

University of East London Institutional Repository: http://roar.uel.ac.uk

This paper is made available online in accordance with publisher policies. Please scroll down to view the document itself. Please refer to the repository record for this item and our policy information available from the repository home page for further information.

Author(s): Moore, Derek G.

Title: Social and cognitive development in children with Down syndrome: trying to

build wider developmental models?

Year of publication: 2010

Citation: Moore, D.G. (2010) 'Social and Cognitive development in children with Down's syndrome: trying to build wider developmental models?' Keynote speaker ECIDD: European Conference on Psychological Theory and Research on Intellectual

and Developmental Difficulties. University of Geneva 19th June 2010.

Link to conference proceedings abstracts:

http://www.unige.ch/fapse/SSE/teachers/hessels/ECIDD/ECIDD-program-Geneva.pdf





Social and cognitive development in children with Down syndrome: trying to build wider developmental models?

Derek Moore Institute for Research in Child Development

Keynote Talk to 8th ECIDD 19th June 2010

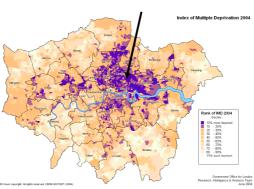
Support from ESRC, Baily Thomas Trust, NIH, Wellcome Trust, Eranda foundation



IRCD



- Based in School of Psychology at Stratford
- Purpose built Neuro-behavioural & baby labs
- Attention- eye tracking equipment ASL & Tobii
- EEG/ ERP 128-channel





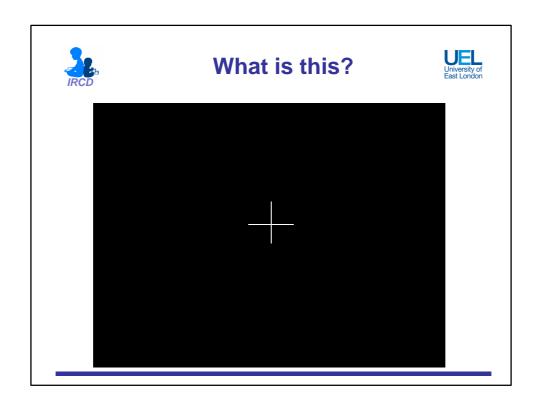




Three parts to talk



- Why we need to understand the relationship between social and cognitive development in infants with DS
- Why we need to develop theories
- How to notate and portray development

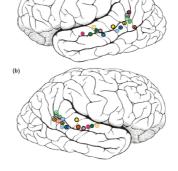




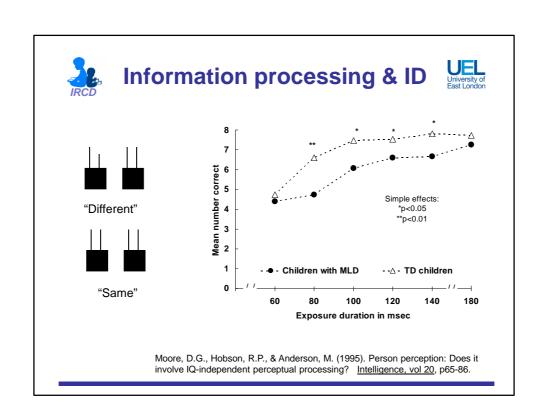
My starting point (a long time ago...)



- Are there aspects of social perception that operate independently of processes that determine IQ?
- Is there evidence that these are relatively spared in children with MLDs?
- How do the social and cognitive domains relate to each other?



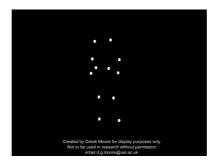
From Allison et al (2000) TICS





Social perception





Moore, D.G., Hobson, R.P., & Anderson, M. (1995). Person perception: Does it involve IQ-independent perceptual

processing? Intelligence, vol 20, p65-86.

