

Julie Guy, MT-BC & Angela Neve, MT-BC PO BOX 710772, San Diego, CA 92171-0772 info@themusictherapycenter.com 1.877.620.7688 fax & VM

Music Therapy & Cerebral Palsy Fact Sheet

Definition: Cerebral palsy describes several chronic conditions affecting body movement and muscle coordination. It is caused by damage to one or more specific areas of the brain, usually occurring during fetal development, birth, and infancy. Damage to motor areas in the brain disrupts the brain's ability to adequately control movement and posture. "Cerebral" refers to the brain and "palsy" to muscle weakness/poor control. Cerebral palsy itself is not progressive (i.e. brain damage does not get worse), however, secondary conditions, such as muscle spasticity, can develop, which may get better or worse over time. Cerebral palsy is characterized by an inability to fully control motor function, particularly muscle control and coordination. Depending on which areas of the brain have been damaged, one or more of the following may occur: muscle tightness or spasticity, involuntary movement, disturbance in gait or mobility, difficulty in swallowing and problems with speech. Abnormal sensation and perception, impairment of sight, hearing or speech, seizures, and/or mental retardation may also occur. Other problems that may arise include difficulties in feeding, bladder and bowel control, problems with breathing because of postural difficulties, skin disorders because of pressure sores, and learning disabilities.

Incidence: Approximately 764,000 children and adults in the United States manifest one or more of the symptoms of cerebral palsy. Currently, about 8,000 babies and infants are diagnosed with the condition each year.

Characteristics and Need Areas:

- **COGNITIVE:** Some may have learning disabilities and/or mental impairment
- SPEECH/COMMUNICATION: Some may have stuttering, fluency, cluttering issues or other disorders with the voice
- MOTOR SKILLS: Difficulty with fine motor tasks (such as writing or using scissors), difficulty maintaining balance or walking, involuntary movements



• **SOCIAL:** An individual with cerebral palsy may be limited in participating in activities due to motor, communication or other restrictions

How can music therapy address the need areas for an individual with Cerebral Palsy?

SPEECH: Rhythm-based techniques have shown to be successful in treating fluency and rate of speech by providing a structured and predictable foundation for verbal responses. Vocal exercises with singing can help to remediate unusual loudness, breathing and pitch of the speaking voice. Music therapy can also address receptive speech skills as described in the goal example below. Music therapists can co-treat with speech therapists to enhance the effectiveness of the treatment.

GOAL EXAMPLE for COMMUNICATION/LANGUAGE

By (date), given melodic cueing and picture cards, Paul will demonstrate receptive language skills by making a choice via hand reach between a field of two (musical instrument vs. nonpreferred item) for 75% of opportunities with minimal prompting.

Baseline: Paul currently reaches for preferred items for 25% of opportunities. Due to his increased motivation when music is present and need for a symbolic communication method, music provides an enhanced way for Paul to transition from real-object presentation to symbolic representation.

COGNITIVE: Music can be used to motivate, reinforce and reward the learning process. Music can serve as a memory aid (for example the ABC song) for academic information. Educational songs with visual aids can be created to meet the needs of the individual and practiced in the home or classroom.

MOTOR SKILLS: Music can be used to structure and guide stretching/range of motion and other motor exercises. Playing musical instruments can exercise muscles and help improve fine and gross motor skills. Music therapists can also co-treat with occupational and/or physical therapists to enhance the effectiveness of the therapy.

SOCIAL: Social song stories can teach appropriate social interaction, eye gaze, facial expressions, turn-taking, and other important social skills. In addition, group-based music therapy sessions can provide a successful, normalized outlet for individuals with cerebral palsy to engage in social experiences through music.



Paul, an 8-year old boy with CP is highly motivated to play the bells

RELATED RESEARCH:

Braithwaite, B., & Sigafoos, J. (1998). Effects of social versus musical antecedents on communication responsiveness in five children with developmental disabilities. Journal of Music Therapy, 35(2), 88-104.

Chen-Hafteck, L. (1997). Music and language development in early childhood: integrating past research in the two domains. Early Child Development & Care. 130, 85-97.

Colwell, C.M. (1995). Adapting music instruction for elementary students with special needs: A pilot. Music Therapy Perspectives, 13(2), 97-103.

Cohen, N.S. (1993). The application of singing and rhythmic instruction as a therapeutic intervention for persons with neurogenic communication disorders. Journal of Music Therapy, 30(2), 81-99.

Ford, S.C. (1984). Music therapy for cerebral palsied children. Music Therapy Perspectives, 1(3), 8-13.

Godeli, M.R., Santana, P.R., Souza, V.H., & Marquetti, G.P. (1996). **Influence of background music on preschoolers' behavior: a naturalistic approach.** Perceptual and Motor Skills, 82, 1123-1129. (music enhances child to child interaction)

Gunsberg, A. (1988). Improvised musical play: A strategy for fostering social play between developmentally delayed and nondelayed preschool children. Journal of Music Therapy, 25(4), 178-191.

