

Developmental Coordination Disorder (DCD)



Practical tips for parents

Produced by the
Dyspraxia /DCD Association, Cork
in Co-operation with the
DCD Unit St. Finbarrs Hospital, Cork

Introduction

The aim of this booklet is to provide practical tips for parents and families of children who have been diagnosed or are suspected of having Developmental Coordination Disorder (DCD) or Dyspraxia. The information contained in this booklet was compiled by members of a multidisciplinary team. This team included an Occupational Therapist, Clinical Psychologist, Physiotherapist, Speech and Language Therapist and Medical Doctor. This booklet is not intended as a diagnostic manual nor does it cover the complete range of possible difficulties. Any parent concerned about their child should seek professional advice.

What is Developmental Coordination (DCD)?

Developmental Coordination Disorder is the term used to describe difficulties in the development of movement skills. It becomes apparent in early childhood as a difficulty in learning or carrying out skills that require motor coordination. This condition affects a child's performance of everyday tasks in the home, play and school environments. The cause of DCD is unknown. However, we know that the difficulty arises in the processing of the information between the brain and the body, which affects the child's ability to move effectively. The varying severity of this processing difficulty is what makes each child an individual case. We know that DCD is NOT due to: (a) a muscular disease/disorder (b) a disorder of the neurological system (c) general intellectual impairment or (d) Autism. International studies suggest that DCD is present in 6% of children between the ages of 5 to 12 that is approximately one child in every class at primary school level.