Moore, D.G., Hobson, R.P., & Lee, A. (1997). Components of person-perception: An investigation with autistic, non-autistic retarded and typically developing children and adolescents. British Journal of Developmental

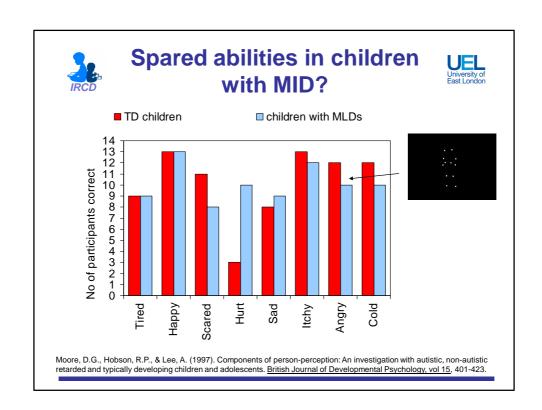
Psychology, vol 15, 401-423.

Parron, C., Da Fonseca, D., Santos, A., Moore, D.G., Monfardini, E, & Deruelle, C. (2008) Recognition of biological

motion in high functioning children with Autistic Spectrum Disorders. <u>Autism 12</u>, 261-274

Hubert, B., Wicker, B., **Moore**, **D.G.**, Monfardini, E., & Deruelle, C. (2007) Recognition of emotional and non-emotional biological motion in adults with autistic spectrum disorders. <u>Journal of Autism and Developmental Disorders</u> 37:1386-1392

Moore, D.G., Goodwin, J.E., George, R., Axelsson, E., & Braddick, F. (2007). Infants perceive human point-light displays as solid forms. Cognition 104, 163-436.





What of other developmental difficulties



- Do people with general IDs have emotion recognition difficulties with other emotional stimuli?
- Are these over and above developmental level (MA)?



Review of 21 studies



- most employed static stimuli
- only 12 used mental-age matched controls
- of these only 5 had a control task
- only one of these found evidence for a specific emotion recognition problem
- this involved complex cross-modal matching

Moore, D.G. (2001) Reassessing emotion recognition performance in people with mental retardation: a review. <u>American Journal on Mental Retardation</u>. Vol 106, 481-502.



Demands of different types of facial emotion recognition tasks



	Labeling	Identification/ Discrimination	Within-mode matching	Cross-modal matching	Rating
Hold in mind goal	ü	ü	ü	ü	ü
identify emotion in more than one stimulus	û	ü	ü	ü	ü
identify emotion in more than one modality	û	ü	û	ü	û
employ verbal response	ü	û	û	û	û
make non-categorical judgement	û	û	û	û	ü

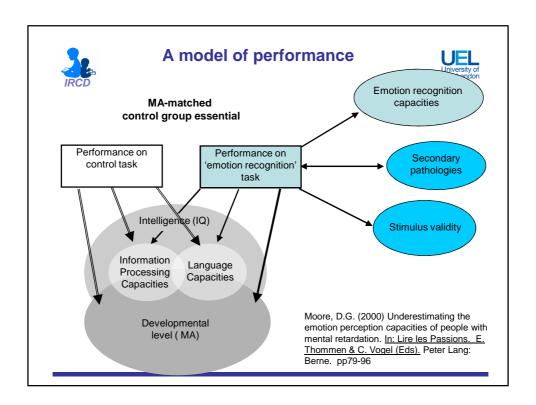
Moore, D.G. (2000) Underestimating the emotion perception capacities of people with mental retardation. ln: Lire les Passions. <a href="mailto:E. Thommen & C. Vogel (Eds). Peter Lang: Berne. pp79-96

Moore, D.G. (2001) Reassessing emotion recognition performance in people with mental retardation: a review. American Journal on Mental Retardation. Vol 106, 481-502.





"...there is a danger of creating a setting in which one participant's intuitive emotional sensitivity might confer little advantage over another participant's [...] cognitively effective classification abilities" (Hobson,1991).





