

Using Letter Boards in Client-Centred Music Therapy:

“Autistics can teach if some are ready to listen”

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Abstract

Observing behaviour and listening to clients are essential tasks in many clinical practices, including music therapy. The size, quality, and intensity of clients’ actions, affect, and sounds are closely observed, heard, and analysed by the music therapist. The music therapy literature has documented diverse clinical approaches for people with autism. This case study – co-authored by Becky, an autistic client who uses letter boards as her main means of communication – illustrates the challenge of responding therapeutically to the physical and verbal expressions of individuals on the autism spectrum. Becky’s voice has been crucial in her own goal-oriented therapy and in giving the music therapist new insights. In this paper, we

(music therapist and music therapy participant) provide vignettes illustrating the story of our work together.

Background

Angela: I would like to include you as a co-author.

Becky: Angela, so nice of you to include me as co-author.

This article is written by the first author, Angela, a music therapist, in collaboration with the second author, Becky, a music therapy client¹ at the Raukatauri Music Therapy Centre. (Different parts of the article are written in the first person singular/plural or third person, according to context.)

Becky is a 15-year-old girl with autism spectrum disorder,² who has received music therapy for four years. She has high anxiety and, like some other autistic people, scripts phrases from books or television shows, finds safety in routines and structure in her daily life, and gets anxious when situations become inconsistent.

Figure 1

Greyscale Image of Becky's Letter Board, her Main Communication Strategy



Image description: Becky's letter board is a large, red rectangular board, shown here in greyscale. Capital letters are arranged in five rows: A to E, F to J, K to O, P to T and U to Z. An additional column on the far right of the board lists the letter X and punctuation marks (comma, exclamation mark, question mark, and full stop).

¹ This article uses the terms *client* and *participant* interchangeably.

² This article uses the terms *autistic*, *with autism*, and *with autistic spectrum disorder* interchangeably, as Becky and others vary in their preference.

Becky uses a letter board (Figure 1) as her main means of communication. The letter board is a communication tool that requires a facilitator to hold the board for the user, to support independent pointing, attention and self-regulation (Jaswal et al., 2020; Vosseller & Nordling, 2021).

Music therapists closely observe clients' actions, affect, and movements, and listen to the sounds they make on instruments, with their body, and with their voice. These expressions are translated into musical elements – melody, rhythms, tempo, style, phrases, and metre – as the basis for clinical music-making (Nordoff & Robbins, 2004). In this case study I (Angela) will discuss the clinical experience of playing music solely based on the musical and physical expression of a client with autism, and compare this with the experience and impact of hearing Becky's words via the letter board. Through session descriptions, reflections, Becky's own comments, and reference to the literature, this article will show how this client-centred music therapy unfolded.

Hear My Voice I: *Twinkle, Twinkle, Little Star*

Andrea: *Playing Twinkle, Twinkle, Little Star in the session, is it a help or a hindrance, and why?*

Becky: *It is a hindrance. It is a hindrance because it stops [me] learning some interesting new things.*

In our early sessions, Becky would come into the music therapy centre talking to herself in a soliloquy. In the music therapy room, she would request, “*Twinkle, Twinkle, Little Star!*” in a loud, chirpy voice and skilfully play the melody on the xylophone that she always chose to play. Hoping to meet Becky through music and build a rapport, I would match her playing harmonically on the piano or ukulele. Then Becky would lead me to play “Faster!” and to play “One more time!”

Becky's active vocal, musical, and verbal gestures assured me that we were making a great start to her therapy. She demonstrated joint attention, engagement, and collaboration. However, as our playing became repetitive, I started to feel the music was locking us into one way of playing and being in therapy. I therefore, encouraged little changes by leading Becky to play at a slower tempo, and by using substitute chords. A part of me regarded the concise playing as our achievement of social reciprocity through the use of music. Becky clapped, smiled, applauded, and spoke excitedly about playing *Twinkle, Twinkle, Little Star*. However, I questioned the intentions of her exaggerated playing. This seemed to allude to other possible difficulties that she was trying to manage through this style of musical play.

After several similar sessions, I received an email from Becky's mother. This contained Becky's responses to questions her mother had asked about her music therapy. Becky's answers revealed that playing *Twinkle, Twinkle, Little Star* was "a hindrance [...] because it stops [me] learning some interesting new things." I was glad to hear Becky's thoughts, but shocked at such a stark difference between these words and how she appeared in the session.

