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Orff Music Therapy and Playful Interactions

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Orff Music Therapy and Playful Interactions

Bethany Rowe

When I was invited to consider presenting a session for the IOSFS Convention entitled “Play and Planning” I immediately revisited an Orff music therapy program that was driven by the concept of careful planning and musical play. It was designed to support a Grade 2 student (aged 8) with autism, to socialise and form relationships with others. The child’s responses ultimately led and guided the flow of activities whilst the program offered a safe and predictable musical environment. This article expands on the Clinical Report submitted to the University of Melbourne in October of 2017 as part of my Masters degree studies.

Overview

The following describes the 8-week music therapy program that was conducted in Australia in 2017. The music therapy service was placed within the Special Education Program (SEP) at a co-educational school with a population of 860 students from Prep (aged 5 before the 30th of June) to Grade 6 (aged 11 or 12). The principal of the SEP along with five support teachers and six teacher aids, attended to the needs of 53 primary school aged students. Many were diagnosed with Autistic Spectrum Disorder (ASD). At the time of this research (2017), Autism Spectrum Australia described ASD as being ‘a lifelong neurodevelopmental condition characterised by differences in behaviour, social interaction, communication, interest and sensory processing’. The overall aim of the SEP department was to enhance the child’s ability to develop social strategies so they could enter the classroom and learn.

Referral

The Grade 2 support teacher referred this particular student to music therapy to address their limited focus on tasks, difficulties following instructions, engaging in turn-taking and interacting with others in social play. Building peer relationships was highlighted as a significant need. Enhancing verbal expression was another area that required support. The music therapy assessment conducted in July, 2017 identified three main areas: emotional, social and communication needs. A care plan was created from this information.

Rationale and Planning

- ***WHY** should a Music Therapy program be offered to a child with autism in the school environment?*

The number of people diagnosed with ASD grows rapidly each year. The increased inclusion of children with autism in schools is also rising (Sansosti, 2010). The school environment is quick paced, ever changing and occurs in a classroom with a large number of other children. It is a hierarchical institution that requires students to be adaptive and able to attend to various situations that are predominately in social contexts (Conn, 2014). Each person with autism displays a complex, varying level of behaviours. A typical characteristic of this condition is a lack of social engagement and limited communication skills (Kim et al, 2009). When a person has difficulties communicating or placing themselves in social situations, it can lead to removal from others, self-isolation and adverse behaviours (Lee et al, 2007). This can hinder a child’s development. Intervention that focuses on improving relationship

building, social skills and communication, supports a child with autism towards engagement in many of the learning situations that occur in the education system and life in general (Conn, 2014).

Research suggests that providing opportunities for a peer to work with a student with autism will assist in awareness for both children (Sperry et al 2010). Bringing a peer into the intervention role can have many advantages such as increasing appropriate social behaviours and forming peer relationships. Battaglia & Radley (2014) describe peer-mediated interventions as involving a selection process of peers that have a neutral relationship with the child who are willing to assist; identification of the skills to be targeted; and implementation of the intervention with the cooperation of the peer. Social interventions with the peer can be in the form of organised play, activities that promote sharing, assisting engagement and giving praise. It is important that the child practices these skills with multiple peers as it prevents attachment to one person (Sperry et al, 2010).

Music offers nonverbal communication with another (McCord, 2009). It has the capacity to activate neural networks in the brain that motivate a child to attend and participate for longer periods (LaGasse, 2017). Those with limited communication can engage in the act of musical dialogue that synthesises the practice of social engagement. Improvisation strategies have been shown to increase joint attention and social skills (LaGasse, 2017) along with spontaneous self-expression and social-emotional communication in children with autism (Kim et al, 2009).

Structured musical play allows the child to experience aspects of waiting and responding that are found in social communication. It promotes anticipation and timed planning that is part of engaging in social dialogues (LaGasse, 2017). Shared musical activities encourage the student to engage, follow and lead. This promotes the initiation of musical dialogue similar to social conversation (Kim et al, 2009). Expression of self through the act of musical improvisation allows the student to be heard by another and in turn generates an understanding of self in a social context (Schumacher, 2013).

- ***WHAT approach should be used to structure this play based music therapy program?***

The Orff-Schulwerk was the core approach used by the school's music department. It seemed logical to continue with this creative way of using music and movement. However, rather than focusing on educational and artistic outcomes, the aim would be to support the developmental needs of the child by adopting a therapeutic approach.

Developmental interventions can be described as using relationship-based strategies that target social-emotional needs (Geretsegger et al, 2015). Orff Music Therapy is one such therapeutic approach that utilises active music making to attend to the social needs of the child (Schumacher, 2013). Orff Music Therapy was established by Gertrud Orff in the 1970s, characterised by the multisensory use of music, movement and speech (Voigt, 201). It is flexible in design as it is centred on the responses of the individual (Salmon, 2012). It is a music therapy approach that supports social development via the use of social music making experiences (Kaikkonen & Kivijarvi, 2013).

