

Brain plasticity following Organizational Skills Training in elementary school students: A pilot resting-state study



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BACKGROUND

- Organizational, time management and planning deficits in children with neurodevelopmental disorders (such as ADHD) contribute to school failure and conflicts at home.
- Unlike stimulant medication, evidence-based instruction-focused interventions (e.g., **OST**)¹ can remediate such organizational dysfunction in elementary school students.
- Pilot fMRI work (n=15) has shown intervention-related changes in resting-state intrinsic Functional Connectivity (iFC) between dorsal anterior cingulate & striatal areas.

QUESTION

What is the involvement of our **pre-registered** neural target (Δ iFC dACC–ventral striatum) in the behavioral improvement following **modified** Organizational Skills Training (**OSTm**) in 3rd-5th grade students with organizational impairments?

RESULTS

Remediation of organizational skills deficits following modified OST

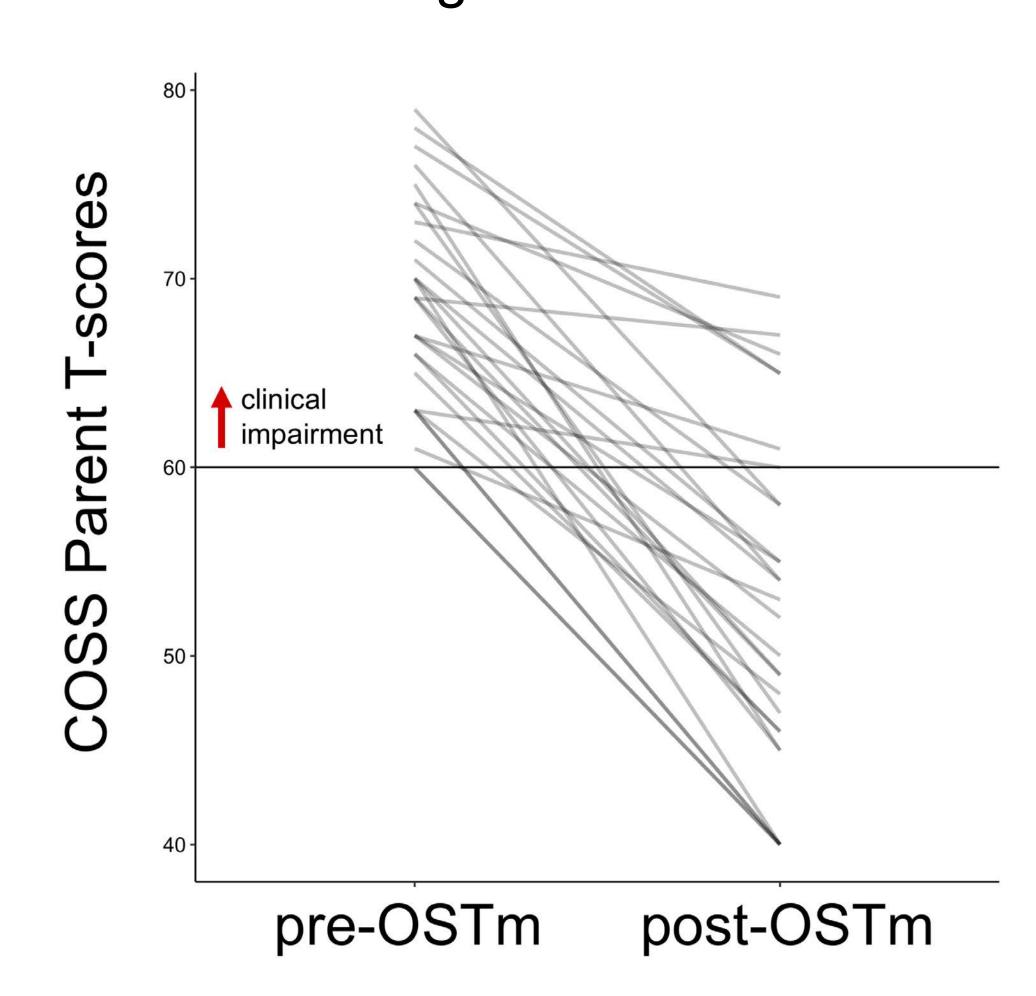


Fig 1. Each child's organizational skills improved after OSTm completion (t_{28} =11.8, p<0.01, Cohen's d=2.2) based on parent reported COSS total scores.

