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Running Head: CONNECTIONS THROUGH MOVEMENT

Connections Through Movement:
A Case Study of an Adolescent Boy with Autism Spectrum Disorder

by

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Submitted in partial completion of the Master of Science Degree in
Dance/Movement Therapy at Sarah Lawrence College
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Dedication

This thesis is dedicated to my loving brother Michael, who continues to show me how with hard work and dedication, anything is possible, that no dream is too big and no challenge is too difficult.

This thesis is also dedicated to Rory, for without you, this thesis would not be possible. You have showed me the true importance of forming connections and relationships and how rewarding they can be.

Abstract

This thesis uses a case study format to examine the use of dance/movement therapy with an adolescent boy with Autism Spectrum Disorder (ASD). It provides background information on ASD and the effectiveness of dance/movement therapy with this population. The case material focuses on forming a trusting relationship, discusses specific movement activities and approaches, and evaluates the child's progress throughout the movement sessions. Children with disabilities often need extra support from their families when growing up. Specifically, children with Autism Spectrum Disorder (ASD) have difficulties forming relationships and changing repetitive behaviors. Utilizing dance/movement therapy techniques and movement analyses, children with ASD can expand on movement qualities, engagement and affect.

Keywords: Autism, Dance/Movement Therapy, Forming Relationships

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Children with special needs have always been of interest for me since I was a young girl. My brother was born with Cerebral Palsy, and this has allowed me to witness the trials and successes he experienced throughout his life. With combined support from his doctors, therapists, schoolteachers and family, he was able to make significant progress. I was able to observe the positive effects these specific therapies and activities had on him. Since my brother and I are only ten months apart, my mother also enrolled me in these co-curricular activities. In doing so, I was not only learning and growing as a child, but I was simultaneously a support for my brother. I came to value all of the special services that he received, along with the unconditional support from family and friends. In time, I became interested in how these modalities helped my brother excel to his current accomplishment of earning his PhD in Counseling Psychology.

At a young age, I began volunteering by aiding children with special needs in several different settings. This sparked something inside of me and I began to wonder if there was a unique service I could offer children with special needs in the same way my brother was helped growing up. As I entered graduate school for dance/movement therapy, I finally felt as if I had a purpose, and that I could make a difference in the lives of children with special needs.

While attending graduate school at Sarah Lawrence College, my program director approached me with a possible movement job with a sixteen-year-old adolescent boy, Rory, who is diagnosed with Autism Spectrum Disorder. I was informed that the boy's mother reached out to her in hopes of finding a student interested in coming into their home to do movement with her son. I soon met with Rory's mother and we connected immediately as I

told her about my previous work experience with special needs children as well as my own personal experiences with a brother who has a disability. I began to work with Rory in October of 2013 and am still providing three one-hour sessions each week. My time with Rory has allowed me to witness how trusting relationships are formed and continue to develop through creating a safe and supportive environment. I have also been able to experiment with different music selections and props, seeing what role these tools play in developing movement, discussing and fostering emotions and most importantly, how they deepened our current relationship.

This thesis is an exploration of my relationship with Rory, as well as documentation of our movement sessions and actual interactions. Through discussing specific movement activities and approaches, I will explain the influence these experiences have had on our relationship; the challenges I have faced within the sessions; and the ways in which I have overcome these obstacles, as well as how this experience will impact my work in the future with children with autism. My hope is that this case study provides the reader with an in-depth view of the importance of forming relationships. It will describe the formation of the relationship, ideas for movement activities to further connection, and finally Rory's growth and progress throughout our movement sessions.

What is Autism Spectrum Disorder?

Jim Sinclair, an adult with autism and cofounder of Autism Network International, describes autism as a way of being. "It is pervasive, it colors every experience, every sensation, perception, thought, emotion, and encounter, every aspect of existence" (Solomon, 2012, p. 276). Autism Spectrum Disorder is a Neurodevelopmental Disorder that takes place early in a child's development. The American Psychiatric Association defines Autism

Spectrum Disorder or ASD as persistent deficits in social communication and social interaction as well as restricted, repetitive patterns of behavior, interests or activities (American Psychiatric Association, 2013). ASD is one of the fastest growing developmental disabilities, especially in boys, affecting one out of every 68 children in the United States (Center for Disease Control and Prevention, 2010, p. 545). This disorder affects the brain's normal development of social and communication skills, making it difficult for individuals with this disorder to form relationships and partake in extended dialogues. The on-set age for ASD is in children ages two to three years, evidenced by slight developmental delays or loss of social or language skills (American Psychiatric Association, 2013). Individuals with Autism Spectrum Disorder have repetitive motor movements, are highly restricted with fixed interests, and have difficulty with change. These developmental deficits are evident in every aspect of the child's life, encompassing their education, socialization, leisure activities and self care.

Children diagnosed with Autism Spectrum Disorder have mental, physical and social needs that not only have to be met but understood. Looking at ASD from a neurological standpoint, cognitive impairments are evident within the first two to three years of a child's development. These impairments can be seen in relation to the child's developmental milestones. Children with ASD do not reach or complete specific milestones of responding to others or oneself through touch, sound or gaze and lack facial expressions (Autism Science Foundation, 2014). This is not to say that the child will never reach these milestones, all children develop differently, which is something to keep in mind, but with ASD, deficits in language, communication, and interaction are most evident.

Children with Autism Spectrum Disorder have several physical impairments

manifested in perseverative actions, which in turn affect activities of daily living. These actions include: repetitive motions, focused interests, and vague facial expressions, which make it difficult for children to complete daily living tasks of eating, grooming, and dressing. Children also have difficulty with coordination and attention, and a tendency to over or under react to specific sights, smells, textures, and tastes (Martin, 2014, p. 549). Other physical impairments are apparent in children with ASD encompassing “poor motor control skills, a clumsy gait, postural instability and a low tone” (Scharoun, Reinders, Bryden, & Fletcher, 2014, p. 4). Self-stimulating or self-regulating behaviors are used to help the child to stimulate his or her own senses, enhancing or reducing reactions to his or her environment. Self-stimulating behaviors, such as hand flapping, rocking or self-injury (head banging or biting,) may be seen in children diagnosed with Autism Spectrum Disorder. These behaviors can be a form of self-soothing, as the child works to regulate the extremes of their physiological and/or emotional responses to their environment. For some children with ASD, as the environment around them gets louder and busier, they can experience a distressing sensory overload. These children may then increase the intensity of their self-stimulatory behaviors in an attempt to shut out sensory input and regulate their escalating response to this sensory overload. These movements can be difficult to understand, as most often there is no verbal explanation accompanying them. Attunement and mirroring techniques used by the therapist however, can respond sensitively to the individual through movement in a nonverbal manner that communicates empathy and support.