Gertrud Orff (1980) described the therapeutic process as

“seeing the child with their strengths and weaknesses, forming dialogue, travelling with the child in the role of follower and leader, and awakening the child so they can realise themselves through the act of social music making. The combined use of language, sound and movement offers a sensory experience that inspires human engagement to occur within active play”.

An eclectic approach was adopted for this 8-week program. A humanistic style allowed opportunities for the child to make choices, improvise and create music to build confidence in expressing himself and making decisions in a social context. Structured play gave clear boundaries and utilised the behavioural approach. For the child with autism to integrate into the social system of school he needs to obey rules and follow instructions (Conn, 2014). This was done through establishing clear outlines for each activity and session. The ecological approach was an important aspect of this short-term program. Involving a peer in the sessions focused on developing a deeper understanding of their classmate who has autism. It was hoped that this peer support would continue in the classroom after the music therapy program had concluded.

The following strategies were included:

- Using songs that promote engagement in singing and vocal exploration.
- Building confidence to engage in social music making activities by offering
- opportunities to lead, follow and dialogue with another.
- Providing situations that encourage self expression through using his voice,
- body and the creative playing of instruments.
- Generating stability through structured music play and routine to assist the
- child to regulate himself.
- Offering challenges and multi-sensory experiences that encourage social
- engagement with another.
- Encouraging extended verbal output and initiating conversation through musical
- stories and activities.
- **HOW** would the program be structured for an 8-week period?

The aim of the program was to establish and support the student to explore social interaction with a peer from their class. Individual sessions were set up for the student from Grade 2 who has autism and a classmate, on a two-week rotation.

| WEEK | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|------|--------|-------|--------|-------|--------|-------|--------|-------|
| | Peer 1 | _____ | Peer 2 | _____ | Peer 3 | _____ | Peer 4 | _____ |

After discussion with the Grade 2 support teacher, it was determined that a 30-minute session would occur with a preselected student from his class on a rotational basis.

Parental permission was sought for the child with autism and each of the four peer students. A schedule was defined. Welcome and closure was established with each peer along with an overall reflective celebration with the peers on conclusion of the 8-weeks.

Programme Outline

The following framework evolved from Orff Music Therapy (Orff, 1980) and Improvisational Principals (Geretsegger et al, 2015)

| SESSIONS | WHAT WILL THE CHILD BE OFFERED? | AIMS |
|--------------------------|--|--|
| Session 1 & 2 | Activities that build rapport and routine through following musical directions and cues | Follow directions and make choices |
| Session 3 & 4 | Follow a sequence to creatively build a story with voice, movement & instruments | Explore and share ideas |
| Session 5 & 6 | Play the same instrument with another. Generate a story using vocal expression, movement & instruments | Shared experiences and collaborate |
| Session 7 & 8 | Expand upon leading and following through improvised music making | Initiate ideas and show confidence in self |

A typical session design included these elements:

- Each session involved a welcome song to signal the commencement of music therapy and cue students for whole body focused attention.
- Music making occurred in the form of choosing, playing, sharing and turn-taking with the instruments.
- Activities encouraged leading, following, playing in different ways, and structured improvising.
- Rhymes, stories and musical games were offered to encourage verbal output.
- To conclude, a 'Thank you, music is finished' song was sung and a photo was taken to record the time shared by the students.

Each week a simplified session outline was written on the board and read by the student as he needed. Changes to routine evolved slowly to generate a safe environment. Sessions were grouped in pairs so students could experience a logical sequence of activities. Interest and challenges were built into the program according to his resources and to his developmental needs.

As part of regular activity, the following song occurred each week to open and close the session: "The drum is going round" (from *Hello Children* by Shirley Salmon, 2007)

- Students selected a drum of choice to commence this activity but later it evolved to a non-melodic instrument from the ever-changing collection.
- They sang the first section whilst playing their instrument to the music.
- During the second section they passed their instrument to the left and received a new instrument on the right.
- This continued until the original instrument was returned.
- The student with autism would be asked the question "shall we play again or is the activity finished?"

This melody became the concluding song with the lyrics:

*Thank you, thank you, music is finished. Thank you, thank you everyone.
We take a deep breath in, take a deep breath out (repeat this line)
Thank you, thank you, music is finished. Thank you, thank you everyone.
We wave goodbye to (someone), we wave goodbye to (someone else),
we wave goodbye to (another person) now we are ready to go.
Thank you, thank you, music is finished. Thank you, thank you everyone.*

The following developmental activities were offered over sessions 5-7.

“Here is my Garden” was a rhyme taught to me aurally. I have no knowledge of the author.

*Here is my garden
I rake it with care
And then some seeds I plant in there
The sun will shine
And the rain will fall
And then my garden grows big and tall*

- Fine motor movement was used to introduce the rhyme.
- Gross motor movements generated more ideas through the whole body.
- We chose from a selection of instruments the sounds we wanted to use to represent the rhyme.
- Together we designed ways to share the same instrument for the rhyme.

“The Aliens” (*Three Tapping Teddies* by Kaye Umansky, 2007)

This is a musical story about aliens arriving on Earth by spaceship.