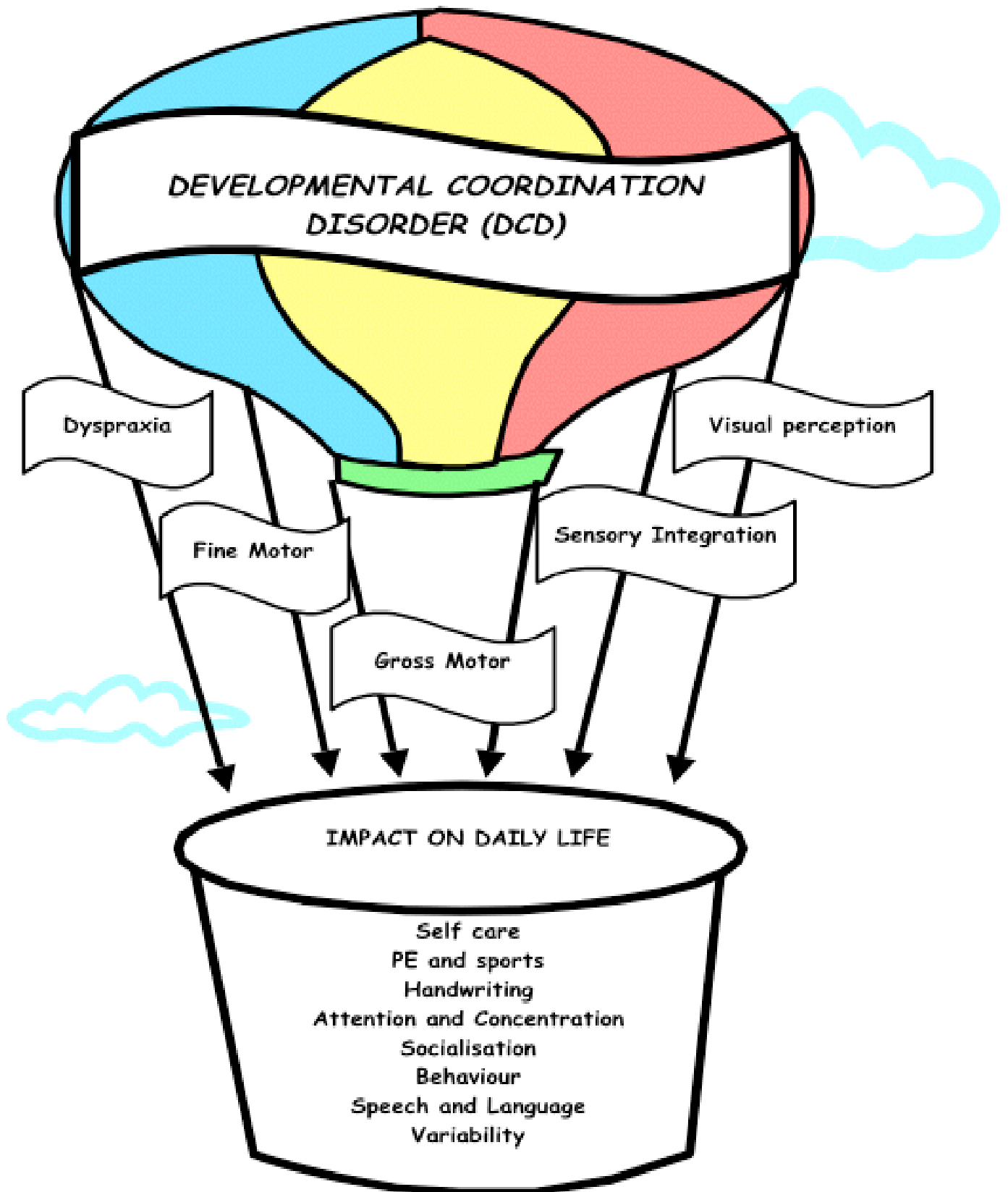


This disorder not only impacts on the child directly but indirectly on siblings, parents, the wider family, friends and teachers. Evidence suggests that children do not "grow out" of DCD and difficulties may extend into adolescence and sometimes into adult life. Consequently, early diagnosis and intervention is important for both child and family. If a child is considered to be showing difficulties in this area of development, assessment by a multidisciplinary team is recommended.

This team may include the following professionals:

- Medical doctor; to assess for medical, muscular or neurological disorders.
- Psychologist; to assess learning ability and social, emotional and behavioural development.
- Occupational Therapist; to assess the type, extent and functional implications of the child's co-ordination difficulties.
- Speech and Language Therapist; to assess speech and language skills.
- Physiotherapist; to assess range of movement, posture and overall strength and stability.
- Orthoptist; to assess for any eye movement difficulties.

Assessment by a range of professionals in a multidisciplinary team setting, provides a holistic picture of your child and allows for more effective treatment. Close liaison between the multidisciplinary team, the child's school and family is the cornerstone of successful intervention.



Dyspraxia or DCD? Over the years these terms have been used interchangeably along with other names such as "clumsy child syndrome". Currently, the term DCD is the most acceptable term to describe these difficulties whilst "dyspraxia" is a specific difficulty in motor planning and is a subtype of DCD.

Characteristics of DCD

Areas of Dysfunction:

Dyspraxia - Poor Motor Planning

This is the way the brain figures out what you are going to do and how you are going to do it. A difficulty in motor planning will make new movements and actions harder to do.

Difficulty with Gross motor skills

These are the large movements you do with your arms and legs. Examples of gross motor skills include jumping, running, climbing, catching, throwing, skipping.

- **Low muscle tone:**

Muscle tone describes the level of activity within muscles. Low muscle tone may manifest itself as poor posture, caused by a combination of weak muscles and tight muscle groups (in older children). Children with low tone have to make a greater effort to be physically active and this means your child may tire a lot faster than other children.

Difficulty with Fine motor skills

These are the small movements you do with your fingers. Examples of fine motor skills include using a pencil, holding a knife and fork, tying your shoelaces or doing zips and buttons.

Sensory integration dysfunction

Children with DCD often have difficulty processing the information they receive from their senses. These include Vision, Hearing, Taste, Smell, Touch, and Movement.

A child may be over sensitive or under sensitive to input from these senses. Examples of increased sensory sensitivity include: distress at loud noises, discomfort with certain textured clothing, fear response on swings/roundabouts or, not being able to tolerate different textured foods (e.g. food with lumps). Examples of under sensitivity include an under response to pain, not tuning into his/her name being called or seeking movement opportunities.