Bryna Siegel, a psychologist at UCSF, explains the different perspectives from which to view treatment for children with autism. Treatments include developmental, behavioral, educational, cognitive, and medical (Solomon, 2012, p. 266). One important treatment

method absent from this list is the expressive art therapies. These forms of therapy offer alternative ways to meet the children's needs, nonverbally, through movement, music, and art. With the absence of verbal language, especially words, dance/movement therapy fosters a child's ability to relate, communicate, and connect (LeFerber, 2009, p. 278).

Dance/movement therapy in particular is a holistic form of therapy that targets the physical, social and cognitive impairments of children with Autism Spectrum Disorder. Metaphorically, dance is used to “describe the give and take of social interactions and emotional expressions” (Tortora, 2006, p. 7). Socially, dance fosters the development of relationships, giving the child a greater awareness of himself or herself in their environment. The physical benefit of dance helps to increase balance, flexibility, muscle tone, strength, endurance, and spatial awareness. Cognitively, dance contributes to vocabulary development and aids with integration of the sensory-motor systems (Scharoun, Reinders, Bryden, & Fletcher, 2014, p. 213). Movement has been a successful modality for children with autism because it targets and strengthens each of these three domains, while aiding in the formation of a relationship.

Dance/Movement Therapy and Autism Spectrum Disorder

Movement refers to observable actions in everyday life. Nonverbal cues or gestures without the use of vocalization have been classified as “actions and gestures that are performed by children in the service of intentional communication” (Tortora, 2006, p. 47). This includes an individual's posture, muscle tone, head and eye movements, facial expression, speech, vocalization, gestures, reaching, and walking. Movement activities enhance relationships, giving children the ability to use nonverbal cues as a means of communication and self-expression. This is helpful for children who have difficulty

“expressing themselves due to their age, developmental issues or lack of emotional awareness” (Tortora, 2006, p. 93).

Dance/movement therapy, or DMT, provides children with a layered learning experience, deepening the child’s repertoire of behavior and interactions to their environment (Lorenzo-Lasa, Ideishi, & Ideishi, 2007, p. 25). This holistic approach of mind-body integration thrives in the nonverbal realm of communication, using movement to help the children feel safe, seen, and understood (Levy, 2005). The therapist meets the child where they are, developmentally, socially, emotionally, and physically providing them with a greater range of skills to use in understanding and coping with their environment (Erfer, 1995, p. 198).

Throughout my DMT training, I have always been told of the importance of meeting the clients where they are. When reading about this theoretical approach, it seemed simple. However, I found that applying this theory in real time with a client to be much more difficult. To help me meet Rory where he was, I utilized two main dance/movement therapy techniques, attunement in tension flow, and mirroring. These techniques are both tools used to convey a deeper acceptance between the child and therapist, working to shift the focus from inner to outer stimuli by sharing a similar body shape and movement quality, and creating a reflected awareness of the body’s movement and expression. Using our bodies in this manner creates a “spontaneous interactive structure with endless possibilities to stimulate qualitative variations through changes in affect, muscle tone, physical shape, touch, breath, and movement” (Tortora, 2006, p. 290).

The technique of attunement in tension flow requires the movement therapist to replicate the tension flow fluctuations of the mover, in his or her own muscles. This creates

the foundation for empathetic understanding and communication, as the mover senses the reflected tension flow similarity and experiences sameness and connection. Different rhythms become “prominent and necessary for the child’s successful mastery of developmental tasks” (Levy, 2005, p. 129). The therapist’s attunement to these tension flow rhythms can support and help consolidate the mastery of them by the child.

Mirroring also provides the therapist with valuable information about the child that may have been previously known. This process conveys an important message to the child of “being accepted just they way they are” (Levy, 2005, p. 196). Mirroring can be described as reflecting back another individual’s movements promoting the “development of an emotional, meaningful, and healthy relationship between therapist and child” (Sheets-Johnson, 2010). As these techniques are implemented within a movement session, the therapist is able to facilitate the development of new adaptive and expressive movement.

Family Support

Family support is essential in the development of possibilities for children with disabilities. The fundamental role of the parent of a child with autism is the same as for any other parent, “to provide for, and love, and give the best opportunity you can to your kids on any given day” (Solomon, 2012, p. 384). In raising a child with special needs, the family dynamic may be altered, as the child may require special services in the home environment. Parents of a child with autism play a large role in their child’s life and may be seen as the child’s “therapist, teacher, case coordinator, and job coach” (Marcus, Kunce, & Schopler, 2005, p. 1059). Over time as we have learned more about autism, parents have developed a greater understanding and expertise in managing their child’s behavioral, cognitive and social functioning. Children with autism can be inconsistent in their responses across settings, with

various people and at different times. It is important for the parents to provide the necessary structure and support in order for their child to succeed (Marcus et al., 2005, p. 1057). When parents are deeply involved in their child's upbringing and have a clear understanding of the diagnosis, they will be better able to respond to these needs and make appropriate choices regarding their child.

Rory is fortunate to have strong, supportive parents who are devoted to his well being, and provide him with constant affection and emotional support. Both parents are extremely dedicated to their son's needs, researching the newest findings in autism about different types of services, and dietary and other intervention methods. His parents have gone as far as to bring in a vast array of services into their home, including a child development therapist, two singing teachers, and a DMT graduate student. These services continually aid in Rory's development, and assist him in reaching his full potential. By bringing these services into the home, Rory is being exposed to several new experiences on a daily basis, forming many different types of relationships.

Since family schedules can be hectic, it is important to find needs or services that are flexible enough to fit into the family's lifestyle. In the process of balancing several schedules, parents may become easily fatigued or can experience instances of burnout in trying to accommodate the family unit (Solomon, 2012, p. 230). No matter how chaotic the household becomes, both of Rory's parents are able to balance their own work schedules, while raising three children, and bringing in several services for Rory weekly without displaying signs of fatigue or burnout. Having programs that are designed to fit into a family's natural lifestyle or routine allows for a greater sense of learning and connection, while simultaneously decreasing the amount of family stress (Koegel, 2000, p. 386).

Bringing services into the household not only makes it easier for the family, but also allows the child to be comfortable in their known, trusted environment.

In a study, *The Family Needs of the Autistic Adolescent*, by DeMyer and Goldberg (1983), the family unit was thoroughly examined, and the authors identified the role having a child or sibling with autism has on the family dynamic. The study first identified needs and problems that commonly occurred in families, questioning several mothers about eleven specific aspects of their families' lifestyles. These eleven areas included: family recreation, finances, emotional and mental health of parents, physical health of the parents, housekeeping, meeting the needs of brothers and sisters, relations with friends and neighbors, sibling relations, marital relationships, personal development of each family member, and relations with relatives (DeMyer & Goldberg, 1983). Second, and of particular interest to me, is the section about meeting the needs of brothers and sisters within the household. This section focuses on the dual roles of emotions in children with an autistic sibling.