In the subsequent session, Becky trudged silently into the music room. She did not come in with her usual self-chatter, but kept staring at the floor and seemed very serious. Although Becky had described *Twinkle, Twinkle, Little Star* as "a hindrance", she played this tune again. She picked up the xylophone sticks, struck the first few notes of the song, and screamed! Then she said, "Try again!" and repeated the song. It was as if she was acting under someone else's control, not her own. She seemed unable to stop herself from playing this song although it appeared to escalate her frustration.

As Becky experienced such difficulty – playing the song, but actually not wanting to play it – I decided to accompany her. I wanted to let her know it was okay for her to play this song, if she needed to. She would not be judged, and it was okay to take little steps. I harmonised the melody, hoping to slip into improvising together. This attempt to meet Becky in the music did not elicit a positive response. Becky screamed louder and longer, then stormed out. She appeared to have become a captive of her own body and to have lost control. She could neither stop herself playing, nor allow herself to continue. My response, which had been to face and tackle the problem, had exacerbated the situation. The tune itself seemed unbearable to her.

Reflection: Autism and Intellectual Ability

<i>Angela:</i>	<i>What do you think all music therapists need to know when working with people with autism?</i>
<i>Becky:</i>	<i>Many people you will meet will be able to think but stuck in a body that won't listen to the inside reasoning of their mind.</i>

Individuals with autism, who do not also have an intellectual disability, are similar to neurotypical individuals in their social cognition skills and in their abilities to perform multi-step tasks (Barendse et al., 2018). However, recognising cognitive abilities is difficult when they are expressed inconsistently in different settings (Assimakopoulos, 2019; Vosseller & Nordling, 2021).

About 60% of people with autism have apraxia, a motor and sensory disorder that causes difficulties in planning and executing movements (Tierney et al.,

2015). Apraxia is sometimes referred to as a “brain-body disconnect” (I-ASC, 2020), because the person’s body struggles to make the movements that the brain signals. Consequently, intelligence tests that require motor skills (such as speaking, writing, or pointing) may pose challenges for people with autism (Vosseller, 2015). Moreover, people’s responses may not be consistent in different social environments. Having different sensory and movement feedback pathways disrupt self-management and self-regulation of “perception, action, posture, language, speech, thought, emotion, and/or memory” (Donnellan, Leary & Robledo, 2006). This affects the capacity to adjust and modify behaviour and self-expression, and dysregulated motor skills may then give the false impression of having limited intellectual ability.

Becky’s comments illustrate this challenge. Communicating via the letter board, she has expressed that people with autism “can understand over and above what you think [but are] stuck in a body that won’t listen” (B. Darroch & A. Darroch, personal communication, July 18, 2021). The disconnect between Becky’s body and speech limit the expression of her intelligence through speech and actions. As a result, some people assume that she (and other autistic people) have low intelligence. However, Becky was able to recognise the incongruence of her actions and words, and to convey that the song was “a hindrance”.

Reflection: Response to *Twinkle, Twinkle, Little Star*

<i>Angela:</i>	<i>How did you feel when we played Twinkle, Twinkle, Little Star in the sessions?</i>
<i>Becky:</i>	<i>History of Twinkle Twinkle Little Star is a musical upside down inside out confusion. Musical notes can be soothing to the soul but this kind of tune so often wings a strong-hold into your brain so you want to escape.</i>

I became unsure whether the music Becky and I had played really represented an interpersonal connection. On the surface, our musical synchrony appeared to be successful interaction. However, rather than the music enabling us to build rapport, as I had expected, Becky might have been using the song as a way of blocking interactions through systemising patterns – i.e. attempting to cope with an overwhelming situation by forming predictable structures and routines (Overskeid, 2016).

In an unpredictable environment, reassuring mathematical structure can be found in the predictable qualities of music, such as melody, harmony, structure, metre, rhythm and tempo (Gulec-Aslan, et al., 2013; Toigo, 1992). In this case, Becky was attempting to use a familiar song to cope with intense

external stimuli. Therefore, the apparent synchrony achieved with *Twinkle, Twinkle, Little Star* may have not been a genuine connection. I had believed that this song could lead into improvisation, if Becky could slip away from the original tune. However, she seems to have had no intention of using the song to create interactions. The song that had provided a sense of safety had become a source of frustration that she wanted to escape from.