- **Poor Body awareness:**

This is the perception a child has about his / her own body. Children with poor body awareness may misjudge the distance between themselves and objects around them. They may have trouble knowing how much force to use so may have a plodding walk, may slam doors or hold onto their pencil too tightly.

Visual perceptual / Visual Motor difficulties

Visual perception is the ability to make sense of what we see. Children with visual perceptual problems may have trouble with visual memory, discriminating the difference between similar shapes / letters, difficulty screening out non-relevant visual information or difficulties with spatial organisation.

- **Eye Movement Difficulties**

Children with DCD can have difficulty co-ordinating both eyes together. This may cause blurred and double vision, poor tracking (e.g. skipping lines). They may therefore have difficulty with reading, copying from the board and eye/hand co-ordination.

Impact on daily life:

Difficulty with self-care

The child with any of the above characteristics may have difficulty with a number of daily life skills including dressing, toileting, feeding and organising belongings. They may also take longer to become independent with these skills.

Difficulty with P.E and Sports

A child with poor motor planning and /or difficulties with gross motor skills will have difficulty participating in P.E and sport, particularly ball sports.

Difficulty with Handwriting

Handwriting is a complex activity which combines many skills at once. Children with DCD frequently struggle with handwriting at school.

Poor Attention and Concentration

Children with DCD can frequently have trouble sustaining their attention on a given task. This can be for a number of reasons, many of which are related to the above difficulties. One reason for difficulty with attention is due to poor sensory processing. The child has trouble tuning out the non-relevant stimuli (e.g. a truck outside) and tuning in the relevant stimuli (e.g. the teacher's voice). Children with DCD need to put in a lot more effort than other children to achieve seemingly simple motor tasks. Due to this effort it can be more difficult to keep up this level of concentration throughout the day.

Social difficulties

As a result of the above characteristics children with DCD can have difficulty interacting with other children of their age. Gross and fine motor difficulties, poor planning and sensory integration dysfunction can make it difficult for a child to engage in an activity or game. Speech and language difficulties may make communicating with others or understanding the rules of game difficult thereby further excluding them from play.

Behavioural difficulties

Children with DCD can display a greater level of behaviours that are hard to manage e.g. non-compliance, shouting, screaming, whining, tantrums or aggressive behaviour. There may be a number of reasons for this including: poor attention and concentration, a high level of frustration and reduced motivation. In addition, parental expectations of behaviour, level of parenting skills and parenting style are important factors to consider.

Speech and Language difficulties

The child with DCD may present with difficulties in the following areas: Language comprehension, expressive language and phonology (pronunciation).

Variability

The performance of a child with DCD in any task may vary from day to day and even from hour to hour. This is possibly one of the most frustrating aspects of the disorder for both the parents and child.

Strategies to help your child learn new motor tasks

Children with DCD generally have difficulty learning motor tasks that most children learn automatically. Some children can have problems recalling the correct plan of action for that particular task. Other children may not have the adequate skills needed for that task e.g. a child may not have the strength to pull on his shoes.

Here are general pointers to help your child learn particular tasks:

- **Consistency** When teaching a task, try to practice it in the same place with the same materials each time.
- **Repetition** You may need to repeat the task for several days or even weeks. With each repetition, remain consistent.
- **Clear short instructions** Use one command at a time. Do not overload the child with lots of verbal instructions, as they will become confused. Demonstrate visually where possible.
- **Go at the child's pace** If a child is not ready or willing to learn a skill it will be much harder to teach. Teach one step at a time making sure the child has some success no matter how small.
- **Praise all efforts** Often a child with DCD will put in a huge amount of effort and still not complete a task. It is important to praise the effort instead of the result.
- **Try to balance assistance and independence** Encourage your child to do as much as they can without expecting too much. Actively involve them in each task, even if you are doing it for them.

