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E-Newsletter

May 2017

Dear Friends,

As many of you head into summer break, whether or not that means vacation, we thought we'd leave you with a little inspiration for the month. Researchers, teachers and parents alike are discovering more and more about the many facets of autism, and the many ways it shows up in different individuals. And right along with these discoveries come innovative new ways to reach students on the spectrum, to draw them out and help them engage in a way that's comfortable to them. We've included articles about just a few of these methods and programs in this month's newsletter.

### 'What Can Music Do?' Rethinking Autism Through Music Therapy



by Eileen Reynolds

from [NYU News](#)

Half a century ago in England, the Philadelphia-born musician Paul Nordoff--a conservatory-trained pianist who'd composed music for Martha Graham ballets and taught at Bard College--sat down to play for an

### Tapping into Creative Teaching Models

- [Islands of Brilliance](#)
- [Exceptional Minds](#)
- [Autism and Art Therapy](#)

### Italian Exchange at Centering on Children

By Ron Larsen, Centering on Children Founder

We recently hosted two interns from an autism program in Rome, Italy that we've been in collaboration with for the past seven years. Named "Colina Storta," this organization works with the autistic population from pre-school into adulthood. They model themselves after the North Carolina TEACCH program as an approach to learning and working, and also include a farm animals experience and place great emphasis on the creative arts.

The two interns, Consuelo and Silvia, spent two days at our workshop, observing autistic workers and experiencing the visual structure that enables them to work independently. I presented several slideshows which reinforced the basics of Structured Teaching and facilitating independence through visual aids, demonstration and routine. Two of our adult workers shared their personal experiences during interviews, and

unlikely audience: a little boy named Johnny who was thought to be unreachable. Apparently cut off from the world by what today we would call autism spectrum disorder, Johnny lived at the Sunfield School, a residence for children with special learning and behavioral needs, where his teachers struggled to connect with him. He didn't speak, respond when addressed, show any interest in communicating with other people, or express emotion of any kind--except, his caretakers said, for when he was in bed at night and could sometimes be heard making whimpering sounds. But when Nordoff began to play--first the pleasant, carefree tones of the dreamlike pentatonic scale, and then, eventually, more plaintive, dissonant sounds, something changed. Nordoff improvised, altering his tempo to reflect the boy's movements around the room--and Johnny noticed that when he shifted what he was doing, the music changed to match. Suddenly, the pair were communicating with each other in a dialogue through music. By the end of the session, Johnny wept openly. He was alive, he was animated. The staff of the school were thrilled.

The encounter changed Nordoff almost as much as it changed the boy. It would inspire what would become known as Nordoff-Robbins music therapy--an improvisational approach to using all of the elements of music (including harmony, melody, and rhythm) to cultivate self-awareness, discipline, self-expression, and concentration in disabled children--which Nordoff developed with Clive Robbins, a special education teacher he met at Sunfield. The two men became so convinced of the power of music to improve children's lives that they quit their jobs to tour Europe, giving demonstrations of what they'd learned. In the early 1960s, they set up shop in Philadelphia, earning in 1962 at the University of Pennsylvania the first ever NIH grant given to study music therapy in children with autism, and would go on to establish music therapy centers around the world.

Today, the work they began continues at Steinhart's own Nordoff Robbins Center for Music Therapy, which Clive Robbins established with his wife Carol (also a music therapist) in 1989 and oversaw until his death in 2011. The approach has, of course, evolved alongside dramatic changes in attitudes toward autism in the intervening years--and in fact, attracted renewed interest with the rise of the neurodiversity movement, which holds that autism and other neurological conditions are the result of normal variations in the human genome, not diseases to be eradicated. At the same time, amid growing rates of autism diagnosis and demands for better understanding of the condition, researchers have begun to look for the neurological underpinnings to what Nordoff, Robbins, and other music therapists stumbled upon intuitively: that music can be a lifeline for people with all kinds of isolating physical, psychological, emotional, and neurological conditions.

How best to address these conditions--without necessarily defining them as deficits--was the focus of a Nordoff Robbins Center symposium held at NYU in June. Titled "Neurodiversity, Music Therapy, and the Autism Spectrum," the event explored why music therapy might be uniquely positioned to help people with autism reach their own goals on their own terms. Therapists suggested that original concepts, like "the music-child"--the term for the "healthy" child Nordoff and Robbins imagined to be trapped inside an autistic "shell"--should be updated to reflect ideas such as "core musicality," which honors the desire to make music that lives in every person. Autistic advocates championed the benefits of "Sensory Friendly Concerts," where neurodiverse people wear noise-reducing headphones or take occasional respites in special break rooms when suffering from sensory overload.

