

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



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#### BACKGROUND

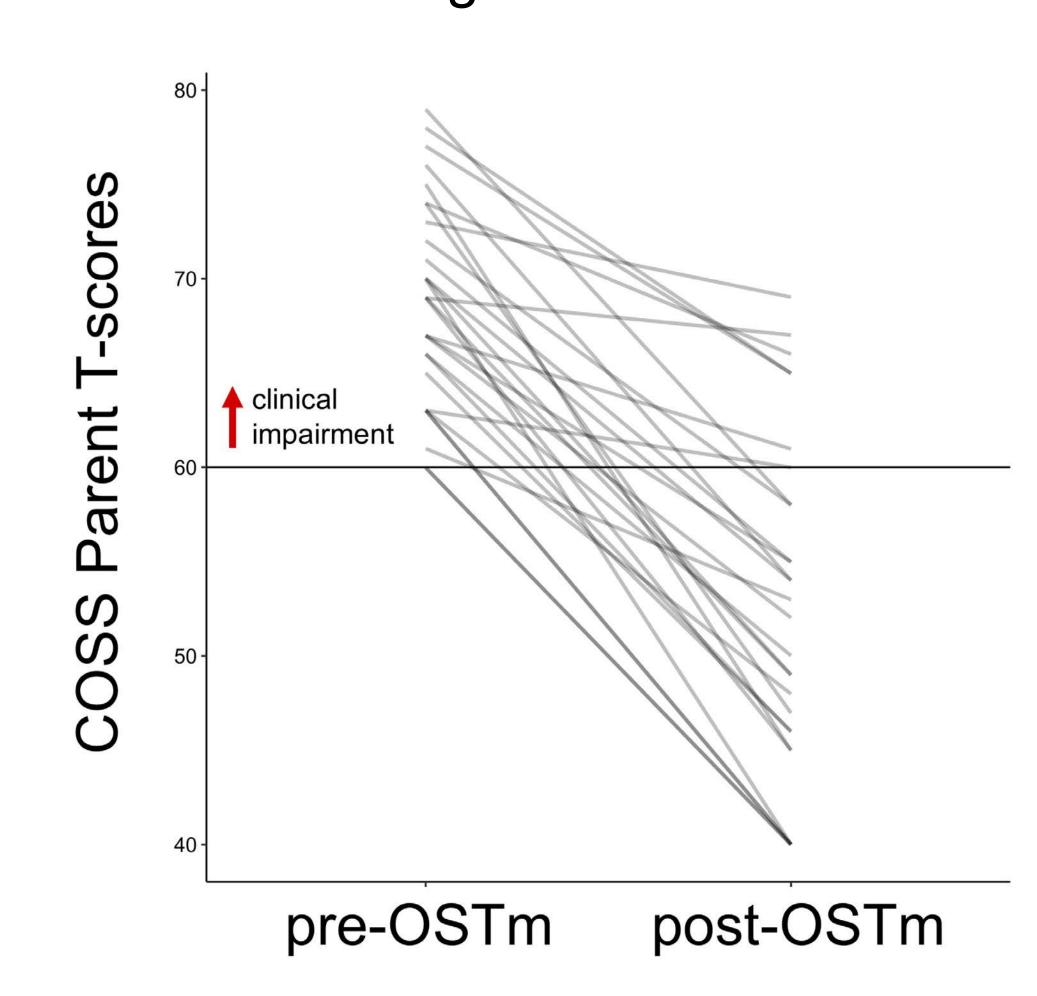
- Organizational, time management and planning deficits in children with neurodevelopmental disorders (such as ADHD) contribute to school failure and conflicts at home.
- Unlike stimulant medication, evidence-based instruction-focused interventions (e.g., **OST**)<sup>1</sup> can remediate such organizational 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 3<sup>rd</sup>-5<sup>th</sup> grade students with organizational impairments?