Here is a specific 4 step strategy to help your child learn tasks:

1. **Stop.** *What am I going to do?* Children often need reminders to stop, think and plan before they start a task.
2. **Plan.** *How am I going to do it?*
 - Ask questions e.g. "What do you think you should do first?" "What do you need, to do that?"
 - Use visual cues e.g. Pictures and timetables help a child plan a routine of activities.
3. **Do.** *Go ahead and do it.* While doing an activity if your child forgets the next step instead of giving direct instructions encourage them to recall their plan or to go back to their timetable.
4. **Check.** *How did my plan go?* Encourage your child to recognise what they did right as well as where they went wrong. This will help them to reinforce the plan.

Self-Care - Dressing and Toileting

Why is dressing difficult for my child?

- **Poor balance** e.g. for standing on one leg to put on trousers.
- **Fine motor difficulties** e.g. using hands to do up buttons and zippers.
- **Poor motor planning** e.g. knowing the order of clothes to put on.
- **Poor body awareness** e.g. sensing that your foot feels Ok in the shoe.
- **Difficulties with attention and concentration** e.g. doing up all the buttons.

Helping your child with dressing

- **Where?** If possible dress in the same place every day. Minimise distractions.
- **When?** Teach at a time when you are not rushing e.g. on the weekend or after school.
- **The order**
- **Arrange clothes** in order the night before. Use pictures to help with the sequence.
- **The fastenings**
 - Use Velcro instead of buttons.
 - Try putting rings onto the zippers to help with pulling it up.
 - Sew elastic onto the back of buttons to help with the sleeve and top buttons.
 - Start with bottom button first.
- **The clothing**
 - Test the clothing before you buy it.
 - Use socks made from stretchy fabric.
 - Buy jumpers and t-shirts with large head openings.
 - Choose t-shirts and underpants with a motif on the front to help with recognising the front and back.
- **How?**
 - Make it fun: Practice with dolls or play dress-ups.
 - Be consistent e.g. teaching in the same order.
 - Repetition, wherever possible use the same verbal cues and practice in the same place.
 - Balance the amount of help you give and the amount you let your child do.

Why is toileting difficult for my child?

- **Internal rhythms** Often children will not tune into the signal to go to the toilet or can suffer from constipation.
- **Poor body awareness** Being able to locate the correct part of their bottom to wipe without looking.
- **Poor fine motor skills** Difficulty with fastenings on clothing.

Helping your child with toileting

- **Clothing** Ensure the child wears clothing that is easy to put on and off.
- **Wet wipes** Place wet wipes next to the toilet to help with wiping.
- **Mirror** Place a mirror next to the toilet so the child can check his/ her appearance before leaving.

Sports and Physical Fitness

Why are sports difficult for my child?

- **Gross motor difficulties** A variety of gross motor skills are required to be efficient at sports, these include balance, upper limb strength, fast running gait and the ability to combine all these skills at once.
- **Poor motor planning** Children with poor motor planning need extra time to plan and execute their movements. During team sports they do not have enough time to plan their movements.
- **Weak hand and finger muscles** e.g. holding onto a bat, catching the ball.
- **Poor eye-hand co-ordination** e.g. catching or hitting a ball.
- **Eye tracking difficulties** e.g. moving both eyes together to keep track of a moving ball.
- **Low postural muscle tone** A child may not be able to stabilise core postural muscles in order to use limbs. Low muscle tone can also affect the muscles in the feet, so that without correct footwear and /or insoles your child may not have good stability and control in their feet.

Helping your child with sports

- Give your child plenty of time to practice a skill before they start a particular sport.
- Practice ball skills with slow moving balls such as balloons, foam balls, bubbles.
- Use large bats and balls to start (e.g. blow up toys).
- Use verbal cues to aid with timing e.g. "1,2,3 catch!"
- Encourage your child to talk about their performance e.g. whether they throw the ball too hard, too soft etc.
- Always reward effort.

Physical fitness

Children with DCD are at greater risk of low levels of fitness. Most children develop fitness through everyday activities such as climbing, running, jumping, hopping etc. Some skills are important to developing fitness as they contribute to the development of strength, power and endurance. Because children with DCD find movement hard they are less likely to be physically active and consequently less fit.

Sports and Hobbies

It is important to encourage your child to lead an active lifestyle and one, which they can enjoy. Therefore less competitive sports/hobbies may be the preferred option.

