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An Introduction to the Conductive Education Approach

By Judit Roth, Cerebral Palsy Solutions, Coaching & Consulting

“I do not have Cerebral Palsy anymore! I can do it myself!” these are the excited words of Nathaniel Gilmore (age seven), a former student of mine, to his Dad on a snowy day at the end of January.

Of course, from the medical point of view, Nathaniel still has Cerebral Palsy (CP), and must overcome minor and major challenges on a daily basis. However, he is doing things that his parents were told he would never do, and on top of that, something significantly has changed in this little guy’s mind. From an image of a boy with motor disability, from an attitude of “I cannot do it-do it for me,” he came around to seeing himself with no limitations and with greatly improved self-esteem. So, how did he get there? Besides getting excellent care from his loving parents, Jennifer and David Gilmore, Nathaniel has been involved in the Conductive Education (CE) program since age three-and-a-half.

According to a recent study, there is evidence that in 30% of the cases, Conductive Education is better in promoting CP patient’s development than any other method (1).

The Idea Behind Conductive Education

Andras Peto, M.D. (1893-1967), a Hungarian physician and educator who founded CE after WWII, was ahead of his time in recognizing the possibility of the brain’s plasticity. Neuroplasticity consists of the ability of the nervous system to adapt its structural organization to new situations emerging from developmental and environmental situations, as well as from injuries (2). He relied on this ability of the brain to improve the skills of people with motor disabilities.

Besides developing an effective holistic educational and rehabilitative program for people born with or who have acquired brain damage, he developed screening techniques that identify premature and newborn babies needing special treatment in order to begin their habilitation as early as possible. This prevented deterioration and educated them to be equal members of society, hopefully by the time they reach school age.

What is Conductive Education?

Conductive Education is a multi-disciplinary system of education focusing on a child’s emotional and cognitive growth, as well as motor function. Children are taught to see themselves as active and self-reliant participants in

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the world. The goal of CE is the socio-cultural integration of children with motor disorders through the development of an orthofunctioning personality and the prevention of physical abnormalities. Orthofunction is the capacity to solve the problems of daily living arising out of dressing, eating, and practicing personal hygiene in order to live independently. From a general educational point of view, conductive education is a highly coordinated educational process that provides an age appropriate, individual way of life while giving an overall positive perspective (3).

In an American Academy for Cerebral Palsy and Developmental Medicine (AACPD) evidence report published in March 2004 (4), Canadian researchers described CE as an approach based on an educational rather than a medical model of intervention that integrates education and rehabilitation goals into one program.

How Does CE Work?

CE can best be described with the following features and examples:

1. Task/Sub-tasks/Task-series: Our brains are able to direct us to execute simple or complicated actions without any major difficulties. However, the affected brain cannot perform the same tasks as easily. Think about a simple task: someone tells you to stand up from sitting. For most of us this task is easy to complete. However, when you ask the same from children with CP, they most likely will not be able to complete the task without help (of course this is depending on the severity of their condition). Therefore, CE uses an approach which breaks tasks down to small, achievable sub-tasks that need to be learned, repeated, and applied. In this case, a child would have to complete the following sub-tasks: “I put my feet flat, I slide forward on the chair, I put my weight on my feet, and I stand up. I am

standing tall.” This approach greatly encourages successful completion of the main task. CE task-series are built using the same approach to help the child learn how to solve problems, and execute or participate in age-appropriate, daily activities.

2. As the above example shows, children (even non-verbal) are encouraged to use the first person singular tense to signal their brain how to complete a task. This approach encourages new connections in the brain, and allows the child to reach certain goals while raising their level of self-esteem, and creating the new attitude of “I can do things on my own.”

3. Rhythmical Intention helps the children to plan movement, develop body and spatial awareness, and signal the rhythm and the time frame that is used to complete a task. For example, the task is to stand straight. The child will be encouraged to say “I am standing tall...one...two...three...four...five.” This means, that by the time he says five, the task must be completed. During that time he must make sure that his heels are down, legs are straight and apart, the ankles, knees, and hips are aligned, the shoulders are relaxed, and the head is centered.

