CONDUCTIVE EDUCATION AT CEC DU GARD

How could active learning change the everyday life of children with motor disorder?

Dr F GRAU COPPIETERS, physician coordinator, J PAZMANY, rehabilitation specialist in Conductive Education, Centre d’Education Conductive du Gard, Clarensac, France, asso.cec30@gmail.com

INTRODUCTION

Since the center’s opening in January 2015, we have welcomed more than 80 children. Professionals, families and children are seeing significant gains in functions and visible changes in childrens’ daily lives. We wanted to develop a tool that allows us to measure progress objectively and track childrens’ progress over time.

Our objective was to show the possible changes in everyday life of children with motor disorder by using the innovative approach of conductive learning and the consequences of these changes for the family.

MATERIAL AND METHOD :

We applied the International Classification of Functioning (ICF). We developed a score adapted to our program and limited it to 9 items. We collected data from 28 children during initial assessment and at the end of the year. We compared the results. Some children had done more sessions, some only once since their assessment. Function gain therefore correlated not with the duration of care, but it reflected the areas in which children have made progress.

We then sent a survey to all the families exploring concrete changes in daily life. We processed and analysed all data collected.

FOCUS ON CONDUCTIVE EDUCATION

Conductive Education is a comprehensive learning-based rehabilitation method for adults and children with motor disabilities with neurological origin who have a good understanding of simple instructions (CP, stroke, global development delay with neurological involvement...).

The global and complex program, carried out in groups, covers the whole field of the development of the child: global and fine motor skills, language, school and cognitive learning, daily autonomy (toileting, meals,...), social skills. This program, positive and rewarding for the child, is built and led by a rehabilitation specialist in Conductive Education or conductor (Master2). Parents have a primary place in the conductive system. The ultimate goal of Conductive Education is to develop the highest level of autonomy for the person.

At the Conductive Education Center of Gard, since 2015 we offer therapy from the age of 1 in the form of sessions (min 2 weeks), repeated regularly.

Older children also have the opportunity to be welcomed all-year round, in addition to regular school, if possible.

RESULTS

In the initial assessment, we found a child profile consistent with the practice of Conductive Education. Indeed, they have a severe motor impairment (walking $x = 3.6$ with 0 children without disabilities, moving around $x = 3.4$ and fine motor skills $x = 3.2$) and significant disorders of muscle tone ($x = 3.2$). The intellectual disability is variable (absent for 5 children, moderate for 10, severe for 12) but none have a total deficiency, average for the intellectual function is $x = 2$. The average of language function is 2.9 with only 3 children without disabilities. The 28 children have a significant dependency for activities of daily life (using the toilets $x = 3.7$ and eating alone $x = 3.2$).

In the second evaluation (after one year of care but different working duration with each child, depending on the support model), we note:

- Gain of motor functions: walking $\Delta x = 0.7$, moving $\Delta x = 0.9$ (to children $x$ that have an independent way of moving).
- Gain in fine motor skills ($\Delta x = 0.8$).
- Gain of intellectual function ($\Delta x = 0.5$).
- Gain of language function ($\Delta x = 0.7$).

The biggest gains were found in activities of daily life:

- Using toilets ($\Delta x = 1.6$) with only 2 children who still have absolute difficulties ($x = 2$).
- Eating alone ($\Delta x = 1$) with 4 children who still have absolute difficulties ($x = 19$).

The survey completed by the families confirms these results. Parents see an improvement in their quality of family life with easier everyday tasks and gestures and more independent children. In addition, families have regained confidence in their child and their own ability to assist their child.

DISCUSSIONS AND CONCLUSION :

First results show a significant gain of function for children, as well as positive changes in the quality of daily life for the family. It is important to note that all the progress have been kept after the session and that parents were able to integrate all these progress into their child’s daily life. No child has regressed.

The evaluation by ICF deserves to be enriched with more items. Conductive Education deserves more studies on benefits for children and adults.

REFERENCES :


CONTACT : + 00 33 6 60 04 92 87 – ASSO.CEC30@GMAIL.COM
34 ROUTE DE NÎMES, 30870 CLARENSAC, FRANCE