The first perspective described siblings who were embarrassed by their autistic sibling, not wanting to invite friends to their home (DeMyer & Goldberg, 1983, p. 232). For some family members, having a sibling with a disability can be embarrassing. However, for Rory, this is not the case. There is no embarrassment from his siblings. Both his younger brother and sister embrace his disability, supporting and encouraging him—whether it is through eating family meals together, creating a “bro-song,” or doing art projects together. It is true that deficits in social communication have an impact on the way in which siblings form a relationship. Rory's siblings have found a way to communicate with him that is accepting and appropriate. By maintaining an open level of communication, conflicts can be reduced, as siblings learn to interact with one another in a more understanding manner. In

working with Rory, I never once witnessed his siblings acting in a negative manner toward him. Both siblings seem to care deeply about their brother and are not embarrassed by his disability.

DeMyer and Goldberg's study posed a second viewpoint, examining the sibling relationship from a more positive perspective, explaining how the siblings had been strengthened by the experience, and had achieved a new level of empathy and care for individuals with disabilities (1983, p. 233). Having grown up with a brother with special needs, I find this statement to be true. This type of upbringing has made me more empathetic and has given me a greater insight into the needs of children with disabilities and their families. Parents and children describe the benefits of living with a child or sibling with autism, including experiencing positive emotions and delight in the family member's accomplishments (DeMyer & Goldberg, 1983, p. 233). They also reported that they were able to find greater meaning in their own lives while also developing enhanced empathy for others (Marcus, Kuncze, & Schopler, 2005, p. 1055). Overall, parental and sibling support is a necessary factor in strengthening the family unit. Having increased awareness and empathy allows the family to develop enhanced relationships, as they become more understanding of the child or sibling with autism.

Socialization and the Formation of Relationships

Portia Iversen, one of the founders of Cure Autism and Autism Genetic Research Exchange, believes that the deepest riddle of autism is the relationship between what can be observed and what is going on inside children (Solomon, 2012, p. 256). The American Psychology Association states that there are several deficits in "social-emotional reciprocity; having deficits in developing, maintaining, and understanding relationships and a lower level

of social interaction and communication,” both verbal and nonverbal (American Psychiatric Association, 2013, p. 53). Within this social context, impairments are also observed in eye contact, engagement and response rates, as well as levels of enjoyment with objects or other individuals. Children with autism are described as “living in their own world,” as they lack interpersonal contact, joint attention, and understanding associated with socialization (Baron-Cohen, 1998, p. 3; Levy, 2005, p.192). This inability to form relationships makes treatment for children with autism difficult since many therapy approaches are directly verbal, fostering relationships through words. Typically developing children are able to relate to one another through bodily interactions. Shore explains how, “before any successful interaction, instruction, or relationship is going to occur, a connection has to be made” (2008, p. 62). In developing a relationship, one of the most important aspects is for the child to feel safe (Martin, 2014, p. 594). Safety can be created through the use of eye contact, vocalization, music, props and rhythmic body action (Erfer, 1995, p. 199). Once safety is established, trust will develop as the relationship continues to form.

Developing a trusting relationship with Rory took several months. At first, we spent several sessions primarily talking with little movement, as Rory was extremely hesitant to move his body. I began to question whether or not I was approaching the sessions correctly. Rory expressed a greater interest in wanting to inquire more about me, rather than focusing on the movement. This distraction made it difficult to regain the focus within the movement session. During the first month, I began to notice a pattern in Rory’s questioning. As soon we made eye contact, Rory would run up to me, greeting me by my name. He then said that I used to play with him and listed the languages I spoke. Most of the time the languages he listed were Spanish, Italian and English. Out of these three languages, I speak two: English

and Italian. What I did not know at the time was that another girl named Alyssa, also from Sarah Lawrence College, played with Rory back in 2009 and spoke those three languages. At the beginning of each session, I would have to explain that I was a different Alyssa and that I spoke only Italian and English. I felt it was important to correct him in order for Rory to be able to differentiate between two people sharing the same name or similar interests. For months, Rory had difficulty understanding that I was not the same Alyssa. I soon learned that Rory identifies individuals by their nationality, language, and living environment (school or home). At times, this name confusion became frustrating for me, because it was said repetitively each session. However, I realized that in order for Rory to build a trusting, safe relationship with me, I needed to help him understand that there can be more than one person named Alyssa, that people could speak several different languages and can be from different locations in the United States. It took Rory about a year to be able to process that I was different from the previous Alyssa. Now Rory is able to greet me right away, realizing that I am Alyssa, here to provide movement sessions, from Sarah Lawrence College, and that I speak English and Italian. Even though this name identification and processing took over a year, it was imperative for the development of our relationship.

Judith Kestenber, founder of the Kestenber Movement Profile, explains how children will thrive in their development when a safe and trusting environment is provided with consistent and predictable caregivers (Amighi, Loman, Lewis, & Sossin, 1999). Having this repetitive discussion helped to reassure Rory who I was, giving him the necessary time to process all of the new information. Additionally, having developed a set schedule of movement sessions three-times-a-week on, Tuesday, Thursday and Friday, Rory is able to trust that each week I will arrive at his house at the same time on each day. Predictability in

the relationship provides the safety for trust to flourish (Loman, 1998). Spending the time defining who we both are as individuals, discussing our sessions and the times that we will meet, aided our relationship, making it stronger and increasing our level of trust. Rory began to look forward to our movement sessions.

Structure became a necessary tool for developing trust during our movement sessions. Children who have ASD insist on sameness and are reluctant to accept change. Tina Erfer (1995) explains how children may have an “unpredictable and intense resistance to change, and an attachment to routine” (p. 193). By formatting a structured movement session, a holding environment is created to provide safety and support for the child. To create a steady structure, movement activities or exercises are utilized including rhythm, spatial formation, interaction patterns, music, rituals, props, images, or signals (Duggan, 1995, p. 226). The structure of my sessions with Rory contained a beginning, middle and end, providing Rory a sense of experiencing something ‘whole’ (Erfer, 1995, p. 202).

To give our sessions structure, I start each movement sessions with a “hello” greeting and a body awareness scan to help Rory identify how he is feeling physically and emotionally. The theme development or content of the lesson is different each day, as I assess where Rory is in the particular session. As mentioned, many times, I use music and props to accompany us in the process. The session closes with a cool down, where Rory and I lie on yoga mats and move together, either using a prop or simply stretching. Rory has responded positively to the use of a clear and predictable structure as he continues to take risks in his movement exploration, further expanding his repertoire.