Important trends in the data



- Performance worsens with number of stimuli
- Performance worsens when doing labelling tasks or cross-model matching
- Performance very poor when rating ambiguous and neutral stimuli
- Performance worsens with age







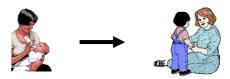
Moore, D.G. (2001) Reassessing emotion recognition performance in people with mental retardation: a review. <u>American Journal on Mental Retardation</u>. Vol 106, 481-502.





 "to trace back the ontogenesis of complex social behaviour requires a focus on developmental mechanisms, not static lesions or deficits"

Pollock (2006)





What do these trends suggest?



- Is there a developmental element to this that is missing?
- We need to begin to follow processes from early in development
- We need to consider the relationship between social and cognitive processes as part of an explanation of developmental difficulties
- Need begin to study this in children with IDs as early as possible
- Very few IDs identified in first year but...



Children with DS (Trisomony 21) Behavioural phenotype



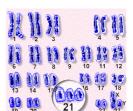
Key cognitive outcomes

- General intellectual delays Different attentional profiles
- Delays in motor development

- Selective deficits in short term memory
 Relatively slower onset of speech Selective problems in expressive language and syntax

But also specific problems with aspects of social communication

See Chapman & Heskith 2000; Fidler, 2005





Neuro-pathology



- Reduced neural proliferation
- Lower density in all cortical layers and reduced inter-neurons
- Variable myelination
- Reduced dendritic arbors and postsynaptic spines
- Spines abnormal
- Reduced synaptic density
- Reduction of brain volume
- See Capone 2001 for gene-brain relationship in DS





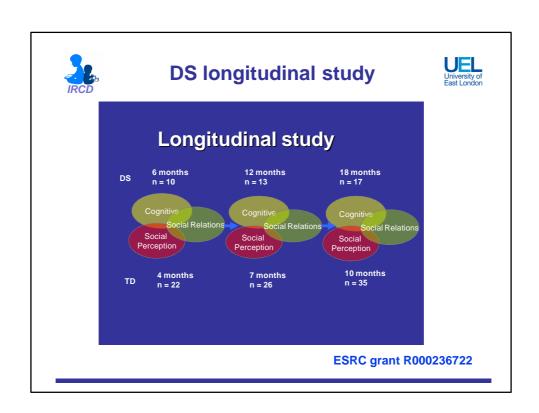
Social phenotype

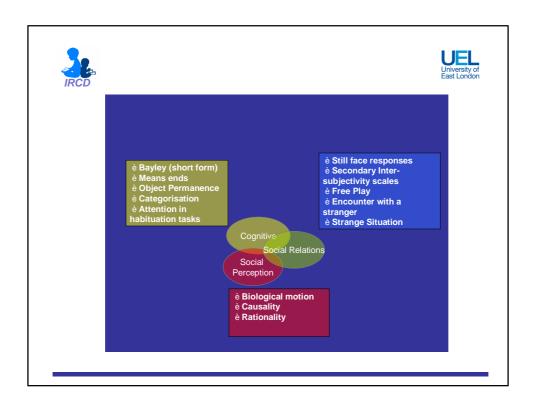


- Stereotyped as sociable and warm
- Good quality of relationships

But...

• There are subtle differences...







Problems with using Bayley scales for matching



- · performance not independent of motor abilities
- · requires a level of social engagement

We excluded items if...

- The motor demands were likely to compromise performance.
- The item was on the social facet.
- The item was on the language facet.
- items had previously been found to be unreliable in children with Down's syndrome (based on Wright 1998)

Moore, D.G., Goodwin, J.E., & Oates, J.M. (2008) A modified version of the BSID-II scales for cognitive matching of infants with and without Down syndrome. <u>Journal of Intellectual Disability Research 52</u>(6), 554-561.



The still-face paradigm



Tronick, Als, Adamson, Wise & Brazelton (1978)

phase 1: 180 secs of face-to-face mother-infant interaction

phase 2: 90 secs (max) where mother holds a 'still-face'

phase 3: 180 secs of face-to-face mother-infant interaction

Video

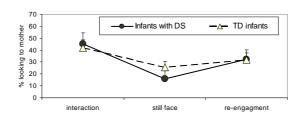


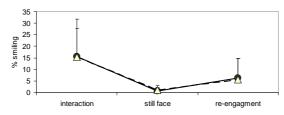
Moore, D.G., Oates J.M., Goodwin, J.E., & Hobson, R.P. (2008). Behaviour of infants with Down syndrome and their mothers in the still-face paradigm. <u>Infancy</u> 13(1), 75-89.