Below are some suggestions for activities; bear in mind that some may not suit all kids with DCD.

- Swimming
- Scouts
- Horse riding
- Drama classes
- Canoeing
- Gymnastics or trampolining
- Games in the garden with hoops and balls
- Learning to play a musical instrument
- Arts and crafts

Handwriting

Why is it difficult?

- **Poor posture** e.g. difficulty holding body upright while writing.
- **Poor motor planning** e.g. to make all the letters the same size.
- **Fine motor skills** e.g. to move the pen in a controlled way.
- **Weak shoulder stability** e.g. to hold the arm and hand in a steady position.
- **Motor memory** e.g. to remember what movements make a letter.
- **Complex** Handwriting draws on all these skills at once.
- **Ideation** It may take so much of a child's effort to cope with the physical requirements of writing that they lose their train of thought.

Helping your child with handwriting

- **The pencil** Thicker pencils and pencil grips are easier to hold. Pencils with soft leads are easier to move. Ask the child about the type of pencil they prefer.
- **The paper** Tape or clip the paper to the desk, or use a non-slip mat under the copybook to stop it slipping.
- **Grasp** This should only become a concern if it affects the writing or causes pain. A correct grasp uses the thumb, index and middle finger to support the pencil.

Here are some of the common problems and solutions you may wish to try

Weak grasp	Use large pencils
Grasp too tight, thumb tucked under or over index finger	Use Stetro or other pencil grips to position fingers and open up grasp.
Presses too hard	Practice with a towel under the page
Presses too light	Use carbon paper
Holds pencil straight up	Wrap an elastic band around wrist and the end of the pencil.
Moves whole arm when writing	Practice while lying on stomach

- **Seating**
 - Correct position. Sitting back in the chair with hips, knees and ankles at 90 degrees.
 - Use cushions and footrests to get the right height.
 - Try a slope desk to aid in positioning and make copying from the board easier.
- **Other considerations**
 - Focus on the content rather than appearance of the writing.
 - Allow extra time.
 - Allow your child to stop when they are tired.
 - Encourage older children to do rough drafts to organise their work.
 - Encourage your child to develop typing skills so that this can be alternative later on if required.

The child with DCD In the classroom



Small changes to the classroom environment will help the child with DCD to experience as much success in school as possible. It is important to consider the following features of DCD that may affect a child's ability to function effectively in the classroom:

- **Motor planning difficulties** will make it difficult to follow multiple part directions and to remember regular routines.
- **Sensory sensitivities** may make it hard for the child to function in a busy classroom particularly if the child is auditory defensive (sensitive to sound).
- **Poor organisational skills** e.g. the child may have forgotten the required books or may still be looking for his/her pencil case when the rest of the class has moved on.
- **Handwriting difficulties** are commonly associated with DCD. This may mean the child is slower to take down written material. They may also miss the teacher's instructions due to the concentration required for writing.
- **Speed** since many tasks require more effort, the child with DCD will have difficulty completing tasks within the allocated time frame.
- **Attention and Concentration difficulties** make it harder for a child to focus on and complete tasks. It can be especially difficult to divide attention between two tasks e.g. listening to the teacher whilst writing down homework.

Tips for teachers



- Try to give clear, short instructions that the child can follow, one step at a time. Praise the child for successful completion of each step.
- Give as many cues as possible. Try to use visual demonstration as well as verbal instructions to reinforce the message.
- If the child has sensory sensitivities accept that this is not their fault and allow them time out from the classroom in order to calm down.
- Place the child at the front of the classroom so they can hear instructions and copy from the board more easily.
- Try to provide the child with extra time to complete written or fine motor activities. If speed is necessary allow the child to be messy.
- Ensure the furniture is at the correct height and suitable for the child, if not, consult an Occupational Therapist.
- Consider the use of a computer for final copies of written assignments.
- Keep the environment as predictable as possible to allow the child plenty of time to plan their actions and to avoid anxiety.
- Remove distractions within the child's environment, limit noise and visual distracters.
- In P.E. make participation **not** competition the key.
- Give positive feedback wherever possible and reward effort instead of the end product.
- Encourage the child to keep belongings in a particular place all the time, to aid with organisation.
- Allocate the child to have a buddy within the classroom to help with organisation and written work.