For very young children who do not have the concept of counting, CE uses well-known nursery rhymes and songs to reach the same effect.

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TREATMENT METHOD

4. Environment and Equipment. CE programs can be successfully applied in different settings such as the child's home or in school, either in individual or group settings (with the positive, motivating effect of heterogeneous grouping). The main goal is to create a safe, caring, and sensory-rich environment that promotes development in all areas. CE furniture facilitates movement without limiting the child's ability to move around freely in the environment.

5. Holistic Approach: CE relies on the fact that when one area of development is improved, the other areas will improve as well. That is why the program supports all aspects of the child's life including the development of gross and fine motor skills, as well as intellectual, social and academic skills.

6. Conductor-Teacher: CE's perception is that treatment for children is more successful when one person looks after all their needs. That is why a new profession was established; they call its practitioners "Conductor-Teachers." Conductors are generalists licensed after four years of professional college level training. They coordinate the efforts of several disciplines: medicine, psychology, speech and language pathology, physical and occupational therapy, adaptive physical education, nursing, and pedagogy. In 1999, there were 981 trained conductors (Hungarians and Non-Hungarians) worldwide (5). At that time, less than two-thirds of them were actively practicing Conductive Education. Today there are training programs in Hungary, Israel, UK, Spain, and the United States. Aquinas College in Grand Rapids, Michigan is the only college offering CE/POHI training in this country. The first graduates (four students) will receive their diplomas in the Spring of 2005.

7. Early Intervention: "The sooner-the better" approach applies to CE, too. Starting CE at an early age (between age six months to three years) ensures successful achievement of developmental goals and milestones closer

to the age-appropriate peer level. This also ensures that the child stays active, picking up CE as a lifestyle, and working toward the goal of inclusion with typically developing, age-appropriate peers as early as possible.

Conductive Education Programs in the United States

CE is a known and accepted intervention worldwide. The approach had its first introduction in the United States in 1968 by Professor James House of the University of Wisconsin, who spent months studying CE in Hungary. After returning to the United States, he established a program for children with CP in Wisconsin, and published one of the first research results based in the United States. In the past thirty-five years, thanks to the effort of American supporters, parents, educators, and researchers of CE, more and more programs have been established in the United States. According to Patrick Riley, President of the Inter-American Conductive Education Association, today there are over thirty-five locations in the U.S. serving children with CP.

A study conducted in 1999 shows that most of these programs are located in the Eastern or Western coastal states of the United States. They serve children with CP between the ages of six months to 17 years of age in an appropriate setting, such as a parent and child program, preschool program, etc. (6). Other findings of this study show that these non-profit organizations, mostly established and led by parents of a child with CP, usually employ one or two conductors at a time with a conductor to child ratio of 1:3. Most programs are open five days a week and offer CE services to participants between 500 and 1,300 contact hours per year. Besides year-round programs, CE is offered in short-term intervals in summer camps and individual consultations.

Who Might Benefit?

You may consider CE for your child if:

- Your child has Cerebral Palsy or an undiagnosed motor developmental delay, and he or she is not thriving on other therapeutic approaches.
- You are frustrated or unsatisfied with the set short and long term goals for your child.
- You feel that your child's aide is doing most of the work in the school instead of your child doing it for him or herself.
- You do not know how to apply the learned therapeutic approaches in your home when caring for your child (for instance, how to get your child to get out of bed by him or herself).
- You believe that your child is able to do more than what he or she has accomplished in other settings.

The main goal in CE is to have the child reach his or her highest potential and maximum level of independence. Nathaniel and his buddies are on the right track to achieving this.

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Ms. Roth is a founder of Cerebral Palsy Solutions, Coaching & Consulting. Through her wide variety of services, she is assisting families with children with cerebral palsy, and those who are involved or interested in Conductive Education.

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