Still face responses appear typical...







Moore, D.G., Oates J.M., Goodwin, J.E., & Hobson, R.P. (2008). Behaviour of infants with Down syndrome and their mothers in the still-face paradigm. <u>Infancy</u> 13(1), 75-89.

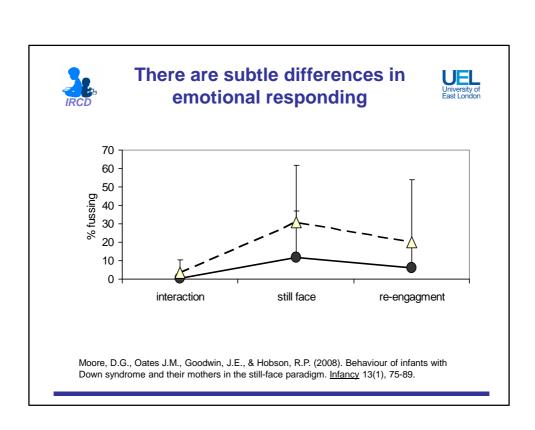




 It seems that infants with DS have a similar propensity to engage with others and have intact 'primary intersubjectivity'

But...

is their social behaviour and environment typical?





Differential environment?



 Mother–infant interaction may have a different quality.

See also

Adamson el al 2009; Buckhalt, Rutherford, & Goldberg, 1978; Cielinski, Vaughn, Seifer, & Contreras, 1995; Legerstee, Varghese, & van Beek, 2002





Warmth and directiveness



Phase

		Interaction	Re-engage	
Maternal ratings	†	Mean (SD)	Mean (SD)	
Warmth	DS	4.1 (1.0)	4.0 (1.1)	
	TD	3.8 (1.2)	3.6 (1.1)	
Directiveness	DS	4.3 (.8)	4.5 (.7)	
	TD	3.6 (1.2)	3.5 (1.1)	

†Group main effect F(1,27) = 5.31, p = .03, partial Eta-squared= .16 * p<.05; ** p<.01, 1-tailed

Moore, D.G., Oates J.M., Goodwin, J.E., & Hobson, R.P. (2008). Behaviour of infants with Down syndrome and their mothers in the still-face paradigm. <u>Infancy</u> 13(1), 75-89.



Different relationship to infant behaviours



Phase

		Interaction	Re-engage	Correlations with infant behaviour in initial interaction (Spearman's <i>rho</i>)		
Maternal ratings	s†	Mean (SD)	Mean (SD)	%looking	% smiling	% fussing
Warmth	DS	4.1 (1.0)	4.0 (1.1)	.46	.57*	.22
	TD	3.8 (1.2)	3.6 (1.1)	.46*	.66**	41*
Directiveness	DS	4.3 (.8)	4.5 (.7)	55*	19	54*
	TD	3.6 (1.2)	3.5 (1.1)	07	.03	04

Moore, D.G., Oates J.M., Goodwin, J.E., & Hobson, R.P. (2008). Behaviour of infants with Down syndrome and their mothers in the still-face paradigm. <u>Infancy</u> 13(1), 75-89.





- Mothers seem to be working harder to maintain attention
- This is not necessarily negative at this age but may have later effects
- What do we really know about the transaction between cognitive capacities and the social environments of people with DS





Cebula, Moore & Wishart (2010)



- There are relatively few studies of DS that attempt to relate social abilities and core cognitive difficulties in a developmental framework.
- Reviewed literature on social cognition in people with DS
- While there are some excellent studies of social abilities in DS there are large gaps in knowledge
- Tend to focus on specific aspects of social or cognitive but not theory driven
- Is DS poorly served by theoreticians?