But the most powerful calls for the continued exploration of music therapy's role in supporting people living with autism came from those who've experienced its potential themselves. Jules Alexander Este, a 24-year-old who's been a client of NYU's Nordoff Robbins Center for 15 years, described how he walks out of each therapy session a "semi-new me." Group sessions with other autistic young men who shared his love of Disney songs--and his contagious laugh--helped him grieve after the death of a cherished uncle. "This place is a sanctuary," he said. "In

our visitors spent time at several other businesses employing autistic adults. They also shadowed a teacher and two assistants in a nearby school for three days, experiencing an excellent program that serves middle school students on the autism spectrum.

By week's end, they were both excited to get back to their program and begin implementing some of the new strategies they had been exposed to during the week. It was a good experience for us as well, as you must step back and assess what you are doing when you are in the act of sharing it. Win/win!

This model worked very well for our colleagues from Italy. If you are interested in having a similar experience, contact Ron Larsen at [ron@shoebotasks.com](mailto:ron@shoebotasks.com) for further details.

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music therapy I feel accepted and out of danger. It has made me more musical, more vibrant, and more understanding." In a series of pre-recorded reflections, a client named Raven recalled, "The reason I wanted to try something new like music therapy was that I have gone through trouble and too many times much of my life I hated. I got very bored. I was sick and tired. I had lived much of a bad lifestyle of being home, sick, and crabby too long." Making music was an antidote to those doldrums, and Raven came to relish her time collaborating with therapist Michele Ritholz to make music that made her feel "beyond good." "I wanted to change like everybody else," she said. "After you get into music therapy, every month, every week, every year for a long time, you will succeed in becoming a better person."

Another veteran of the center, Ethan Jones, recalled how, as a very young child, he felt more comfortable listening to music from underneath the piano—his own "sensory hideout." "The acoustics sounded better to me there," he explained, and they "gave me the strength to sing."

Later, music therapy helped him come to "appreciate his unique qualities" and deal with "feelings of being an outsider in the harsh social environment of middle and high school." Nowadays Jones loves carrying a tune more than almost anything, and told the symposium's crowd: "Whenever I sing, I feel like a different person—confident, happy, and adventurous. I don't stutter as much when I sing. It allows me to experience what communicating would be like without my stutter. Honestly, I would rather be my singing self than my current self." After his speech, Jones performed one of his songs, a tender and yet ever-so-slightly cheeky farewell addressed to a pal who was moving across the country for college.

That these experiences provide such a powerful sense of emancipation shouldn't be surprising. After all, music is what we turn to when we don't have the words to express what we feel. It's what we crave when we're celebrating, when we're grieving, when we're falling in love. Music is what makes horror movies suspenseful and what makes us tear up at weddings. It connects us to other people.

The question is why? And how might knowing more about music and the brain help people struggling with autism?

The NYU Nordoff Robbins Center's two therapy rooms, each home to a grand piano, feature few right angles because, as director Alan Turry explained on a recent tour, its namesake music therapists subscribed to the philosophy of anthroposophy that values other types of geometric relationships as being more conducive to creativity. It's here, in an unassuming suite on the 4th floor of Steinhardt's Pless Annex, that the center provides individual and group sessions for some 100 clients who receive music therapy, regardless of their ability to pay. The clients are young (as evidenced by the piles of toys and books enticingly arranged in a waiting room) and old, and are referred to the center through schools, social workers, parent networks, and word of mouth. About 60% of the clients are on the autism spectrum, Turry estimates, though others seek therapy for a range of other purposes, such as dementia care, stroke rehabilitation, and even as an alternative to psychotherapy.

Whereas some autism therapies zero in on particular behaviors to encourage—like "joint attention," the practice of using gestures and eye movements to draw another person's gaze to an object of common interest—or discourage, such as hand-flapping or other repetitive movements—through practice and drills, Nordoff-Robbins music therapy takes a very different approach, Turry explains. Rather than administering to each client a musical "prescription" to "cure" a particular pathology, the music therapist instead regards the client as an equal partner in a musical improvisation. Is the client shrieking? That could form the start of a melody. Rocking back and forth? That's a steady beat.

Turry calls this practice of hearing every sound as potential music the first step of "musicing"—it's the act of "listening with reverent attention,"

often to someone who's used to being admonished to quiet down, sit still, or focus. The effect can be powerful: Clients who initially might seem uncommunicative become comfortable expressing themselves through music, practicing self-awareness, flexibility, empathy, and language skills as they sing or play.

"While people on the autism spectrum might seem isolated or self-absorbed, it might just be that they don't have a lot of motivation to engage," Turry says. "We say that this approach is epibehavioral, because it's not that we don't want to see behavior change—it's just that we don't want to change it by trying to extinguish it right through the start. We're trying to motivate the person to take steps through their musical sensitivity. We look at the person and ask: What can music do to enhance this person's life?"