As our sessions began, I had difficulty engaging and connecting with Rory due to his limited eye contact, repetitive verbal dialogue as well as his high intensity, indirect, free

flowing movement. He would always begin our movement session by running from one corner of the room to the other, using his hands in the form of a homologous push as a boundary when he reached the opposite wall. In time, we became more comfortable with one another and formed a rapport. I began to add my own movement into the running by brushing my nails against the ribbed wooden walls to make a clacking sound, adding a clap, jump, gallop or hop. I would even place my hand out to Rory as we passed one another in order to foster an interaction. Damasio and Maurer (1978) explain how children with autism seem to have a greater focus using their peripheral vision than central vision (p. 780). I noticed Rory's ability to identify my movement gestures, as he would acknowledge my open arm gesture with a high five. This running high five became a staple in our movement session, which has evolved in several ways including right or left hand touch, using both hands, fist bumping, or isolated finger touch (thumb or pinky). I became more specific with the type of touch to help engage Rory, providing him with his own space and freedom while connecting with me simultaneously. At times, I would call out movement directives such as "right pinky" or "both hands," and Rory would physically respond to my movement gesture as we passed one another. Other times, Rory would hold his hand out for a high five and I would respond to his movement gesture by reaching out my hand for a high five. My hope is for Rory to take a more active role in the exercise, calling out specific gestures or types of movement. By joining in Rory's movement preferences, I have been able to further our connection and engagement, as well as our level of trust, and this has helped to strengthen our relationship.

Rory's Movement Profile: Beginning to Form the Relationship

At the onset of our movement sessions, I was unsure how to meet Rory where he was

because his movement was so large and unpredictable. Through the process of mirroring and attunement in tension flow, I was able to physically embody the movement through muscular tension and body shaping. It took several months for me to truly identify Rory's movement characteristics and to be able to alter my body movement to mirror and attune to his preferred style of moving and communicating.

As time progressed and my relationship with Rory strengthened, I found myself able to make meaningful interventions, which focused on promoting Rory's expression and communication. DMT interventions focus on meeting clients on his or her terms, or level of functioning, with goals of enhancing the engagement and relationship, addressing challenges with body awareness and coordination, while expanding and fostering rhythm and synchronization (Martin, 2014, p. 548). Through my time with Rory, we developed movement activities working on body image and awareness, eye contact, balance, spatial awareness, boundary use, coordination, muscular strength and impulse control. Within these movement activities, I was able to observe Rory's movement qualities, identifying his different efforts and tension flow rhythms.

The quality of a movement "colors an individual's experience, and in turn, affects nonverbal expression" (Tortora, 2006, p. 75). Rory first presented with an energetic affect and upbeat mood. However, at times it seemed as if Rory would withdraw his presence, focusing away from reality and escaping into his thought process, evidenced by his muttering small words and phrases as he glanced up at the ceiling. Rory presented with distinct movement efforts that were light, indirect, free, and quick, and had difficulty accessing strong and direct effort qualities. Efforts are the "culmination of a developmental progression of increasing control over movement, leading to the ability to focus on and cope

with the outside environment” (Amighi, Loman, Lewis, & Sossin, 1999, p. 90). Rory’s effort qualities were indirect in space as his body moved in a free flow range. His weight placement was off balance as he ran through the space on his toes, with no direct intention of where he was running. As Rory ran, his arm movements were indirect, as they would bang into the surrounding walls or furniture. In his movement repertoire, there was a clear absence of several effort qualities and shape dynamics. Even though Rory’s movement was expressed in the free flow range, his shape flow and body posture were shortened and hollowed. Identifying Rory’s preferred movement qualities and repertoire was helpful, but made forming a relationship was more complicated due to his propensity for repetitious movement patterns. Rory began to develop a strong movement metaphor—a specific, personalized movement that frequently occurs within a person’s repertoire (Tortora, 2006, p. 77).

Rory developed a stylized, spinning movement metaphor that presented itself each session. Through this vestibular motion, Rory moved through the space in an indirect pattern as he brushed against the walls of the room. Children with autism have an increased tolerance for vestibular movements, such as spinning and twirling, as they can spin for long periods of time (Damasio & Maurer, 1978, p. 781). Together, Rory and I spun aimlessly in the space for over two minutes before stopping. While spinning, I was always extremely careful and observant of Rory’s body and movement, fearful that he would stumble into the wall or hurt himself. When Rory spins, his arms flow effortlessly following his body movement, hyper-extending on the horizontal plane as they over cross in front and behind his body. For safety and injury prevention, we have explored new arm positions while spinning, sometimes crossing our arms or creating specific shapes in which to hold our arms. These

new arm positions were successful, as Rory began creating his own arm positions and became less reliant on me for assistance.

To further assist me in identifying Rory's movement qualities, I found props to be a useful sensory tool, because they are tangible objects, and serve to focus a child's attention (Erfer, 1995, p. 201). Props not only induce movement, but also divert attention away from pressing stimuli (Mendelsohn, 1999). I utilized props to further attune to Rory's movement, and an assessment tool to monitor Rory each day through his movement with the specific object. Props provide a non-intrusive instrument for creativity and play, creating a less threatening environment for children while enhancing the developing relationship through trusted play and support (Levy, Fried, Leventhal, 1995, p. 218). When moving with props, particularly scarves, I am able to see the rhythms Rory can easily access and the ones that are more foreign to him. I attune to Rory's movement through my own body and muscle tension, watching the movement slowly evolve as new rhythms present themselves. Sometimes, I modify the quality of the movement, making it more direct or sustained, working to engage Rory in a particular rhythm. At times, I intervene when I feel that Rory is in danger of hurting himself or is becoming over-stimulated, working to slow our movement down. Prop use is effective in altering movement qualities because of their size, shape and texture. We use props ranging from scarves to yoga balls, resistance bands, parachutes, sound makers and drums.

One prop that allowed Rory and I to further connect was the ElastaBlast, a fleece covered, heavy-duty bungee band that has strength, stretch, and rebound, and create exciting new movement experiences¹. We began to move by holding opposite ends of the material

¹ Dyenamic Movement Inc- Website

and facing one another as Rory executed minute movements with the band, widening and narrowing his arms to an open and closed position. Then, Rory began to experiment with the band's resistance, feeling its weight as he walked forward and backward on the sagittal plane. Space is the container in which all actions take place, giving the child a greater sense of self and other (Tortora, 2006, p.149). Rory and I have used the band to help organize ourselves in space, as we walked around the room in direct and indirect pathways. Since we were holding the resistance band, the length between us was constantly changing, as boundaries were tested, and we experimented with how close and far away we could be from one another. When there was a greater distance between us, spatially, our steps remained smaller as we tried to maintain the resistance of the band and the space between us. Rory continued walking on the sagittal plane, sensing not only the resistance in the band but also my weight. The dynamic potential for this became more apparent when he walked backwards while I attempted to stand still. In this moment, I was not conscious that Rory was strong enough to pull me in a sliding motion across the floor. Because Rory weighs more than I do, my attempt to stand still was unsuccessful as my feet slowly slid in his direction. I believe Rory noticed the change because he turned around, demonstrating a confused affect. I decided not to speak in this moment and let Rory experience this weighted movement again. Rory then turned around and began to walk. I firmly planted my feet as if I were a tree rooted in the ground. As Rory walked, I immediately felt my feet slide. Rory suddenly turned around and walked backward, watching me slowly drag behind him. I then muttered that I was sliding, and shortly afterward, Rory echoed in a low voice, "You're sliding."