Cebula, K, Moore, D.G. & Wishart, J. (2010) Social Cognition in Children with Down's Syndrome: Challenges to Research and Theory Building. Invited Review. <u>Journal of Intellectual Disability Research</u>, 54, 113-114



Is there enough research?



Google Scholar search term	Articles found for period of search		
	2010	2001-2010	
"Autism"	5,900	82,700	
"Down('s) syndrome"	3,432	55,300	
"Trisomy 21"	771	15,700	

Is there enough theory?

"Theory of autism"	75	1,470
"Theory of Down('s) syndrome"	0	0





- With ASD there is a clear attempt to link cognitive phenotype to social outcomes; social difficulties central to definition of ASD
- It appears there is less interest in explaining the subtleties of social difficulties in people with DS.



Social phenotype: sparing?



- Stereotyped as sociable and warm
- Possible relative sparing in neonatal imitative abilities (Heimann et al. 1998)
- empathetic

But...



Cebula, K, Moore, D.G. & Wishart, J. (2010) Social Cognition in Children with Down's Syndrome: Challenges to Research and Theory Building. Invited Review. <u>Journal of Intellectual Disability Research</u>, 54, 113-114



Social phenotype: early differences



- Differences in temperament reduced distress (Cichetti etc)
- More attention towards people than objects (Legerstee etc)
- Different style of early interactions (Moore et al 2008; Buckhalt et al 1978; Roach et al 1998 etc.)
- Possible over application of imitative strategies (Wright, 1998)
- Possible differences in emotion recognition (Williams et al, 2005; Wishart et al 2007)
- Fewer social referencing looks (Knieps et al 1994; Kasari et al 1995)
- Reduced frequency of requesting behaviours (Mundy et al.)





Social phenotype: later differences



- Continued differences in interaction styles and fewer emotional and mental state terms in conversation (Kasari et al, 2001; Tingley et al, 1994)
- Very little known about interactions with fathers (see de Falco, 2008, 2009)
- Show reduced motivation to complete tasks and greater inconsistency (Wishart; Cuskelly)
- Still much unknown

Cebula, K, Moore, D.G. & Wishart, J. (2010) Social Cognition in Children with Down's Syndrome: Challenges to Research and Theory Building. Invited Review. <u>Journal of Intellectual Disability Research</u>, 54, 113-114





"Joint attention in infancy forms a bedrock for shared social realities, a precondition for the acquisition and use of language, and, in the deeepest sense, for the formation and maintenance of culture: it depends on sharing the focus, context, and presuppositions about objects that guide attention." Bruner (1995)



Static directional models are UEL not sufficient



"Understanding development itself is the key to understanding developmental disorders"

(Karmiloff-Smith, 1998)

To understand development we need dynamic developmental models and theories.



Lets get rid of delays versus differences



"Despite a large number of studies there is no consensus about whether or not the development of children with DS is delayed or different...Some researchers have argued that focussing on the question of delay versus difference may not be particularly helpful. What is more relevant is to examine how different areas of development are related" Lewis (2003)

Delays can lead to differences
Differences to delays



But how?



- We need a way of notating development so that people working in different fields are able to share in debates about theoretical causal pathways.
- We need to link the important work in genetics to the subtle social outcomes
- We need to make models that incorporate a developmental perspective

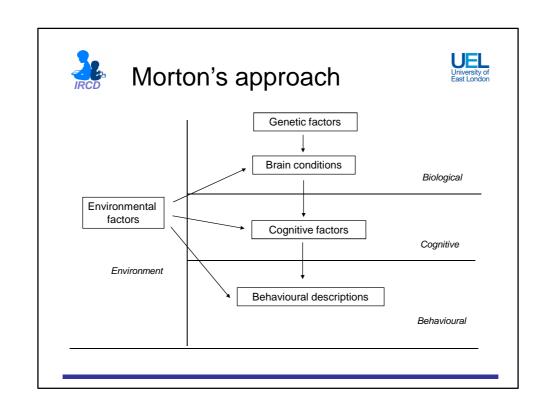


Morton (2004)