If the music-making in the sessions themselves can look freewheeling and effortless, the therapists' preparation for them is anything but: Thanks to discreetly placed video cameras, each one is recorded, and afterward therapists go to work analyzing them note by note, to figure out how to further tailor their musical choices to the client's needs and proclivities. Therapists develop clinical goals based on what is happening in the musical experience.

These recordings—the oldest immortalized on VHS tapes piled high in Turry's office—also constitute a moving, you-have-to-see-it-to-believe-it record of the center's remarkable success stories. In one session, an imposing elderly man rendered speechless and affectless by Parkinson's disease sits, stone-faced, as a therapist at a piano sings "Do you want to say hello in music today?" periodically altering the volume and tempo of her playing to try to pique his interest. Then, at last, he responds to her invitation with a single "hello"—timid, but right in time and on pitch—and then suddenly the two are off, singing a tender, almost operatic duet, the man smiling and in full voice. (It turned out the man had sung professionally much earlier in life, but hadn't flexed that artistic muscle in decades.)

Another recording shows a three-year-old autistic boy perched over a little drum kit. It's his very first session, but he locks eyes with Turry as though the two are old bandmates who've been playing together for years. As Turry improvises a bouncy circus-like tune at the piano, the boy carefully adjusts his drum hits to Turry's ever-changing tempo, and, grinning, patiently times his final, emphatic cymbal crash to Turry's theatrical pause before the improvised work's final chords. All this, from a boy who'd stopped communicating, except in tantrums, and who, his mother said, was so unhappy he'd stopped sleeping at night.

Other sessions are more harrowing to watch. In one, an adolescent autistic boy who'd been unable to attend school because of mysterious, explosive outbursts experiences such an episode in the middle of a session. Apparently in the throes of terror or rage, he sends musical instruments clattering to the floor, and has to be physically contained by therapist Kenneth Aigen, who brings him to the floor to keep him from hurting himself. Over his anguished wailing, Turry sings over stormy piano accompaniment, "When you are feeling down, you have a friend in music." In time, the boy's cries lower in pitch and volume, and he sits up, looks at Turry, blinks, and says "Alan." After a few more sessions, the frequency of the boy's terror episodes declined enough that he was able return to the classroom.

It can appear magical, the way music can seem to "unlock" hidden strengths or abilities buried deep within people, and for scientists, there's much yet to be discovered about exactly what makes our brains so susceptible to its mysterious power. In one research project, for example, NYU Nordoff-Robbins therapists are partnering with Langone scientists to explore the efficacy of music therapy in helping stroke victims restore their speech. It's thought that music and speech involve separate but overlapping brain regions, which could explain why many people can sing but not speak—at least not at first. (Former Arizona Congresswoman

Gabrielle Giffords, for example, turned to music therapy to regain her speech after sustaining a brain injury from a gunshot.) Studies of mothers bonding with infants have also provided valuable clues about the role of non-verbal interaction in forming the foundation of human communication.

As far as autism goes, the daily miracles Turry and other therapists have observed seem consistent with new research on what are known as mirror neurons—special parts of the brain that are activated when we watch someone else performing an action. (If we watch a friend pick up a pencil and write, these neurons in our brain behave the same way they would if the pencil were in our own hand.) The theory is that in people with autism, these mirror neurons don't work the same way—which could be why people on the spectrum often struggle to attune themselves to others' emotions, interpret social cues, and fall into the back-and-forth rhythms of verbal conversation. Of course, these are the very skills that music therapy nurtures, so now the race is on to determine what effect the elements of music-making—imitation, repetition, pattern recognition, non-verbal communication—have on those regions that are different in the brains of people with autism.

Turry is encouraged by this flowering of scientific interest in music therapy, but doesn't expect to hear a definitive answer anytime soon. "It's pretty clear that music lights up more parts of the brain than any other activity," he muses. "But at this point, it's kind of like flying over the country at night, looking at all the lights, and saying, 'Okay, now I understand the United States!' We're definitely getting something, but it's the tip of the iceberg."

For many clients, their personal progress is proof enough. This summer, Ethan Jones, now a liberal arts student at Kingsborough Community College, began a summer job that has taken him full circle: He's working at the Nordoff Robbins Center, filming and cataloging music therapy sessions in the very rooms where he once hid under the piano as a boy. For the center, working with Jones means putting ideas about diversity and acceptance into very real practice—doesn't it only make sense that a facility with a majority-autistic client base should have a neurodiverse workforce? And for Jones, it's a chance both to lend a hand in a setting close to his heart and to see a familiar place from a new perspective. "When I'm filming the sessions, I'm working for the client. I also think I'm doing my part, and they're doing theirs. I don't think any is more important than any other." It's a sentiment with which Nordoff and Robbins would no doubt agree. Plus, Jones says, "It's a relief to do this. I get to give back."

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As the fresh new green of spring gives way to the lush haze of summer, we hope you all continue to find meaning and motivation in your daily lives.

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