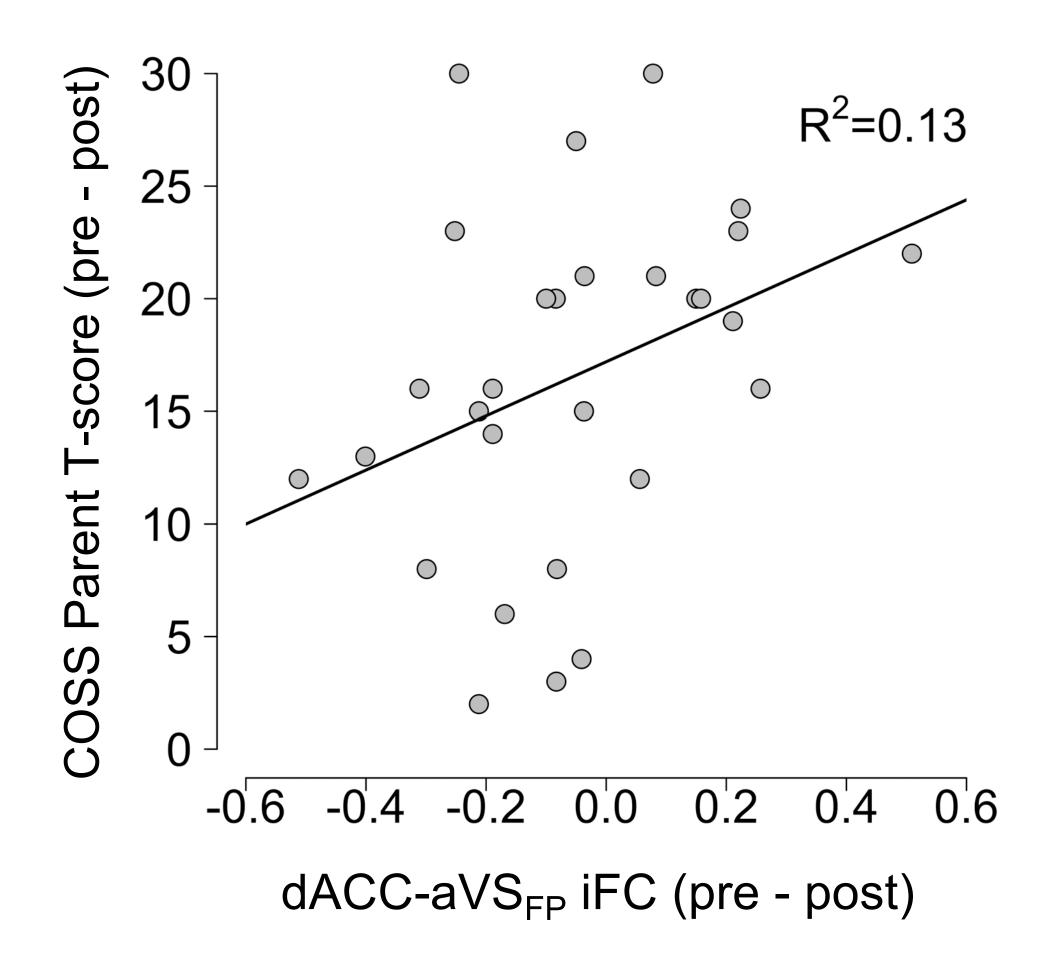
#### RESULTS

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<sub>FP</sub> iFC accounts for 13% of the variance of the improvement in children's organizational skills after the OSTm intervention.

## Converging reports of 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 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup> 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
- child may not meet DSM-5 criteria for ADHD

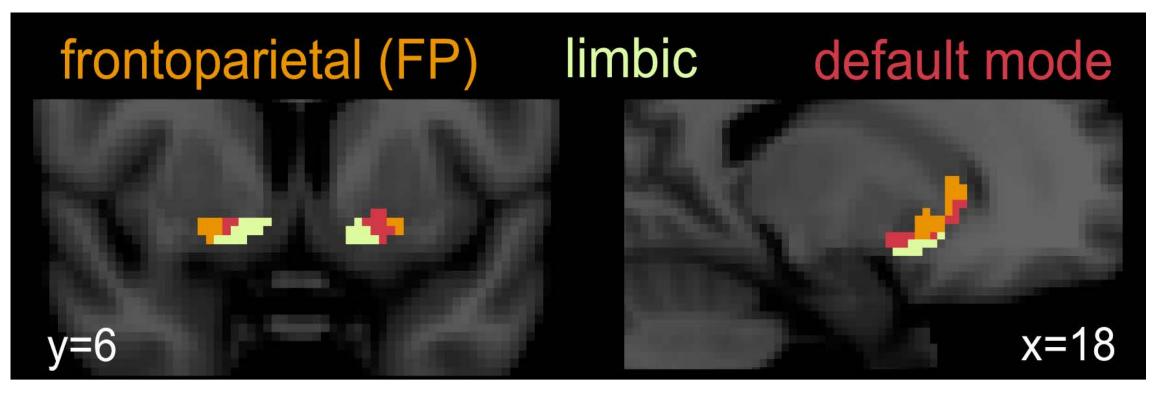
#### METHODS

Detailed methods at osf.io/rsx36/

- 3 Tesla Siemens Prisma
- Adolescent Brain Cognitive
   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 <b>FD</b> <sub>J</sub>	0.068 mm	0.070 mm
$Min\; \mathbf{FD}_J$	0.039 mm	0.037 mm
Max <b>FD</b> <sub>J</sub>	0.103 mm	0.123 mm

Hypothesized OSTm treatment target:  $\Delta$  resting-state iFC between dACC & aVS<sub>FP</sub>



pre-registered at osf.io/5m5sx

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

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

Equivalent mean FD<sub>J</sub> 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 with scores for 80% of those treated falling below 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 practical, 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.

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