In this moment, I wanted to discuss what sliding meant and how it feels to be pulling someone, but I decided to hold onto my words and trust the movement process. I was

pleased with my decision to remain silent, because soon the roles reversed. As I began to walk backwards, Rory positioned himself in a wide stance, slowly sliding in my direction. What was interesting about this moment was that no verbal discussion was necessary and we were able to experience both sliding and forceful pulling together in the space. Our eye contact was enhanced as we tested the ways in which we could move together. Eye contact is one of the earliest elements of connection between two people (Tortora, 2006, p. 291). We maintained this contact for over two minutes, pulling the prop back and forth. Other times there was no eye contact as we both improvised with the band together.

To establish a relationship, I first assessed Rory's movement qualities. To do this, I joined him in his movement, whether it was spinning or running. In time, I began to gain a greater understanding of Rory's movement qualities. Props became a beneficial tool in showing his effort qualities and rhythms, allowing me to further connect with Rory. I also identified how he moves when holding the prop, as well as his engagement and focus in the movement and overall session. Holding a tangible prop allowed Rory and I to experiment with several different effort qualities, using the material to elicit new movement. As time progressed, I noticed a positive change in Rory's focus and engagement in the movement session, as he was able to channel his focus, engage in extended eye contact and expand his movement repertoire.

Music and Rhythm

Music is a unique modality, providing a sensory stimulus including the processing of visual and auditory information (Wan, Demaine, Zipse, Norton, & Schlaug, 2010, p. 163). For children with ASD, music and rhythm are helpful tools to facilitate interaction and communication. Demaine, (2009) explains how music is a multi-sensory motor experience,

engaging several areas of the brain inviting singing, movement, active listening and emotional expression (p. 223). To target these sensory areas in the brain and body, the music playlist for Rory consists of several songs from various artists containing different rhythms, languages and lyrics including: Andrea Bocelli, Tchaikovsky, Handel, Billy Joel, Katy Perry, One Republic and Raffi. Through increased attention to the music, I have discovered the importance of music and rhythm, and the effect it has on movement sessions. Rhythms are used to “create mutual attention through developing social engagement, communication, and self-expression, supporting motor skill development (Tortora, 2006, p. 310). This variety aids children in organizing their impulses through rhythmic exercises or singing actions (Erfer, 1995, p. 210). Rory and I utilized music and rhythm in different ways: moving rhythmically, identifying sensations in our bodies, different movement qualities, and using props to create new rhythmic patterns.

I witnessed Rory experimenting with rhythm through his own preferred movement style. He moves quickly and has difficulty moving at a sustained or prolonged pace. When moving together in a sustained manner, Rory becomes distracted as his eye contact decreases. Rory has verbalized his preferences in movement qualities, which are evident through his movement choices. To gain a greater understanding of Rory’s preferred movement quality, I became curious about how this movement affected him from an internal perspective. Is Rory able to feel any changes within his body when he moves at different speeds? I asked myself these questions as we began to move together, indirectly spinning around the room holding no tension in our arms. When the movement came to an end, I intervened, asking Rory how moving quickly affects his body and if he noticed any changes. Rory quickly replied saying, “When I move fast my heart beats fast and when I move slow it

beats slower.” In this moment, Rory was not only able to feel the sensations within his body and articulate them, but also gained a stronger awareness of his body.

Drumming was a second way Rory and I experimented rhythmically. My goal in using the drum was to help Rory develop a steady, organized beat through tapping. A strong, rhythmic beat creates “external auditory support for action execution,” helping the mover’s actions become more organized as they respond to the beat (Tortora, 2006, p. 310). In the beginning, Rory’s rhythm was not as clear, as he hit the drum with indirect effort qualities. I had no devised plan or strategy in helping Rory to create a steady beat, however, I realized that through drumming, Rory would experience other efforts, specifically, direct and strong movement qualities. My goal was not to change Rory’s preferred efforts, but to help him expand his movement repertoire through embodying these new movement qualities.

Rory’s fingertip began to touch the drum as I mirrored his minute movement. This gesture evolved as we began to isolate each fingertip on the prop. While we tapped our fingertips on the drum, patterns started to emerge as we moved from our thumb to pinky in a scale-like manner. To help clarify the movement, we assigned each finger a number, counting to five as we hit the drum sustaining the rhythmic beat we had just created. As the numbers became more clear, we began to count backwards from five to one, creating a melodic pattern through our movement and voices. With time, Rory and I were able to use both hands on the drum, simultaneously, as we executed the finger scale movements, counting forward and backward. Our rhythmic pattern then evolved as we sang the numbers. This movement activity helped Rory channel his attention on drumming, creating a steady rhythm, which also contributed to his coordination as he isolated each of his fingers on the drum. A solid structure emerged as Rory and I developed a repetitive pattern of movement

on the drum. Analyzing movement and rhythmic patterning can shift one's vision to see how movements link together. Linking movements together "lengthens focus by helping individuals, especially children, attend and relate for longer periods of time" (Tortora, 2006, p. 287). Through the process, Rory was able to regulate himself and organize his movements and we eventually named this movement pattern *finger scales*.

Rory excels with culture and languages, and I decided to leverage his interest in languages to enhance the finger scale movement activity. I made an intervention of counting out the finger scales in Italian instead of English. I was curious to see what impact introducing this element would have on his movement. I will never forget Rory's face after he heard me count to five, both forward and backward in Italian. He engaged in sustained eye contact with me for several minutes as a huge smile emerged on his face. Rory's shifted from a comfortable resting position to an alert, upright posture. From this abrupt shift, I could sense a new level of engagement and presence. Rory then suggested we try it together in Italian and we began to incorporate other languages such as Spanish and French. Rory then said he would teach me how to count in French and began counting as his finger tapped the drum. I then mirrored the movement and vocalized the numbers in French. In time, we worked with all four languages (English, Italian, Spanish, and French) counting forward and back to five. Rory and I visit this exercise often but now it has now evolved to include a count higher than five, using our full palm to hit the drum instead of our fingertip. Now, Rory is able to sustain a rhythmic beat on the drum with each of his hands simultaneously. This small finger scale movement exercise has developed in several directions, exploring different languages, types of movement on the drum, rhythmic patterns and vocalization.