Becky's response suggests the complexity of understanding the repetitive behaviours, which may be understood as the artefacts of the person's attempts to cope with the sensory environment (Donnellan et al., 2013). Autistic people themselves have described that preoccupation with one repetitive movement helps to shut out external noise (Grandin, 1992) and that lining up objects helps to organise the mind (Endow, 2006). Confusingly, the need to process sensory information can lead to ways of self-regulating that are contrary to the person's actual intentions (Donnellan et al., 2013).

As music therapists, we play in response to hearing and seeing how clients express themselves. However, I have learned that our clients' musical expressions may have quite different meanings and connotations. This raised questions for my continuing work with Becky.

Hear My Voice II

Angela:	<i>What would you like to play before we finish the session today?</i>
Becky:	<i>I want to play the harp.</i>

Becky continued to struggle not to play *Twinkle, Twinkle, Little Star*. She rejected all other musical interventions and instruments, responding by screaming and anxiously wandering around, in and out of the room.

Andrea suggested using the letter board during the session, so that Becky could share her thoughts. In our first session with the letter board, Becky did not seem to have the physical and emotional capacity to focus on spelling. She screamed and walked off when Andrea offered the letter board. However, towards the end of the session, she tried to communicate. This response suggested to me that Becky did not want to end the session without making some progress.

Becky spelled, "I want to play the harp." I brought the autoharp towards her, and she immediately leaned towards it. She started strumming the strings, and I pressed the chords to create a harmonic progression. I improvised vocal melodies, following the tempo of her strumming. I wanted to help Becky to feel safe and in control. I gradually led into our good-bye song. Becky

remained in close proximity and continued strumming until she could hear our music arriving at the tonic chord.

I felt that this was our first genuine musical encounter. Although Becky's strumming was irregular, the rhythms uneven, and our harmony imperfect, she allowed me to enter her world through this shared musical space and time – to meet her. Her unsteady playing seemed to communicate nervousness – feeling edgy about playing outside her familiar song. However, her reliance on my musical contributions, which steered her away from her usual patterns of playing, and her trust in me to make a step forward, seemed heartfelt and genuine. This brief moment of out-of-sync shared play sounded more real than long musical encounters of accuracy and precision. We ended the session clapping and applauding, having tried something that had seemed daunting at first, but that brought connection.

Hear My Voice III

Angela: How did you feel about today's session?

Becky: I enjoyed the session.

In one of our weekly telephone meetings, Andrea gave me a list of popular songs that Becky had enjoyed listening to at home, which she suggested we might use in music therapy. In our next session, in the hope of creating another meeting point, I started to sing the words of the songs. However, every time I started to sing, I received a sharp reply: “No singing,” “No playing,” or just “No!”

Wondering whether Becky was feeling pressured to sing the lyrics, I used a piece of instrumental music that I knew she enjoyed – *Dance of the Sugar Plum Fairy* from Tchaikovsky's (1892) *The Nutcracker*. As I started playing, Becky unsurprisingly said, “No.” However, her tone of voice was warmer, and I could hear the softness of her voice behind the verbal rejection. My intuition sensed she was thinking, “Yes,” and letting me know that continuing to play the song would make her feel heard rather than ignored. As I continued playing, Becky watched me with a startled look, as if surprised that I had heard her unspoken thoughts. As I continued playing, I heard her starting to join in, playing the maracas – an intentional attempt to connect.

Our music-making began to follow a pattern. I would begin to play, and Becky would follow and match my tempo by taking on the role of playing rhythms to my steady beats. Then she would speed up to lead me to increase the dynamics, and I would follow her lead. At times she gently slowed down to a stop. However, instead of stopping with her, I avoided the final tonic chord,

playing 7th or 9th chords. This conveyed a feeling of incompleteness, an invitation to Becky to play more. She would then choose a different instrument and resume playing.

Becky and I were once again playing together. However, in contrast to our experience of *Twinkle, Twinkle, Little Star*, this experience of improvisation felt genuine and intimate. Moments of change in the music happened spontaneously, without any plans or prior agreements. We both seemed committed to expressing ourselves in the moment. Whenever I heard a new musical idea from Becky, and whenever she heard me play something new, we continued to play. We welcomed, accepted, and appreciated each other by connecting in the music. While our individual sounds stated our co-existence in a shared place, our mutual musical responsiveness highlighted Becky's sense of safety and her willingness to connect and explore. The session ended with Becky spelling, "I enjoyed the session."

