your state laws
 - Know your advocates (local and state)
 - Expect to educate professionals repeatedly
 - DCC is rare
 - Understand a 504 and IEP
 - Explore whether your child might benefit from one or the other

- Some behaviors may not be learned
 - Time management
 - Money management
 - Social cues
 - Certain types of humor
 - Cause and Effect
 - Looking at the whole picture
- Decide alternative methods for helping your child manage the issues

Infant-Toddler Current Research

- Ages birth-3 ½ years
- Bayley Development Scales –III
 - Cognitive
 - Motor
 - Communication
 - Emotional
 - Social

References

- Andrews, G. & Badaruddin, D. (2006). A behavioral profile of ACC in children. Presented at the NODCC conference, Wisconsin.
- Badaruddin, D., Andrews, G., Bolte, S., Schilmoeller, K., Schilmoeller, G., Paul, L., & Brown, W. (2007). Social and behavioral problems of children with agenesis of the corpus callosum. *Child Psychiatry and Human Development*, *38*(4), 287-302.
- Darlington, A. & Andrews, G. (2009). *Agenesis of the corpus callosum: Early social and emotional development*. Presented at Western Psychological Association convention, Portland, OR.
- Porter, A. & Andrews, G. (2004). Behavioral traits survey: Screening for fetal alcohol spectrum disorders.
 Presented at Western Psychological Association Convention, Hawaii.

Thank you

- Funding for portions of the research presented came from
 - Northwest Nazarene University Professional Development Grant (Dr. Ken Watson)
 - Psi Chi Faculty Advisor Research Grant
- Assistance also came from
 - The ACC Network (University of Maine)
 - Lee Travis Lab at Fuller Graduate School of Psychology (Pasadena, CA)

Thank You

- NNU Student Researchers:
 - Alicia Porter
 - Andra Darlington
 - Kristy Andrews
 - Macey Mendez-Vigo
 - Joe Robins
 - Lisa Mata
 - Brittany Kasefang

Contact Informat

Thank you for coming and listening!

- Glena L. Andrews, Ph.D., MSCP
- Behavioral Sciences and Cultural Studies
- Northwest Nazarene University
- 623 Holly Street
- Nampa, ID 83686
- 208-467-8459
- glandrews@nnu.edu