Behavioural difficulties

What are behavioural difficulties?

A child's behaviour is considered to be difficult to manage when any of the following behaviours are displayed frequently and consistently: screaming, shouting, swearing, whining, tantrums, refusing to comply with instructions, and verbal and/or physical aggressiveness.

Why is my child's behaviour difficult to manage?

- **Parental expectations.** Sometimes it is difficult for parents of children with DCD to know what to expect of their child's behaviour. It is important to take the child's difficulties into consideration when deciding on rules for behaviour. However, it is important to remember that not all behaviour difficulties can be attributed to DCD.
- **Parenting skills.** All parents have to learn how to be Mums and Dads. Sometimes parents of children with DCD will need additional parenting strategies to enable them to parent effectively within the context of their child's difficulties.
- **Parenting styles.** There may be differences between what two parents consider appropriate behaviour management strategies. This can be confusing for the child and create conflict between the parents.
- **Poor attention and concentration.** A child with DCD may have difficulty screening out sensory information, and become distracted by noises or other people moving. They may be fidgety and flit from one activity to another and have difficulty staying on one task for a reasonable amount of time. This may be due to poor attention (easily distracted), low muscle tone (tires easily), or a lack of skills required to complete the task. Their behaviour may be challenging to manage as a result of these difficulties.
- **Frustration.** A child may have difficulty coping with their inability to do certain things. Often children are not able to complete some tasks as well as their peers - this can be related to poor coordination skills, poor motor planning ability, poor understanding of language and instructions, and specific learning difficulties.
- **Reduced motivation** Children can begin to avoid tasks that they are unable to do well because of their coordination difficulties e.g. handwriting tasks. This can result in a conflict between parents and children.

General principles for effective behaviour management:

- Set firm, clear and agreed limits to your child's behaviour.
Make sure that both parents agree.
- Take your child's difficulties into account when deciding on appropriate limits.
- Communicate reasonable and appropriate rules in simple language.
- Give clear and relatively short instructions.
- Praise your child for behaving appropriately.
- Respond to misbehaviour immediately and consistently. Tell your child what they have done wrong and what would have been more acceptable.
- Apply consistent consequences to misbehaviour.

Here are some specific strategies to manage behaviour:

- **Set clear rules / boundaries**
 - Give instructions using simple terms and state rules clearly.
 - Tell a child what you **want** them to do, not what you **don't want** them to do.
 - Expect your child to comply - do not give them mixed messages.
- **Use praise and positive attention** Children need to be reinforced for following rules and keeping within the limits that parents have set for them. Praising a child is a very effective way of doing this.

Tips to remember when using praise:

- Make praise contingent on good behaviour.
 - Praise immediately.
 - Give labelled and specific praise e.g. "Well done, you are sharing your toys very well with your sister".
 - Give positive praise.
 - Praise with smiles, eye contact, and enthusiasm as well as with words.
 - Give pats, hugs and kisses along with verbal praise.
 - Catch the child when they are being good - don't save praise for perfect behaviour only.
 - Praise in front of other people.
 - Show the child how to praise themselves for appropriate behaviour.
- **Reward Systems** Sometimes parents can use a tangible reward to provide added incentive for a child to reach a particular goal. A tangible reward is something concrete, such as a special treat, additional privileges or a favourite activity. Rewards can be used to encourage positive behaviour in children such as learning how to get dressed, completing homework, playing co-operatively with others and going to bed when requested. Providing a reward will be much more effective if combined with praise and positive attention.

Tips to remember when using a reward system:

- Clearly define what it is you want your child to do.
- Choose rewards that the child will find very appealing.
- Make sure your child knows what is expected of them in order to receive the reward.
- Do **not** give your child the reward if they do not display the desired behaviour.
- Make the behaviour program simple and fun.
- Gradually replace rewards with praise and attention i.e. reduce the reward once the desired behaviour is routinely displayed.
- Revise the programme as the behaviours and rewards change.