OSTm-driven behavioral improvement linked to ∆ iFC in target neural circuitry

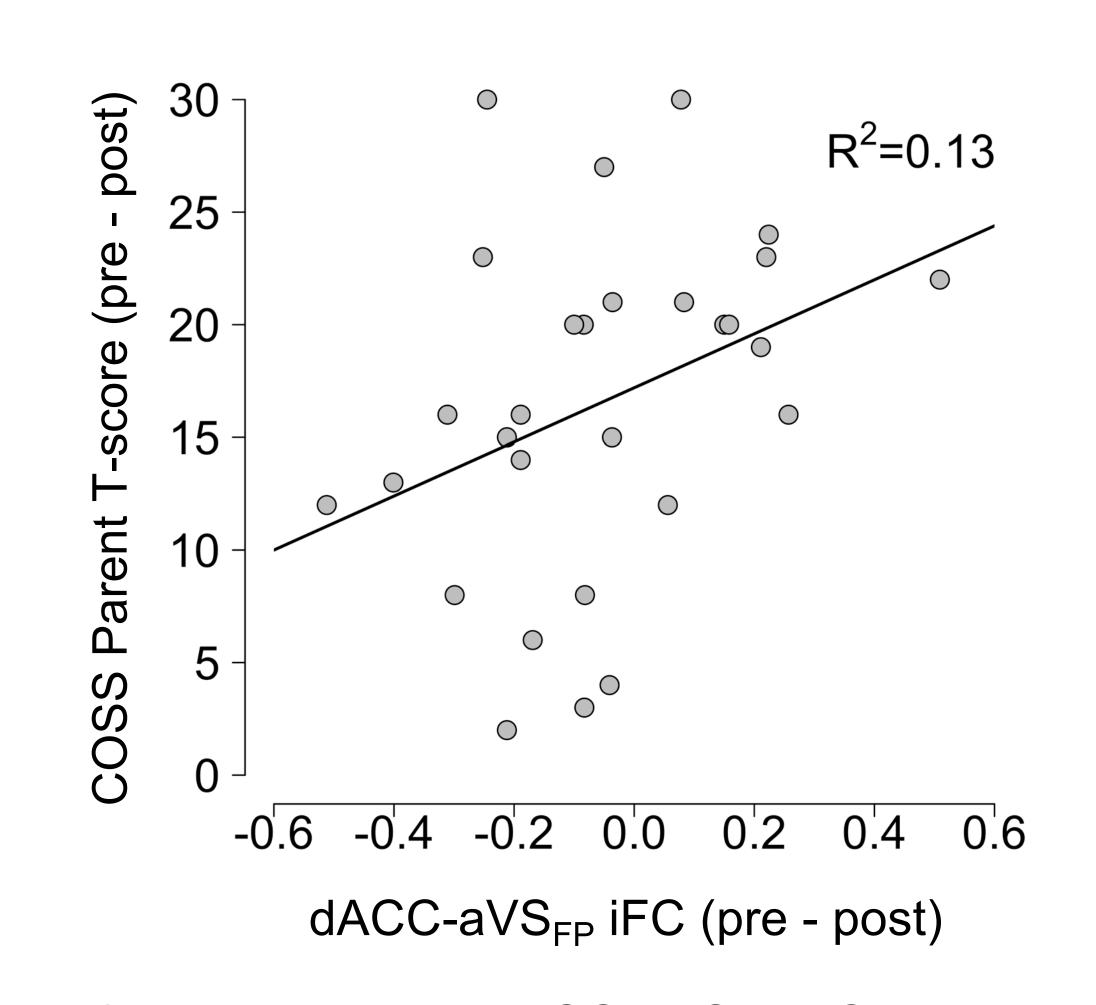


Fig 2. The change in dACC-aVS_{FP} iFC accounts for 13% of the variance of the improvement in children's organizational skills after the OSTm intervention.

Converging robust behavioral normalization following OSTm







Following OSTm, dysfunction in each domain (Memory & Materials Management; Organized Actions and Task Planning) significantly improved (COSS-Parent: Cohen's d>1.64). Teacher-rated and self-rated skills based on COSS total scores were also superior post-OSTm (both p<0.01, Cohen's d=0.88; d=0.67).

Neural target engagement

Pre-OSTm vs post-OSTm dACC-aVS iFC changed with effect size Cohen's d=0.40_(n=29)

or Cohen's d=0.49(n=28 without an outlier).



DESIGN

Participants: n=29 students in 3rd, 4th or 5th grade

- Mean age: 9.1 years, girls n=9 (31%)
- Elevated (≥ 1SD) and impairing organizational deficits: Children's Organizational Skills Scales² (**COSS**) ratings
- IQ > 85; non-impaired language skills
- No paraprofessional help, no self-contained special ed.