Exploring Rory's strengths with languages assisted him in problem solving, as he was

able to become more creative, sharing his ideas and taking more risks in the session. This enhanced his level of cognitive functioning, while still allowing him to have fun (Malekoff, 2014, p. 205). Through these specific exercises, I was able to make interventions based upon different elements of pitch, structure, and dynamics, fostering new rhythmic patterns (Hardy, LaGasse, 2013, p. 5). Rory was able to explore new effort qualities and rhythmic patterns on the drum, using his movement to create a sound and reacting to the current sound that was produced. By implementing Rory's interests and strengths into our movement sessions, we were able to augment the movement activities, making the sequences more challenging, complicated and interesting. This intervention worked to strengthen Rory's motor synchronization, creating new memory pathways as well as increase his movement repertoire.

Vocalization/Singing

From my study of the Kestenberg Movement Profile (KMP), I was able to see the way in which therapists attune to their clients through their voice, picking up on the child's movement rhythms. I decided to take this idea and experiment with how changing my voice and tone would affect the session with Rory. When using our voice, we can make a variety of sounds, whether it is singing, humming, making silly noises, experimenting with tone, tempo and pitch (Janert, 2000, p. 95). I began by asking Rory a question using a singing and rhythmic voice. At first, Rory looked at me with a tilted head as if he was wondering what I was doing. I told myself to commit to this vocal rhythm in hopes that with time it would expand. For the first few sessions, Rory questioned me, "Why are you speaking in a singing voice?" I answered saying, "To be rhythmic." As our sessions progressed, I began to use more of my voice, rhythmically, whether it was creating rhymes or jingles for the current

movement activity. I continued to ask Rory questions in a rhythmic voice with hopes that he would respond with a rhythmic phrase. Unfortunately, he did not respond the way I had anticipated. After this session, I decided to take a week off of vocalizing sounds and rhythms.

The following week when the session began, I asked Rory how his day was in my normal speaking voice. He then waited several seconds before responding, and once he finally answered, he responded rhythmically, using his singing voice, which caught me off guard. After two weeks of attention on verbal rhythm patterns, Rory responded to me in a clear, direct rhythm with strong eye contact. I remember in this specific moment my smile widening because Rory was able to respond rhythmically, showing that the rhythmic singing did have an impact, as did the two-week break, which gave him time to process the material.

At our next session, when I asked Rory about his day at school, he immediately grabbed the drum, and began rhythmically hitting it as he discussed his day at school by listing all of the activities he had participated in. As Rory took me through his day, he spent over five minutes walking me through each activity and any associated details. It was interesting to see how the use of the drum and rhythm, Rory was able to engage in an extended conversation. In the past, when I would ask Rory how his day was, he would reply with a simple answer of “good.” This moment was a breakthrough for Rory, as he was able to use rhythm and movement for self-expression. By sustaining a consistent rhythm, Rory was able to organize his thoughts more clearly, which in turn allowed us to engage in direct, focused conversations and movement experiences. Through this exercise, we created a greater sense of trust and our relationship was able to develop further.

The Use of Silence

Even though music is a vital element in a movement session, there is also great importance in silence. Moving in silence enhances the nonverbal relationship, strengthening the meaning and connection through movement. Silence is an empowering experience enabling a child to feel understood in a profound way (Tortora, 2006, p. 110). I discovered silence to be a challenge, partially due to the structure we created together, around music playlists. Rory has become dependent on the iPod and becomes easily distressed when we are in the room together in silence with no music playing. As time progressed, I was able to make necessary interventions to amend the structure of our sessions, incorporating more silence. My goal with this intervention was to lessen Rory's dependence on the iPod as well as derive important reality-based themes that occur during adolescence, such as not getting your way, learning to cope with obstacles, and compromising or finding alternative solutions when faced with a dilemma.

To help create some structure for this new approach, I suggested that we use our bodies to create rhythms and music. Rory seemed confused and did not think this was possible. I explained to him how through singing, tapping, stomping and clapping, we could create our own music as I modeled this by singing a rhythmic tune while moving. Rory's eyes widened as the word singing was used and immediately listed all of the songs he could sing. Rory now had a more active role in the session, vocalizing that he preferred to begin in silence and use music at the end of the session. Implementing this change was helpful to Rory, giving him the proper time to process and understand what will happen for our future sessions as well as lessening his dependence on the iPod.

In our next session, Rory approached me, remembering the new structure we discussed the previous week as he greeted me saying, “Hi Alyssa. Only music at the end of the session today?” I confirmed this. As we began our session, I reiterated the ways we could move without music, whether it was through singing, body scans or tapping movements. At first, I was nervous this structure would be unsuccessful because Rory would perseverate on how much longer we had left until it was time for the iPod. Surprisingly, Rory was able to tolerate the silence. Instead of cutting our time off halfway through to switch gears, I decided to stay involved in the movement in silence until Rory signaled for a change. In this first experience, we ended up moving together without music for over forty-five minutes. Not once did Rory ask what time it was or if we could use the iPod now. As the session came to a close, Rory expressed interest in pursuing this new structure for future sessions. This small amendment in our routine has resulted in significant growth for Rory, as he became less reliant on the music and more involved in the movement. It is as if the silence aided us in strengthening our relationship, not only expanding Rory’s movement repertoire but also allowing us to work together to find an even flow for our sessions.

Expressing Emotions

In adolescence, children are experiencing changes within their bodies, as well as emotionally and cognitively. Identifiable behaviors are evident such as: wandering, responding to touch in a negative manner, on-task active or passive behavior, making eye contact, and social relatedness (Hartshorn, Olds, Field, Delage, Cullen, & Escalona, 2001, p. 2). Adolescence is a time for children to develop proper coping mechanisms, which will help them to process and understand these changes. In order for children to explore these changes, they need to feel secure and comfortable in their environment. By creating a

contained space, adolescents will feel more secure in sharing emotional experiences (Engelhard, 2014, p. 495).

For children with Autism Spectrum Disorder, emotions are difficult to not only express but also to identify (Robledo, Donnellan, & Strandt-Conroy, 2012, p. 12). In sessions with Rory, I ask him several times how he feels emotionally and physically, helping him to identify a new feeling state. Each time I ask Rory this question, he responds saying “good.” At times I tried to dig deeper, asking if there was another word or emotion. Rory would then respond by saying he felt either happy or sad. I decided to look online for a feelings chart. My goal was for Rory to find alternative words of expression. I thought by having a tangible list of words, Rory would have an easier time exploring new emotions through movement. I decided to use a feelings chart that focused specifically on three of Rory’s easily accessed emotions: happiness, sadness and anger. In the chart, beneath each key term were synonyms. At first, Rory seemed overwhelmed as his eyes scanned the chart. However, with time, Rory began to identify words listed on the chart. He was also able to ask me what these words meant, and through the movement, we were able to identify the particular word. By utilizing the chart, Rory was able to identify clearly how he was feeling, giving us the time and space to explore other emotions less familiar to him.