Other effective behaviour management techniques include:

- **Planned ignoring** Sometimes it is sufficient to simply ignore a problem behaviour, rather than specifically correcting it. Planned ignoring requires a parent to withhold attention from a child while they are engaging in an unwanted behaviour. It is most effective for minor difficulties, such as when a child complains when asked to do something, or when refused something that they have requested.
- **Response-Cost** This is when a child engages in an unwanted behaviour, and as a result of this action receives a penalty (loss of a privilege). Consequently, a child is more likely to behave positively in order to avoid receiving the negative consequence. Do not threaten the loss of a privilege if you are not able to follow through with that consequence.
- **Quiet time** This is when a child who is misbehaving or being disruptive is removed from an activity and has to sit quietly on the edge of the activity or in a quiet time chair in the same room for a number of minutes.
- **Time out** This is when a child is briefly removed from all sources of positive reinforcement, especially adult attention. This strategy is used immediately after problem behaviour occurs and usually lasts for 3-5 minutes. It involves removing a child who is misbehaving or being disruptive and putting them in a place that is quiet and uninteresting such as a hallway or utility room. Time out is an alternative for shouting at, threatening or smacking a child who has misbehaved, and is more useful with older children.

Speech and Language Difficulties

Language Comprehension Difficulties

- **Difficulty learning to understand what different words mean** e.g. the child may not understand that the white rectangular thing that milk goes into in the kitchen is named "fridge". Or that *at the back* is called "behind".
- **Difficulty keeping an utterance in his memory for the required length of time** e.g. the adult might say: "Give the book and the doll to your sister". The child might give the doll but forget about the book because that information has been lost from his immediate memory. This difficulty can also be evident in trouble learning sequential pieces i.e. alphabet, months of year, poems and prayers.
- **Difficulty understanding grammatical markers** e.g. the child might not understand that *played* indicates the past tense i.e. it is finished, and that *will play* indicates future tense i.e. it is going to happen.

Expressive Language Difficulties

- **Difficulty learning the names of objects, actions, concepts** e.g. the child might rely on pointing to objects or using general terms such as "that thing" and "there" instead of using object names.
- **Difficulty recalling names** of objects, actions, and concepts even though he knows the name e.g. he might say "The thing what you...you know the thing".
- **Difficulty using age-appropriate grammar and sentence structure** e.g. a seven year old who says "me runned away".
- **Difficulty choosing the appropriate words to express a thought** e.g. the child might look at a picture of a boy in the bath with his clothes on and laugh but he might be unable to express the situation e.g. he might say "The boy, not that out"

Phonological (speech / pronunciation) Difficulties

- **A Phonological Delay** Speech is difficult to understand because he is using speech processes (speech patterns that are stored in his brain) that are typical of a younger child. For example a five year old child pronouncing words like a three year old e.g. "I want a poon" meaning "I want a spoon".
- **Phonological Disorder** Speech is difficult to understand because the child is using speech processes that are not typically used by children of any age e.g. "I on a oo" meaning "I want a spoon".
- **Developmental Verbal Dyspraxia** Speech is difficult to understand because the child has trouble in making a plan and co-ordinating the movements of the muscles required for appropriate production of speech sounds and words.

Tips to manage Language Comprehension Difficulties

- Make sure you have the child's attention before giving instructions.
- Check that the child has understood an instruction by asking him to tell you what he is going to do.
- Break up long instructions if necessary e.g. "First...then... and then...".
- Give instructions just before you need them to be carried out.
- Use gestures and pointing along with your instruction to maximise the child's chances of remembering it.