Hear My Voice IV

Becky: *Let it shine.*

In our next session, I tried to engage Becky again in improvisation. I planned to expand our musical motifs and ideas as a means of furthering our musical interactions.

However, Becky's response to my instrumental playing was to scream and to sing *Twinkle, Twinkle Little Star* and other nursery rhymes. She also found the kalimba³ in the Centre's storage area and played repetitive melodies again and again, while stamping her feet to make repetitive rhythms. I understood these actions to be systemising patterns. This gave me the impression that Becky was feeling overwhelmed by the unpredictable and spontaneous qualities of musical improvisation.

As Becky seemed too tense either to improvise or to spell her thoughts, I offered her the opportunity to listen to music. She sat comfortably on the bean bag with her mum, as she did at the concerts that she enjoyed attending. This concert-like atmosphere helped Becky to engage in a familiar role as an audience member. I began to sing, accompanying myself on the piano. I chose *This Little Light of Mine*, aiming to establish a sense of predictability with the repetitive lyrical and melodic structure. Metaphorically, this song also acknowledged that Becky had great potential and deep

³ A *kalimba* is a Zimbabwean instrument, sometimes called a *thumb piano*. See <https://dictionary.onmusic.org/terms/1842-kalimba>

thoughts, and that her mother and I recognised that a bright light shone in her.

Becky listened quietly. Her calmness suggested a lessening of her anxiety. In her silence, I felt her connecting with me, by accepting my singing and actively listening. Although she remained silent, I was aware of her intense active listening. I wondered whether Becky's aim might not have been to improvise again, but to try new ways of engaging. This thought came to me when she joined in with the last three words of the song – “let it shine” – in a sweet, gentle tone that I had not heard from her before. This seemed to be the first time that she had sung words voluntarily, without feeling compelled, in music therapy.

Collaborative Assessment and Goal-Setting

At the Raukatauri Music Therapy Centre, most clients participate in a nine-week assessment period. Becky's assessment period was exceptionally long – 23 weeks. Becky's high level of anxiety meant that participation, engagement, self-expression, and communication were difficult tasks for her. I allowed much more time than usual for us to develop a rapport, for Becky to become comfortable in music therapy, and for me to get to know her. It was important to the assessment process to gain a clearer understanding of who Becky was, her musical and behavioural tendencies, sensory needs, interests, and ways of relating.

When Becky started to engage more promptly and to communicate herself more openly using the letter board, I invited her and her mother to a collaborative assessment review meeting. I wanted to hear Becky's thoughts about the sessions and her ideas for the future. I gave her a few questions to answer prior to the meeting, and we discussed these together.

Question 1: Has music therapy been an enjoyable experience for you?

Answer 1: It has been fun to keep trying new instruments.

Question 2: What do you think the biggest change you've gained in music therapy is?

Answer 2: I think one of the biggest changes I gained is having the belief in my musical abilities.

Question 3: What else would you like to try in music therapy?

Answer 3: One of the things would give me some interest is to play the violin.

[She later changed that to the keyboard.]

Question 4: What do you think we need to do together to keep going forward?

Answer 4: I think willing to make reading my words part of the routine.

We agreed on three goals for Becky's ongoing music therapy, in response to Becky's own interests and desires, Andrea's wish for Becky to continue interacting, and my professional evaluation of the assessment sessions: (1) to improve Becky's self-expression; (2) to facilitate music and playful collaboration; and (3) to increase flexibility and spontaneity.

Hear My Voice V

Angela:	<i>Could you please tell me if singing your choice of songs in therapy meant anything?</i>
Becky:	<i>Being able to articulate feelings also using pre written song is sometimes the way for life to be expressed for me.</i>

In the sessions following this assessment meeting, we began by singing our greetings song. Then Becky always moved herself to the keyboard that I had been playing and she played *Twinkle, Twinkle, Little Star*. Her choice to play this song no longer seemed like the earlier systemisation response, but her wish to hear the sound of the keyboard through a song that she could play. She pressed different buttons to discover how they changed the sound of the keyboard. To support Becky's progress in playing the keyboard, I introduced chord sheets. Becky followed these scores to play the chord progressions of different songs. She also found a keyboard function that automatically filled in the harmony, intro and outro, in response to the note she played.

