

Childhood Disintegrative Disorder (CDD)

What is CDD?

Childhood Disintegrative Disorder (CDD) is one of the five disorders classified as a Pervasive Developmental Disorder (PDD). Other Pervasive Developmental Disorders include Autism, Asperger's Disorder, Rett's Disorder and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS). CDD, also known as Heller's syndrome, was described many years before autism but has only been 'officially' recognized. CDD is a progressive neurological condition which results in a continuous loss of skills over the duration of a child's life.

What are the Characteristics of CDD?

CDD is a rare disorder that resembles autism although it is very different in the pattern of onset, course, and outcome. CDD is marked by a period of typical development, usually two to four years, followed by a significant regression and loss of skills. Typically language, interest in the social environment, and often toileting and self-care abilities are lost, and there may be a general loss of interest in the environment. The child usually comes to look much like a child with 'classic autism'.

How is CDD Diagnosed?

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) outlines specific criteria to help aid in the diagnosis of a child with CDD. A child displays typical, age appropriate verbal and nonverbal communication, social relationships, play, and adaptive behavior for the first 2 years after birth. After the first 2 years of life (but before the age of 10), the child has a loss of previously acquired skills in at least two of the following areas:

- Expressive or receptive language
- Social skills or adaptive behavior
- Bowel or bladder control
- Play
- Motor skills

Children also exhibit similar social and communication difficulties and behavioral manifestations as a child with Autistic disorder. The diagnosis is not given if the criteria are met for any other specific Pervasive Developmental Disorder or for Schizophrenia.

It is important to have a full diagnostic evaluation when considering a CDD diagnosis. As with any Pervasive Developmental Disorder, a comprehensive evaluation including a thorough medical, social,

adaptive, motor skills and communication history are imperative. A pediatric neurologist or a developmental pediatrician are a few of the professionals who may diagnose CDD. When seeking a diagnosis, it is important to include a team of specialists when considering a Pervasive Developmental Disorder to be present.

Is There Treatment?

While there is no known “cure” for Childhood Disintegrative Disorder there *are* strategies that have a positive impact. As with other pervasive development disorders, it is believed that early, intensive use of evidenced based practices and interventions can improve the outcomes of individuals with CDD. Most of these interventions fall under the category of special education. In the educational setting, specialized instruction and individualized educational plans should be developed to meet the individual’s specific needs. Some of the more common therapies and services include:

- Visual and Environmental Supports, visual schedules (Hodgdon, 2002)
- Applied Behavior Analysis
- Discrete Trial Instruction
- Social Stories and Comic Strip Conversations (Gray, 2000)
- Speech and Language Services
- Physical and Occupational Therapy

Although there are not any medications specifically developed for the treatment of CDD, medications may be an option to treat some of the symptoms of CDD. The best outcomes can be achieved when a team approach amongst supporting individuals is utilized.

Additional Resources

Books

Catalano, R.A. (1998). *When Autism Strikes: Families Cope With Childhood Disintegrative Disorder*. Pentum Press: NY

Websites:

www.illinoisautismproject.org

www.autism-society.org

www.nimh.nih.gov

www.mayoclinic.com

Illinois Autism/PDD Training and Technical Assistance Project

Autism Society of America

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