- The differences between theoretical positions can be difficult to understand clearly
- Very few theories are made fully explicit in text form
- We need conceptual tools to help us make these comparisons.
- These tools are useful for clinicians and researchers



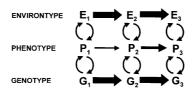


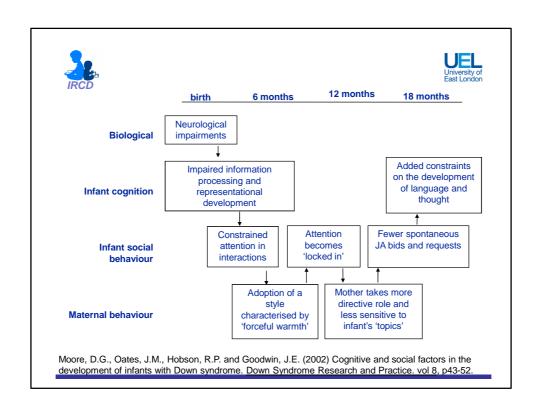


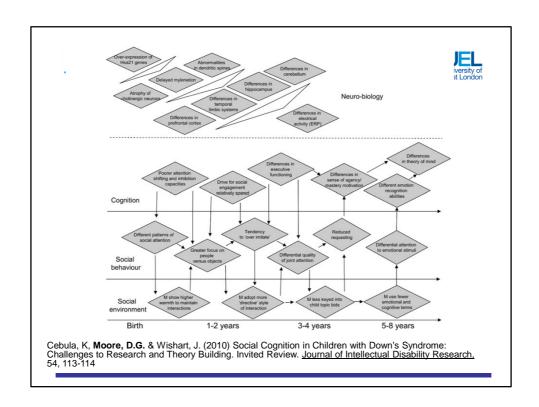
Improving this framework



- Do not restrict to uni-directional causes
- Make more allowance for changing influences over time
- Adapt the diagrammatic form to allow the description of transactional processes.









Why psychological theory is needed for DS



Over-simplified explanations may hinder understanding in all levels of explanation. Psychological theories can make the link from neuroscience to social behaviour

- Genetic and Neurosciences need to attend better to subtle phenotypic behavioural descriptions to understand gene expression.
- Cognitive science needs to better consider epi-genetic geneenvironment effects to account for individual differences
- Clinicians and social workers need to better understand the neuro-cognitive underpinnings of behaviour



Developing a unified notation for development



- If we are to develop a better interdisciplinary understanding we need to come up with better ways of communicating across different fields.
- A unified notation for modelling causal developmental processes and pathways is required

Moore, D.G. and George, R. (in prep) Modelling cognitive and social development of infants with Down syndrome.



It is only a theory but...



- A theoretical model can not be completed by one person from any one field!
- While any model and its components will be wrong this approach may allow people to articulate and demonstrate how they think a theory is wrong and why.
- This approach starts to portray development as transactional and dynamic
- This also allows us to portray both group and individual pathways

but...

 We need to have a way of showing these processes and pathways in more dynamic ways ... This is to follow



Conclusions



- We must consider multiple levels of description to understand developmental disorders and in DS in particular.
- We need to be careful about attributing simple causal models that are based on 'static' adult neuropsychology
- Much more data on early behaviours is needed if we are to unpick the developmental processes involved and establish the transactions between biological, psychological and environmental factors
- We need to start developing explicit causal models a-priori and test them!
- You must use a big piece of paper.





People with DS deserve more



- There is considerable within-group variability in people with DS that could be explained
- Taking a developmental perspective across levels of explanation may help to resolve some of the difficulties in each of these areas.
- With more complete theories we can target valuable resources to focus on critical issues
- Clear theoretical models provide more powerful rationales for intervention strategies







With Katie Cebula, Jennifer Wishart, Peter Hobson, John Oates, Julia Goodwin, Mike Anderson, Christine Deruelle and others