The doors slide open with a whoosh, the ramp comes down with a ding and the aliens walk down with a tap. They gather in a circle and have an alien conversation, return to their spaceship and fly away... never to be seen again. I wonder what they talked about?

- We produced the story using vocal sounds and actions.
- Demonstrated alien conversation using echo and cards with faces showing a variety of emotions.
- Repeated the story with students sharing their own alien sounds through a cone.
- Created the story with vocal sounds only (no words) for the spaceship and aliens.
- Generated an instrumental representation.

This activity was observed during a session in 2017 at the Kinderzentrum München.

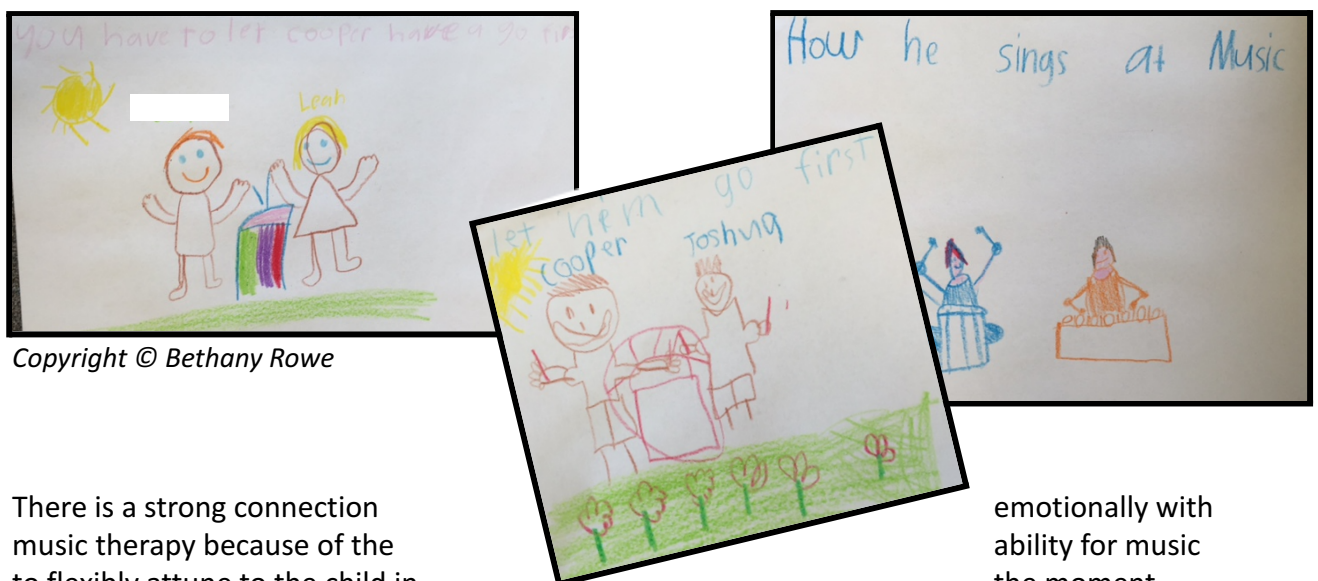
I have coined it “The Conductor” for the benefit of this research.

- Students selected an instrument and I selected the xylophone.
- Rules: When I play the xylophone then everyone plays. When I point to a student/s then they play until I am no longer pointing. When I am finished I put down my mallets and everyone else responds in the same way.
- I demonstrated the activity first, then we swapped positions to ensure everyone had an experience of following and leading.

Results

Offering individual sessions with a peer allows a brief encounter with another to occur. This can have lasting effects on their social development. Devising a peer centred program had many advantages towards fostering relationship building and social-emotional development (Battaglia & Radley, 2014). The primary goals of supporting social engagement and verbal communication were achieved through social play activities that involved music and movement as described by Orff Music Therapy. The student was verbally communicating more regularly and with longer phrases. Social engagement had included initiating ideas, physical touch and extended focus attention. These were all expressed during music therapy sessions.

Structured improvisation with another strengthens relationship bonds (Kim et al, 2009). It was confirmed through eye contact, smiles and laughter from the student and conveyed that he was forming a connection with another. These are typically unusual traits for a child with autism to display (Kim et al, 2009). The peers acknowledged through their drawings that this aspect of their two sessions was the most meaningful and memorable for them.



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There is a strong connection music therapy because of the to flexibly attune to the child in

(Kaikkonen & Kivijarvi, 2013). Music can serve as a catalyst between relationship and emotional development as the people experience an encounter of musical expression (Schumacher, 2013). Understanding of self can be better understood through experiences with another (Salmon, 2012).

Music making releases chemicals in the brain and body that make the social encounter emotionally strong (Kim et al, 2009). When forming relationships through musical means it can become quite intense for the child as it corresponds to 'attunement' theories involved in parenting (Geretsegger et al, 2015). Music therapy experiences with a peer resulted in each classmate intuitively supporting the student better in the regular classroom situation. This

emotionally with ability for music the moment

was observed throughout the school term with all peers who acknowledged that they enjoyed interacting with the child with autism and understood how to play with him better.

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