The sounds of the full musical structure, rich harmonies, and instrumental accompaniment inspired Becky to sing. She started to sing the lyrics while depressing one note to sound each chord, and played me several songs that she enjoyed on YouTube and wanted to try herself. I prepared scores for her favourite songs, with simplified chord progressions as the keyboard only played major and minor chords.

As Becky started to sing and accompany herself, the session was becoming her stage for performance. One song that she chose to perform for Andrea was *Mother's Day*, which included the words "I love you so" (PlayKids, 2017). This song was especially meaningful as it felt as if Becky was communicating her true feelings for her mother.

Forming trust and a relationship was important in my therapeutic work with Becky. Instead of systemising structures and patterns, Becky started to step into a new way of being, playing, and interacting through improvising, listening, and singing. She was no longer locked into *Twinkle, Twinkle, Little Star*. Becky started to empathetically perceive our shared music, and our therapeutic relationship and interpersonal interaction continued to evolve.

Reflection: Neurodiversity

<i>Angela:</i>	<i>Would you like to tell your story about living with autism to others?</i>
<i>Becky:</i>	<i>So happy for people to be aware what autistics can teach if some are ready to listen.</i>

The biggest struggle I faced in developing trust and a relationship with Becky was being able to hear and look beneath the surface of her musical, verbal, and behavioural expressions. Becky had asked me to do this: “When interacting with me, just ignore all silly phrases [that] hide [my] true personality” (B. Darroch & A. Darroch, personal communication, June 12, 2021). She also spelled out, “Only 20% of what I say is true.” Andrea helped me to understand Becky by further sharing with me that Becky “has the mind of a typical 11-year-old.” I felt Becky’s desire for others to see the parts of her which were often unexpressed.

The neurodiversity movement has shifted the ontological and epistemological viewpoints on autism. Contemporary thinking now accepts and embraces autism as an integral part of an autistic person (Pickard et al., 2020). This challenged my ethical thinking in working with Becky. The notion of whether to consider her as an autistic person or a person with autism – in other words, whether to see autism as an integral identity or as a separate entity – was not clear-cut. While I knew that Becky wanted her autistic tendencies to be ignored, to enable her to show and tell what she could not express with her body and words, it was also true that Becky’s autistic tendencies were an inseparable part of her. I believed that my understanding of autism needed to change, to enable me to look at Becky personally, and to help her feel understood, seen, accepted and embraced. Becky was a girl with autism and/or an autistic girl with her own personality, ethos, goals, culture and thoughts, just like every other person. My role was to see the broader aspects of her, and it was for Becky to decide how she wanted to be seen. What I could do was to provide a safe and accepting place for her to express herself as she was a girl who had so much to “teach if some are ready to listen”.

A relevant therapeutic approach was found through my openness, listening to Becky, and giving her the chance to speak about and to define her own lived experience of both autism and music therapy. Hearing how Becky described her experience enabled me to help her move towards her full potential with her own “valid identity” (Pickard et al., 2020).

Hear My Voice VI

Angela: *I do envision Becky playing music in a wider community. Music therapy will be a stepping stone that will get her there.*

Andrea: *Becky had said I would like to be a performer with autism on stage.*

Becky’s beautiful singing voice filled the room. I accompanied her on the keyboard while she focused on singing and keeping the beat on the drum. Her mother enjoyed watching her sing and play, with a smile. Week by week, I saw Becky’s singing confidence grow. She projected louder vocal sounds, sat tall and independently without leaning on her mother, and quickly settled to sing when she heard me play an introduction.

As Becky continued bringing in songs to sing and play each week, I sensed that she had a specific plan and motivation for coming to music therapy. I reflected to Andrea that Becky seemed to be considering her therapy as a space to perform. The following week, Andrea told me that Becky had communicated, “I want to become a performer with autism on stage.” This was Becky’s ultimate goal and her motivation for participating in music therapy.

In Becky’s case, addressing performance-related goals could not be separated from her therapeutic goals (Jeong, 2020). Within Wood’s (2016) *matrix* system, performance and therapy are of equal value. The shared knowledge between performance and therapy, which is to self-express, connect with others and be adaptable and negotiable, is relevant to both ways of making music. Making progress in one way of playing music ultimately complemented the progress of the other.