Pre-OSTm fMRI
7-min fixation

OSTm intervention
12 weeks
7-min fixation
7-min fixation

OST-modified intervention: time- and travel-demanding OST revised to expand treatment accessibility to a wider range of organizationally impaired elementary school kids

- replaced one of the 2 in-person weekly sessions with one **telepsychiatry** video-session
- introduced daily web-based progress (point) logging
- meeting DSM-5 criteria for ADHD not required

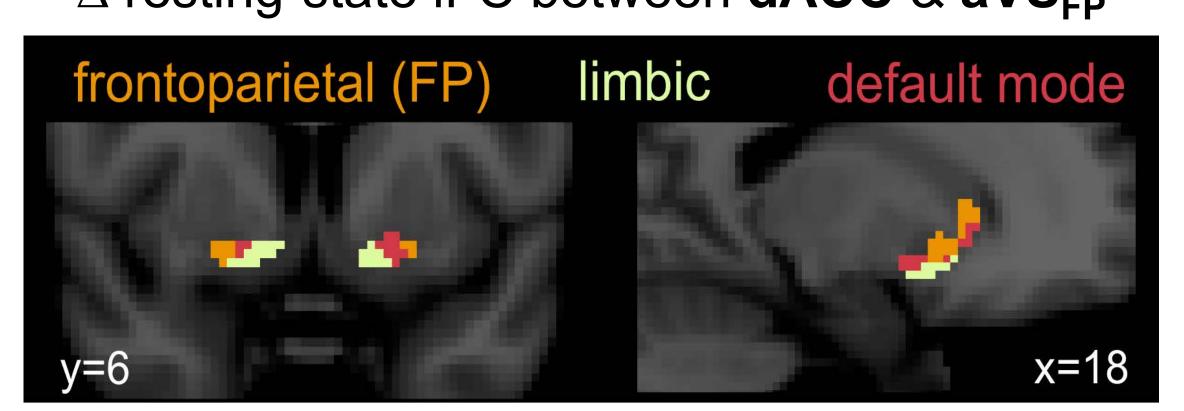
METHODS

Detailed methods at osf.io/rsx36/

- 3 Tesla Siemens Prisma
 Adolescent Brain Cognitive
 Development study sequence
- Development study sequences: T1 MPRAGE (0.8x0.8x0.8mm) EPI: 7-min fixation (TR=0.8s, 2.4x2.4x2.4mm)
- C-PAC v1.4.1 used for image pre-processing and Seed-based Correlation Analysis
- Seed: dorsal Anterior Cingulate
 Cortex (dACC) = MNI [8, 7, 38]

	Pre-OSTm	Post-OSTm
Mean FD _J	0.068 mm	0.070 mm
$Min\; \mathbf{FD}_J$	0.039 mm	0.037 mm
Max FD _J	0.103 mm	0.123 mm

Hypothesized **OSTm** treatment target: Δ resting-state iFC between **dACC** & **aVS**_{FP}



pre-registered at osf.io/5m5sx

Masks centered on our pilot OST results spanning 3 network-defined subregions of anterior ventral striatum (**aVS**), corresponding to frontoparietal (**FP**), limbic & default mode networks [7 Yeo³ iFC striatal parcellations]

Head micro-motion index = Jenkinson Framewise Displacement (\mathbf{FD}_{J})

Equivalent mean FD_J for pre- vs. post-OSTm scans (two-one-sided tests procedure: d_z =0.1 significantly within $d_z\pm0.5$ equivalence bounds, t_{28} =-2.2, p<0.02)

CONCLUSIONS

- Successful modification of the evidenced-based OST intervention: **OSTm** is feasible, acceptable to parents and effective (80% of treated students falling below the clinical impairment cut-off after OSTm completion).
- Convergent pilot results and current findings with preregistered brain masks suggest that the circuitry linking dACC and aVS may mediate OSTm improvement.
- If replicated, this association between robust OSTm-driven boosts in organizational, time management and planning skills & alterations in resting-state connectivity may enable the exploration of the neural mechanisms of organizational dysfunction and its remediation.

[1] Abikoff H, Gallagher R, Wells KC, Murray DW, Huang L, Lu F, Petkova E. (2013) Remediating organizational functioning in children with ADHD: Immediate and long-term effects from a randomized controlled trial. *J. Consult Clin. Psychol.* 81(1):113 [2] Abikoff H, Gallagher R. (2009) The Children's Organizational Skills Scales: North Tonawanda, NY: Multi-Health Systems [3] Choi E, Yeo B, Buckner RL (2012) The organization of the human striatum estimated by intrinsic functional connectivity. *J Neurophysiol.* 108(8):2242.

Funding: NIMH grant R61MH113663 (PI: F. Xavier Castellanos)