As he began comprehend more words on the emotions chart, Rory is now able to expand his vocabulary and use movement as a way to embody these new feelings. In a previous session, I asked Rory to pick an unfamiliar word and he chose the word *ashamed*. As we threw a ball back and forth, we discussed what we thought the term *ashamed* meant. Rory had difficulty connecting with the word so I asked him to recall a time when he felt embarrassed or upset. By using a more concrete term, Rory was able to understand that two

different emotions can share a similar meaning. I asked Rory to demonstrate what embarrassed or ashamed would look like in a movement. Rory thought about this for a few seconds as he crossed his arms and lowered his focus. At first, I was not sure what Rory was doing. Then, I quickly realized he was embodying the emotions in his body. I mirrored or communicated my understanding and acceptance of the movement nonverbally to Rory as we held the pose in silence for several seconds (McGarry & Russo, 2011, p. 179). We then sat together in the space, embodying a hunched, bound and constricted posture as we sat cross-legged on the wooden basement floor.

Exploring emotions has been a critical component in the development of our relationship. I have even noticed that small changes in my appearance had an impact on Rory's emotions and mood. Usually, I attend our movement sessions with my hair down and with my contact lenses in. He is extremely observant of fine details and becomes upset if I wear my glasses or if I have my hair up. Rory begins to perseverate on my appearance, which can be distracting during our movement sessions. In utilizing the emotions chart, I asked Rory to find a word to describe how he feels when I wear my hair up or have my glasses on. He first replied by saying *sad* and with proper encouragement and support, he later replied with the word *annoyed*. Through the movement, Rory and I were able to embody emotions of sad and annoyed. I also added a new vocabulary word, *irritated*, making the connection that two words can have a similar meaning but sound different, which was one of my initial goals in utilizing the feelings chart. I then defined *irritated* for him, saying it is when something bothers or annoys you. This conversation soon ended as the movement progressed and ten minutes later Rory stated he was irritated. I asked Rory why he felt this way and he replied saying, "It's how I feel when you wear your glasses." I

commended him on remembering the example I gave, and encouraged Rory to identify other instances when he feels irritated.

Developing Stronger Impulse Control

In order to target impulse control, my primary goal was to help Rory gain a greater awareness and control of his body and movement. Impulse control is similar to the starting and stopping of tension flow rhythms seen in the Kestenberg Movement Profile. I introduced this concept through the word “freezing,” giving Rory a concrete term to understand as well as an image. When discussing freezing, Rory gave an example of water turning to ice. Having this clear image, I worked to bring back the term along with Rory’s image to see how this term could be experimented with through movement. I posed a question to Rory, asking what our body would look like if it were a frozen ice sculpture. Suddenly Rory’s posture narrowed as his arms fell to his sides and he closed his legs into a tight parallel position. In this moment, I was able to see Rory embody a position of stillness.

Rory and I further explored impulse control with his preferred spinning movement. As we began to move, I vocalized the word “freeze” randomly to see how Rory would react. At first, he did not respond and I was unsure whether he had heard me or not. After several tries, I realized that Rory did in fact hear me, as evidenced by his eye contact. However, he was unable to control his body and bring his movement to a pause. This vestibular spinning movement was over-stimulating for Rory as he became fully immersed in it as a preferred action. He was unable to respond to my verbal cue, and in this moment, I realized that I was not meeting Rory where he was. As I thought about Rory’s response to my intervention of freezing, I asked how I could alter my own approach. It was then that a light bulb came on for me as one word came to mind: *music*.

Aware of Rory's love for music, I decided to turn our freeze movement activity into a form of freeze dance. Rory and I would spin together in the space and once the music stopped, we would have to discontinue our spinning and find still positions. With time, Rory was able to transition from an almost out of control spinning motion to complete stillness. The music was a successful approach in helping Rory to control his impulses. It is uncertain why adding music was so effective, but it could perhaps be due to Rory's strong connection with music, or his responsiveness to halts in music versus my verbal directive. Rory responded positively to the impulse control movement activity using music as an accompaniment.

My next goal was for Rory to be able to freeze his movement without the use of music. To help reach this goal, I incorporated a prop into the movement exercise along with vocalization. Rory and I began to move together with the Stretch-eez, a circular, spandex fabric band that works to balance the body. Rory then wrapped the band around his body, stretching it from his feet all the way around his shoulders. This band served as a container for Rory, holding him in a snug, tight and enclosed position. Rory's movement changed from being very free and indirect to more sustained and bound. The band instigated the change in movement quality, because it applied a weighted force around the outside of his body. Rory's movements out into space were much more difficult because he needed twice as much force in order to move through the band. I attuned to Rory's rocking using vocalization as I began singing a small jingle with the words "rocking" and "freeze," targeting the impulse control movement activity from previous sessions. Knowing how much Rory enjoys singing, I hoped that with time he would join me in this rhythmic jingle. Rory began to sing the jingle as he muttered the lyrics under his breath. We both repeated

the lyrics several times, as well as the rocking movement. What I found interesting was that I never directed Rory to freeze his body once the words had been sung. From practicing these impulse control activities in other sessions, Rory was able to remember the word *freeze* and what it meant cognitively as well as kinesthetically. For the first time, Rory was able to freeze his body and eye focus in a completely still position. Over the course of six months practicing this impulse control work, Rory was able to stop his body movement quickly and sustain a position of stillness for several seconds. The Stretch-eez prop aided the process as it helped contain his body, allowing Rory to feel secure as he concentrated on the jingle and corresponding movements of rocking versus freezing.

Self-Care and Motivation

During the time I have worked with Rory, I have found that self-care is critical to providing high quality movement sessions. My energy greatly influences our time spent together and impacts our sessions. It has been challenging for me to attend a session with Rory after attending classes all day, because it requires that I clear my mind of all the demands of graduate school. For the most part, I have been able to approach each session with great focus. By devoting one hundred percent of my attention to Rory and the movement work, the time not only moves faster but there is greater energy in the session.

It is challenging when I enter the session in a positive, upbeat mood and Rory presents with low energy and blunted affect. I question how I should handle the situation. I do not want to meet Rory in a place of negative energy because it will bring my mood down, making me less present in his session. I have noticed the correlation between Rory's mood and the use of music. Music can calm, relax, mobilize, energize, and regulate a person's body (Tortora, 2006, p. 311). As our sessions progressed, it became evident what impact the

music and rhythm had on Rory with both his engagement as well as his mood. Music, rhythmic activities and bodywork are integrated, as these mediums work together to foster self-expression. This creates relaxed states, improving the child's attention in activities (Mateos-Moreno, Atebcia-Dona, L, & Phil, 2013, p. 471). When Rory presents with a low energy, I begin the session at a slower pace with calming music as the movement slowly energizes us. I then gradually play music that builds in intensity as the movement evolves. As our sessions come to a close, I ask Rory if he was able to identify a change or shift in his energy level at the end, compared to the beginning. He reported feeling "More awake and less tired than before." From this response, I was able to observe Rory reflecting on the session in terms of his feeling state, and noticing how his emotions have changed.