I have previously reported on Becky’s debut performance on Raukatauri Quarantunes – a closed Facebook group page, streaming music sessions led by Raukatauri music therapists for clients, families, and other facilities that work closely with them (Jeong, 2020). In May 2020, we recorded a session on Zoom and uploaded to Raukatauri Quarantunes a video of Becky singing. This in-house space ensured that Becky felt safe to share her first performance and that she received encouragement from a supportive audience. The lag on Zoom and the reduced audio quality created challenges

in singing together. However, Becky's accomplishment emphasised her increased acceptance of change and her determination to not be affected by external forces beyond our control.

After this online performance, Becky performed in the Raukatauri Spring Client Concert in November. The concert was established to create a community among the families of Raukatauri Music Therapy Centre, for the clients whose therapy goals would be complemented by performing opportunities, and for those who wanted to share specific songs they enjoyed playing in their sessions. In preparation for the concert, Becky rehearsed in front of one or two Raukatauri staff members, to increase her familiarity with the setting and the stage. On the performance day, Becky successfully sang three songs of her choice for an audience of twenty – *The Rainbow Song* (Hamilton, 1963), *Whenever There's a Rainbow* (Watters & Sampson, 2006b), and *Here in Unicornia* (Watters & Sampson, 2006a). The audience gave Becky a round of applause. Becky bowed, with a big smile on her face, having made her dream come true.

Preparation for the Music Therapy Symposium

Angela:	<i>Would you like to perform and share about our work at music therapy symposium in Christchurch with me?</i>
Becky:	<i>To go to Christchurch together would be absolutely fantastic.</i>

I had an opportunity to present with Becky at the Music Therapy New Zealand symposium (Jeong & Darroch, 2021). I asked Becky whether she would like to perform for the symposium audience. I thought this would be a further step towards Becky's own performance goals, as well as an opportunity for her to share her lived experience of autism and music therapy. Becky answered positively, and when I asked what she would like to perform, she responded that she would "like to write some lovely songs".

For three months leading up to the symposium, Becky engaged in writing lyrics to her song, *Please Believe*, supported by her Mum. Becky brought the words to music therapy to create the music for her song. She had intuitively used a traditional song structure. I assume that she gained this skill easily, due to her highly attuned musical ear. When I shared with Andrea that Becky already knew about song structure, she was astonished as she thought she was only writing a poem. Andrea had not guided Becky in how to write a song – the lyrics were solely from Becky, with her own choice of words, timing and pace (Jaswal et al., 2021).

In our music therapy sessions, I offered Becky incomplete melodic phrases for her words. She listened to me sing and hummed to complete each line of verse 1, chorus 1, verse 2, and chorus 2.

Hear My Voice VII

Angela: Could you give one last closing remark for the audience please?

Becky: Can you believe?

In the symposium presentation I showed how a client-centred music therapy approach for Becky was supported by the potential for a letter board to promote self-expression. I then invited Becky, as an honoured guest, to sing her words and to deliver a brief message to the audience. When we reached the outro, Becky sang spontaneously, and I harmonised her melodies. My fingers carefully slid in search of chords that would support Becky's tune and hold this moment, which elicited tears from the audience and showed Becky's determination, courage, and transformation.

Becky sang at the end of each phrase, after me, and she sang the outro independently. Through her lyrics, she told her audience that people with autism have words, that they would feel grateful to be understood by others, and that she envisions a bright future for herself and for others who cannot speak.

Becky's song of insight, hope, joy, and advocacy for the disabled community brought tears to many at the symposium. After the audience heard her song, she questioned them, "Can you believe?"

Reflection: Progress in Music Therapy

Becky's music therapy has branched out in a new direction, affecting the goals and focus areas for this work. The agreed goals of self-expression, interaction, and increased flexibility were met through her own performance goal. Becky communicated her story by singing her song. In every rehearsal and performance, she matched my tempo. Even when we happened to sing a different verse, Becky heard our mismatched words and followed me. Similarly, when the melodies she was singing did not fit with my harmonies, Becky adjusted the pitch of her vocalisation up or down, vocalised to find the notes of the chord I was playing.