Tips to facilitate Language Development

- Use a singsong rhythm when teaching important information e.g. child's address.
- Sing songs and rhymes with him to help him learn the rhythm of speech and language.
- Check that your child understands the meaning of words that he hears in story time, on T.V. and in books. Discuss the meanings of words that he is unsure of e.g. *stapler*- what's it for, what does it look like, what's it made of, where do you find it, what does it rhyme with, make up a sentence with it.
- Give commentaries on what is happening during play activities and everyday activities.
- Have discussions during everyday activities e.g. at mealtimes discuss categories (cutlery, vegetables, meat), textures (soft, crunchy) taste (salty, sour etc.).
- Ask the child to tell you what happened in a T.V. show he has just watched or a story just read. Encourage him to discuss what might happen to the characters next and to make up new endings for stories.
- Play word games such as:
 - *Simon Says*
 - "I went to the shop and I bought..." Add something to the list each time.
 - *Category games* e.g. ask the child to tell you all the animals he knows or all the things that go in a toolbox.
 - *Opposite games* e.g. "what's the opposite of left or the opposite of dangerous".
 - *Mime games* e.g. Mime an elephant and let your child guess what you are. Then the child gets a turn.
 - *Guessing games*. You describe an object and the child guesses what it is. Then the child takes a turn. If he can't think of something to describe, give him some pictures to choose from.

Tips to manage Pronunciation Difficulties

- Do not correct the child's speech in a *repeat-after-me* fashion because this may result in frustration and negative self-awareness regarding his speech.
- Always respond in some way when the child says something. If you can't understand any of it then acknowledge their attempt e.g. "I know you are trying to tell me about something. Sometimes talking is a bit tricky but I know you are trying hard and I'm trying to understand it".
- Encourage the child to show you through a gesture or point to what he means, if you can't understand him.
- While he is talking, do not frown or indicate to others that you can't understand him. This could give the child the impression that you are unhappy with him. Use an encouraging expression as much as possible.
- Provide opportunities for him to use activities involving mouth play to develop co-ordination of speech muscles e.g. blow football, bubbles and party blowers.

General activities to aid development of motor skills

Children with DCD make up a very mixed group. No two children are alike so difficulties will vary from child to child. For this reason, an individual motor programme developed by an Occupational Therapist or Physiotherapist is usually required. However, there are still many general games and activities you can play with your child at home which will help develop their co-ordination. Remember to make the games fun and encourage participation and effort rather than winning.

Activities for gross motor skills:

- **Trampoline** This is an excellent piece of equipment which helps children develop muscle tone, balance and motor planning skills.
- **Playground equipment** Give your child plenty of opportunities to climb, run, slide and swing.
- **Twister** This is a great game that is commercially available to help develop balance and body awareness.
- **Different types of balls** Encourage your child to play games in the back garden with a variety of different balls. Remember larger balls will be the best ones to start with.
- **Animal games** Pretend to be different animals by walking around on all fours; squatting like a duck, jumping like a frog, standing on tip toes like a giraffe etc.
- **Rope games** There are many games you can play with a rope to help develop balance, muscle tone and coordination. Some examples include: walking along the rope on the floor, jumping over it and side to side, skipping, tug of war.

Activities for hand skills:

- **Playdough / exercise putty** Pinching, pulling, poking with index finger or thumb and rolling small balls within fingers will help to develop finger co-ordination and strength.
- **Popping bubble wrap** With the child's index finger or thumb, again, good for strengthening.
- **Squeezing clothes pegs** Great for developing pincer strength needed for holding a pencil.
- **Scrunching stiff paper and squirt guns** Will help to develop whole hand strength.
- **Wringing out a wet sponge.**
- **Stretching a rubber band** around fingers.
- **Construction and wind up toys** Good for strength and finger co-ordination also good for visual perception and developing imagination.
- **Ripping small pieces of paper** Between thumb and index finger.
- **Making things with pipe cleaners.**
- **Paper clip chains.**
- **Helping with cooking** Kneading dough, stirring etc. is a great way to develop hand skills.

The Dyspraxia /DCD Association, Cork is a Voluntary Organisation representing children with Dyspraxia /DCD (Developmental Coordination Disorder). It also represents Parents of children with Dyspraxia /DCD. Those who interact with or have an interest in children suffering from Dyspraxia /DCD are welcome to become members.



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