Harding, C., & Ballard, K.D. (1982). The effectiveness of music as a stimulus and as a contingent reward in promoting the spontaneous speech of three physically handicapped preschoolers. Journal of Music Therapy, 19(2), 86-101.

Herman, F. (1985). **Music therapy for the young child with cerebral palsy who uses Blissymbols.** Music Therapy, 5(1), 28-36.

Hoskins, C. (1988). Use of music to increase verbal response and improve expressive language abilities of preschool language delayed children. Journal of Music Therapy, 25(2), 73-84.

Howell, R.D., Flowers, P.J., Wheaton, J.E. (1995). The effects of keyboard experiences on rhythmic responses of elementary school children with physical disabilities. Journal of Music Therapy, 32(2), 91-112.

Humpal, M. (1990). Early intervention: The implications for music therapy. Music Therapy Perspectives, 8, 30-35.

Humpal, M. (1991). The effects of an integrated early childhood music program on social interaction among children with handicaps and their typical peers. Journal of Music Therapy, 28(3), 161-177.

James, M.R. (1986). Neurophysiological treatment of cerebral palsied individuals: A case study. Music Therapy Perspectives, 3(1), 5-8.

Jellison, J. (1984). Structuring small groups and music reinforcement to facilitate positive interactions and acceptance of severely handicapped students in the regular music classroom. Journal of Research in Music Education, 32(4), 243-264.

Kathleen Helfrich-Miller (1994). A Clinical Perspective: Melodic Intonation Therapy for Developmental Apraxia. Clinics in Communication Disorders, 4(3)

Krout, R. (1987). Music therapy with multi-handicapped students: Individualizing treatment within a group setting. Journal of Music Therapy, 24(1), 2-13.

Krout, R., Burnham, A., Moorman, S. (1993). Computer and electronic music applications with students in special education: From program proposal to progress evaluation. Music Therapy Perspectives, 11(1), 28-31.

Ma, Y., Nagler, J., Lee, M., & Cabrera, I. (2001). **Impact of music therapy on the communication skills of toddlers with pervasive developmental disorder.** Annals of the New York Academy of Sciences, 930, 445-7.

Montello, L. (1998). Effects of active versus passive group music therapy on preadolescents with emotional, learning, and behavioral disorders. Journal of Music Therapy, 35(1), 49-67.

Musical Training During Childhood May Influence Regional Brain Growth (2001). Science Daily, May 11, 2001. Retrieved February 25, 2004, from http://www.sciencedaily.com/releases/2001/05/010510072912.htm

Rogow, S.M. (1982). Rhythms and rhymes: developing communication in very young blind and multihandicapped children. Child: Care, Health, and Development, 8, 249-260.

Scartelli, J.P. (1982). The effect of sedative music on electromyographic biofeedback assisted relaxation training of spastic cerebral palsied adults. Journal of Music Therapy, 19(4), 210-218

Staum, M.J. (1983). **Music and rhythmic stimuli in the rehabilitation of gait disorders**. Journal of Music Therapy. 20(2), 69-87.

Staum, M.J. (1988). **Music for physical rehabilitation. An analysis of literature from 1950-1986**. In C.E. Furman (Ed.), *Effectiveness of music therapy procedures: Documentation of research and clinical practice* (p. 65-104). Washington, DC, National Association for Music Therapy.

Taut, M.H. (1985). The use of auditory rhythm and rhythmic speech to aid in temporal muscular control in children with gross motor dysfunction. Journal of Music Therapy, 22(3), 108-128.

Taut, M.H., Schleiffers, S., William, D. (1991). Analysis of EMG activity in biceps and triceps muscle in an upper extremity gross motor task under the influence of auditory rhythm. Journal of Music Therapy, 28(2), 64-88.

Toolan, P., & Coleman, S. (1994). Music therapy, a description of process: Engagement in five people with learning disabilities. Journal of Intellectual Disability Research, 38(4), 433-44.

Ulfarsdottir, L., & Erwin, P. (1999). **The influence of music on social cognitive skills.** The Arts in Psychotherapy, 26(2), 81-84.

Wallace, W.T. 1994. **Memory for music: effect of melody on recall of text.** *Journal of Experimental Psychology: Learning, Memory & Cognition, 20,* 1471-85.

Wolfe, D. (1980). The effect of automated interrupted music on head posturing of cerebral palisied individuals. Journal of Music Therapy, 17(4), 194-206.

Wylie, M. (1983). Eliciting vocal responses in severely and profoundly mentally handicapped subjects. Journal of Music Therapy, 20(4), 190-200.

NATIONAL ORGANIZATIONS

American Music Therapy Association (AMTA)

8455 Colesville Road, Suite 1000 Silver Spring, Maryland 20910, USA

Phone: (301) 589-3300 Fax: (301) 589-5175

Email: info@musictherapy www.musictherapy.org

United Cerebral Palsy (UCP National)

1660 L. Street, NW, Suite 700

Washington, DC, 20036 Phone: 800-872-5827 TTY: 202-973-7197 Fax: 202-776-0414

Email: webmaster@ucp.org

www.ucp.org