Becky was not explicitly taught strategies for self-regulation, self-expression, collaboration, and flexibility, but she developed these skills as she internalised our musical interactions, week by week. As a person-centred

music therapist, I was guided by Becky's words. I hope Becky's story will remind both therapists and clients of the importance of allowing everyone to have a voice.

Discussion

Hearing Becky's voice through use of the letter board formed an essential part of her music therapy. This process gave me an insight into the finding that the verbal, vocal, musical, and physical expressions of people with autism can be a reflection of their difficulties with self-regulation, due to different motor and sensory feedback (Donnellan, Hill & Leary, 2013; Overskeid, 2016; Tierney et al., 2015).

I explored the challenges of providing therapy based on a client's external expressions (Vosseller, 2018; Vosseller & Nordling, 2021). Autistic clients may have difficulty with purposeful, planned movements and speech because of their sensory needs. Becky's own lived experience of autism, communicated via the letter board, not only added to the body of knowledge about autism, but also signposted the direction she wanted her therapy and her life to take. This case study has shown that client-centred therapy, particularly following Becky's own purpose, intentions, and goals, has supported her to take steps towards her performance dream.

I needed to consider different aspects of Becky's engagement in music therapy in order to practise ethically and in line with contemporary thinking about neurodiversity. Therapists are called to accept and embrace those with disabilities as individuals (Pickard, 2020). I recognised the need to evaluate experiences from her standpoint. Becky was on the cusp of adolescence and further identity formation, a time when others' opinions take on a new importance. During adolescence, teenagers need someone to just "go with it" and offer acceptance (McFerran, 2010, p.188). As Becky's music therapist, my responsibility was to listen. She was a competent and capable girl, with the desire for her words to be heard. Ethically, I needed to allow her to speak for herself and not to make decisions on her behalf.

Not everyone who has minimal or inconsistent speech uses a letter board as a means of communicating as explicitly as Becky. However, communication involves not only speech, but also facial expressions, voice quality, and the use of eyes, gestures, and proximity (Silverman, 2008). If therapists can be attuned to feelings during non-verbal interactions with their clients, they may deepen their awareness of the clinical situation and the client's needs (Silvestre & Vandenberghe, 2008). Recalling the early sessions, even if the letter board had not been an option for Becky, my feeling of being locked into

playing *Twinkle, Twinkle, Little Star* would have hinted at Becky's difficulty with sensory regulation and her coping strategy of making highly repetitive patterns (Donnellan et al., 2013). In that situation, I would have responded by giving Becky more time to settle and suggested other song choices once she started to feel more relaxed about being in music therapy.

In Becky's music therapy, my usual way of playing music to support a client's verbal, musical, and bodily expressions was fundamentally challenged. Becky suggested that music therapists need to develop a different way of hearing, seeing, and understanding a person with autism. With the use of the letter boards, Becky revealed that her self-expression was often incongruent with her own motives and thoughts. This was a hard concept for me to grasp – learning to hear but disregard Becky's words, and see but disregard her actions. I needed to consider which therapeutic approaches would enable me to form a relationship with Becky and to provide a meaningful experience for her.

One size does not fit all, and Becky's words cannot speak for all those with autism. However, what Becky made clear was that other non-speaking people may also want to “teach if some are ready to listen.” Becky's insight and comments on her own lived experience of autism and music therapy suggest that more remains to be heard from the disability community. Further research is needed to improve clinical approaches for people with developmental, neurological, and/or intellectual disabilities. Current therapeutic modalities may be just the tip of the iceberg of potentially helpful approaches.

Shore suggested that “if you've met one person with autism, you've met one person with autism” (International Board of Credentialing and Continuing Education Standard, 2020). Experiences of music therapy are highly subjective, and each story of music therapy is unique to the client and the therapist (Rickson, 2020). The new autism and music therapy guidelines recommend music therapy to enhance social communication skills (Ministry of Health, 2021), but an individualised approach is essential. Finding the meeting point between the therapist and the client is a discovery that is to be made collaboratively, by both parties together.

Conclusion

Becky's journey did not begin as she wanted, but unfolded through her desire to speak via the letter board. By centring Becky's dream as the main goal, her determination as the drive, and my support as impetus, music therapy as an opportunity, and the therapeutic relationship as the vehicle, Becky

accepted help to meet her therapeutic goals and her personal musical goals. I learned that there is more to be discovered between my clients and me – and for you to discover between your clients and you.

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