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## Teaching the Child with Dyspraxia

By Julie Coulson



Several years ago I was approached by the parents of one of my piano students, asking if I would teach their younger son, Mark<sup>1</sup>. I happily agreed but was interrupted in midsentence with a precautionary “you may not want him, he’s a bit different”; that difference was dyspraxia, a neurologically based disorder that affects motor planning, how we turn thoughts and ideas into actions.

Mark was immediately one of my keenest and most musical students, and though his proficiency and repertoire developed, several things remained ‘special’ to Mark: the wild hands, the trademark omitted beats, and the edge-of-seat scale experiences. Over time and with the support of family, friends, and wider community, Mark became an accomplished player capable of great subtlety: he gained the highest marks in New Zealand for Trinity Piano Grade 3 and in his last year of lessons (by then a second year law student) gave a commanding performance of Chopin’s Polonaise in C# minor Op.26, No.1.

In the final years of lessons with Mark, I enrolled in some Music Therapy papers and undertook an in-depth study of dyspraxia. This

led to lessons with Alice and Ben, two more children with dyspraxia, and a desire to share experiences with fellow studio teachers.

Though challenging (and at times dispiriting) for both pupil and teacher, the rewards are there. No-one would dispute the fact that music is part of our humanity; what is too often overlooked is the important role the studio music teacher can play. Children with dyspraxia thrive in a one-to-one teaching environment, where lessons can be tailored to their requirements and rate of progress. They also benefit from the stability a long-standing relationship with a ‘significant adult’ (such as the studio music teacher) can provide, particularly during the difficult transitioning years from primary to secondary schools.

### What is Dyspraxia?

Chances are we have all met someone who has dyspraxia. The disorder affects approximately 6 percent of the general population, in the ratio of four boys to every one girl, and remains throughout the individual’s life.

In the northern hemisphere, dyspraxia is known as Developmental Coordination Disorder (DCD).

Diagnosis is difficult: dyspraxia presents no physical or mental ‘abnormalities’ and affects individuals differently and inconsistently (a learned skill may temporarily be lost). In the past, dyspraxia was known as ‘clumsy child syndrome’, and, to a large extent, this remains its chief characteristic – a tendency to drop or bump into things, misjudge distances, struggle with fine motor skills, such as writing, independent finger work and sequenced tasks (tying shoe laces/playing a scale); they also need more practice time than their peers to acquire new skills.

### What happens?

As we grow, we use our senses (sight, sound, touch, etc.) to construct a picture of the world and how we relate to it. By recalling and recombining thousands of sensory experiences which are stored in different regions of the brain, body awareness – the sense that enables us to interact safely, freely and creatively with this world – develops and with it, the ability to plan how to use our motor skills.

<sup>1</sup> Names of all students are pseudonyms

We learn how to catch a ball, carry a cup of hot water without spilling it, and how much energy is required to produce a loud or soft sound on a musical instrument.

The child with dyspraxia will struggle here: somewhere along the line, sensory input/feedback becomes corrupted and the action misses the mark. In most cases, poor muscle tone is implicated; there may also be a history of avoidance, arising from the child's sensitivity to light, touch, noise, etc.

Faced with failure and unable to draw on (or trust) past experiences, the child must effectively relearn the task. The strain of doing this several times a day (let alone in a single lesson) can be crippling and it is little wonder that such children become irritable, demotivated and wary of committing to a new activity. Enter the music lesson: a new teacher, a new environment, a new instrument, new sounds and a host of intricate, fussy new skills – challenging for the best of us and *potentially* catastrophic for the child with dyspraxia.

#### **What can we do?**

##### *1. Starting out*

Discuss the child's strengths and weaknesses with the parents and ask permission to read the case notes; let these temper but not limit your expectations. Prepare the point of entry: Mark had attended several studio concerts, liked what his older brother was doing, and arrived confident and bursting to go; Alice and I met informally at her place and bonded over a fun afternoon of games, laughter and shared meal; Ben and I met in my studio without prior introduction and, although he had started music lessons on another instrument, took a full 18 months to settle.

Build the child's trust, confidence and interest in music. Explore the instrument physically and sonically to fill the brain with a repository of rich sensory experiences. Games can discretely assess the child's capabilities while introducing musical concepts of pitch, rhythm, dynamics, etc. Note boundaries of personal space and inconsistencies: Alice's little fingers were too sensitive to touch the piano keys, yet she registered no pain when her middle finger collapsed under excessive arm weight.

Engage humour (Mark and Ben's chief tactic) and, importantly, avoid talking down to the child - dyspraxia does not affect intelligence.

##### *2. Coordination and rhythm*

These are (and will remain) major issues. Two-handed drumming, especially in the initial stages when fingers are too weak to play independently, is an excellent activity and a safe medium for practising weight touch.

##### *3. Reading music*

I have not found note-reading per se to be an issue: wrong notes are often caused by poor eye-hand coordination, where the note is correctly read but the physical impulse misses its target. These inaccuracies can be offset by encouraging the child to 'feel the note' (Alice's catch-phrase) rather than relying on the visual cue. Elsewhere, beats may be omitted or added as the child loses track of his place in the bar.

Drumming from a single rhythm line, counting out loud and composing words to the melody all help. Be on the lookout for excessive eye rubbing, a signal that the child's concentration is exhausted.

##### *4. Technique*

Compromises in this area are inevitable and progress will be slow.

The silver lining is that children with dyspraxia enjoy repetition and routine, and this works to their advantage: well practised skills pass into long-term memory, and (fingers crossed) become permanent.

A nonintrusive approach seems to work well: children often know what they want to do (having seen their teacher model the movement) and simply need the time to sort it out for themselves. Be patient, prompt gently and be consistent in your aims.

##### *5. Theory*

The challenge is not the learning but the writing: their fine motor skills are simply not up to it. Larger staves help; alternative methods (practical musicianship/oral quizzes/theory boards) can be equally effective.

##### *6. Home practice*

Three things are essential: a regular and daily routine, short blocks of time to avoid concentration burnout, and a clear plan of what to do and how. Show interest in how the weekly practice has gone and give due praise.

7. *Concerts*

It feels good to be included and even better when you are confident about what you are playing. Duets with the teacher can offer security to the child, provide a clear rhythmic support and make a simple part sound more advanced. Later on, friendships may be developed by pairing students together.

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*For further information see [www.dyspraxia.org.nz](http://www.dyspraxia.org.nz)*