



WCMT

WORLD CONGRESS OF MUSIC THERAPY

Connecting Borders

Creating networks and enhancing identities through Music Therapy

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BOLOGNA, ITALY



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**INTEGRATED WORK AND SYNERGIES
BETWEEN MUSIC THERAPISTS
AND EDUCATORS THROUGH
SOUND-SENSORY STIMULATION
IN COMPLEX DISABILITY**



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NEURO-MOTOR, COGNITIVE & CLINICAL PROFILES IN S/PIMD

A Multi-Dimensional Overview

1 NEURO-MOTOR IMPAIRMENTS IN S/PIMD



NO INDEPENDENT AMBULATION

- High frequency of wheelchair dependency within the target population.

*Source: Nakken & Vlaskamp (2007); Palisano (1997)



STANDARDIZED CHARACTERIZATION

- Neuro-motor functioning levels are typically classified using the Gross Motor Function Classification Scale (GMFCS).



CLINICAL SEVERITY

- Predominance of severe neuromotor dysfunctions such as spastic tetraplegia.

2 COGNITIVE & ADAPTIVE PROFILE



SEVERE TO PROFOUND INTELLECTUAL DISABILITY

- Cognitive impairment is behaviorally defined by IQ levels and heavily restricted adaptive functioning.



DIAGNOSTIC OVERLAP

- High clinical overlap between severe (IQ 25-40) and profound (IQ <25) ID, requiring frequent reassessments.



COMMUNICATION BARRIERS

- Characterized by little to no apparent understanding of verbal language and nearly no symbolic interaction with objects.

*Source: Nakken & Vlaskamp (2007); AAIDD / DSM-5

3 CLINICAL COMPLEXITY & ETIOLOGY



HETEROGENEOUS ETIOLOGY

- Highly varied and often non-inherited causes, frequently driven by new genetic mutations.



PRIMARY NEUROLOGICAL CONDITIONS

- Central nervous system malformations and pre-/perinatal acquired conditions.



COMPLEX COMORBIDITIES

- High prevalence of neurometabolic/neurogenetic diseases, epileptic encephalopathies, and sensory impairments.

*Source: Rousseau et al. (2020); Vissers et al. (2016)

4 POPULATION PREVALENCE



SUBPOPULATION WITHIN ID

- Severe and profound intellectual disability represents a minority, around 10% of the broader ID population.

*Source: Nakken & Vlaskamp (2007); AAIDD / DSM-5



GLOBAL IMPACT

- Affects roughly 0.1% of the total general population, with regional clinical estimates around 0.025%



IMPRECISE BOUNDARIES

- No official published prevalence rates exist specifically for S/PIMD due to varied diagnostic combinations

*Source: Arvio & Sillanpää (2003); Lichtenstein et al. (2021)



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MULTIDIMENSIONAL THEORETICAL FRAMEWORK



1. SENSORY FOUNDATION (Ayres; Dunn)

- Sensory Integration Theory & Processing Profiles in complex disabilities
- Mapping individual sensory thresholds to decode atypical behaviors
- The acoustic environment organized as a structured clinical setting

RECONCEPTUALIZING THE "STIMULUS"

Shift from a mechanical, unidirectional input to a dynamic, ecological element of bodily activation, mutual adaptation, and relational co-regulation



2. EMBODIED COGNITION FOUNDATIONS (Varela)

- Mind, body, and world acting as an inseparable, integrated biological system
- Overcoming the passive care model via shared somatic and sensory experiences
- The body as the primary vehicle for baseline orientation and environmental contact



3. ENACTIVE & MUSICAL INTERSUBJECTIVITY (De Jaegher; Schiavio)

- **Participatory Sense-Making:** Meaning co-created through interactive dynamics
- **Musical Enaction:** Sound as an action-oriented, shared relational space
- **Bodily Dynamics & Vitality Affects** breaking through communicative stasis



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FIELD TRAINING & THE "SOUND POSTURE"



Methodology: Action Research framework utilizing on-site clinical training cycles.

Target: Interdisciplinary teams (educators and professional caregivers) across 5 socio-educational centers.



STEP 1: INTRINSIC MUSICALITY

Mapping, welcoming, and valuing the natural, intrinsic musicality and non-verbal communicative resources already present within each staff member.



STEP 2: THE "SOUND POSTURE"

Evolving individual professional traits into a conscious, shared, and collective embodiment: the 'Sound Posture' (Postura Sonora) as a tool for clinical attunement.



STEP 3: RELATIONAL TRANSFORMATION

- Intentional use of the body and the acoustic environment as tools for intersubjective tuning;
- Transforming daily assistance and care routines into active relational settings;
- Expanding specific, music-based educational activities tailored for PIMD profiles.



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Impact of 'Sound Posture' Training on Educators and Caregivers




EVALUATION DOMAIN (MACRO-AREAS)

PERCEPTION OF THE USER




PRE-TRAINING STATUS




-  Focus on severe passivity
-  Perception of "stasis"
-  Care limited to basic assistance

POST-TRAINING IMPACT




-  Identification of micro-behaviors
-  Recognition of communicative intentionality
-  User as an active co-protagonist




PROFESSIONAL TOOLSET

-  Feeling of helplessness
-  Lack of specific tools for PIMD
-  Standard educational activities

-  Acquisition of the "Sound Posture"
-  Body & environment as relational tools
-  Expanded music-based activities

TEAM SYNERGY & PLANNING

-  Isolated interventions
-  Fragmented communication
-  Difficulties in IEP calibration

-  Shared communicative language
-  Coordinated relational actions
-  New qualitative indicators for IEPs

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Thank you for your attention