I have come to the conclusion that if I enter the movement session tired and somewhat dragging, the time spent together is not as productive. When I approach each session as if it were the last, it brings a new and positive energy out of me that is beneficial for both of us. Walter and Peller, authors of *Becoming Solution Focused in Brief Therapy*, state, "Every session is the first; every session is the last" (1992, p. 141). In applying this approach in my movement sessions with Rory, my outlook and performance are enhanced. Each session we hold is a new experience and learning opportunity, and it is imperative to be aware of how our mood, energy and presence affect a session as well as the experience for the child.

Conclusion/Hopes for the Future

In my time with Rory, I was able to observe changes within our sessions in his movement qualities, engagement and affect. At the onset of our sessions, Rory presented with an energetic affect and upbeat mood. His posture was slouched and rigid and his

movements appeared to be large and quick. Rory had difficulty sustaining eye contact and engaging in the movement activities. With the implementation of a clear structure and routine, props, use of music, and dance/movement therapy assessment tools during our sessions, Rory and I were able to form and develop a trusting relationship. Now, after over a year-and-a-half of working with Rory, I have observed changes in his movement, engagement and affect within our sessions. Although his movements are still quick and indirect, Rory appears to have more control over his movements, making them more sustained as he accesses new effort qualities and tension flow rhythms during our session activities. Through exploring rhythmic activities and directional patterns in our sessions, Rory has practiced moving with a greater sense of balance and coordination, as well as increasing his engagement and range of movement qualities when we move together.

In our movement sessions, Rory has become more curious and is taking risks in exploring emotions as he continues to develop and expand his vocabulary and increase his understanding of what these emotions mean through movement. Rory has been able to relate to me on a deeper level, sharing his responses, reactions, and experiences in the session. My goals for working with Rory in future sessions are to strengthen our therapeutic relationship and for him to explore new movement qualities and their associated feeling states.

I believe that in time, Rory will be able to expand his movement repertoire further, giving him the ability to access a fuller range of effort qualities. My hope is for Rory to begin to utilize and recognize these movement qualities and feeling states. In turn, this will aid Rory in developing and maintaining relationships, allowing him to connect with his peers and his environment with more ease.

References

American Dance Therapy Association, (2009). Retrieved from <http://adta.org/About.DMT>

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-V* (5th ed.). Washington, DC: American Psychiatric Press.

Amighi, J., Loman, S., Lewis, P., & Sossin M. (1999). *The Meaning of Movement: Developmental and clinical perspectives of the Kestenberg movement profile*. New York: Routledge.

Autism Science Foundation (2014). Early Signs of Autism. Retrieved from <http://www.autismsciencefoundation.org/autism-early-signs>

Baron-Cohen, S. (1988). Social and pragmatic deficits in autism: Cognitive or affective? *Journal of Autism and Developmental Disorders*, 18(3), 379-402.

Center for Disease Control and Prevention. (2010). Autism spectrum disorders. Retrieved from <http://www.cdc.gov/ncbddd/autism.html>

Damasio, A. R., & Maurer, R. G. (1978). A neurological model for childhood autism. *Archives of Neurology*, 35(12), 777-786.

Demaine, K. (2009). Melody versus rhythm: The relative roles of melody and rhythm in music therapy for two boys with autism. In S. L. Brooke (2009). *The use of creative therapies with autism spectrum disorders*. Springfield, IL: Charles C Thomas.

DeMyer, M. K., & Goldberg, P. *Family needs of the autistic adolescent*. In E. Schopler & G. B. Mesibov. (1983). *Autism in adolescents and adults*. New York: Plenum Press.

Donnellan, A. M., Hill, D. A., Leary, M. R. (2013). Rethinking autism: Implications of sensory and movement differences for understanding and support. *Frontiers in Integrative Neuroscience*, 6(124), 1-11.

- Duggan, D. (1995). The "4's": A dance therapy program for learning-disabled adolescents. In F. Levy (1995). *Dance and other expressive art therapies: When words are not enough*. London: Routledge.
- Engelhard, E. S. (2014). Dance/movement therapy during adolescence: Learning about adolescence through the experiential movement of dance/movement therapy students. *The Arts in Psychotherapy*, 41, 498-503.
<http://dx.doi.org/10.1016/j.aip.2014.08.005>
- Erfer, T. (1995). Treating children with autism in a public school system. In F. Levy (1995). *Dance and other expressive art therapies: When words are not enough*. London: Routledge.
- Hardy, M. W., LaGasse, A. B. (2013). Rhythm, movement, and autism: Using rhythmic rehabilitation research as a model for autism. *Frontiers in Integrative Neuroscience*, 7(19), 1-9.
- Hartshorn, K., Olds, L., Field, T., Delage, J., Cullen, C., & Escalona, A. (2001). Creative movement therapy benefits children with autism. *Early Childhood Development and Care*, 166, 1-5.
- Janert, S. (2000). *Reaching the young autistic child: Reclaiming non-autistic potential through communicative strategies and games*. New York: Free Association Books.
- Koegel, L. K. (2000). Interventions to facilitate communication in autism. *Journal of Autism and Developmental Disorders*, 30(5), 383-391.
- LeFerber, M. M. (2009). The movement's message: Dance/movement therapy and children with autism. In S. L. Brooke, *The use of creative therapies with autism spectrum disorders*. Springfield, Illinois: Charles C Thomas Publisher, LTD.

- Levy, F. J. (2005). *Dance Movement Therapy: A healing art* (Revised Ed.) Reston, VA: AAHPERD
- Levy, F. J., Fried, J. P., Leventhal, F. (1995). *Dance and other expressive art therapies: When words are not enough*. New York: Routledge.
- Loman, S. (1998). Employing a developmental model of movement patterns in dance/movement therapy with young children and their families. *American Journal of Dance Therapy*, 20(2), 101-115.
- Lorenzo-Lasa, R., Ideishi, R., & Ideishi, S. (2007). Facilitating preschool learning and movement through dance. *Early Childhood Education Journal*, 35(1), 25-31.
- Malekoff, A. (2014). *Group work with adolescents: Principles and practice* (3rd ed.). New York, New York. The Guilford Press.
- Marcus, L. M., Kunce, L. J., Schopler, E. (2005). Working with families. In F. R. Volkmar., R. Paul., A. Klin., D. Cohen. *Handbook of autism and pervasive developmental disorders* (3rd ed., Vol. 2). Hoboken, New Jersey: John Wiley & Sons, INC.
- Martin, M. (2014). Moving on the spectrum: Dance/movement therapy as a potential early intervention tool for children with Autism Spectrum Disorders. *The Arts in Psychotherapy*, 41, 545-553. <http://dx.doi.org/10.1016/j.aip.2014.10.003>
- Mateos-Moreno, D., Atebcia-Dona, L., & Phil, D. (2013). Effect of a combined dance/movement and music therapy on young adults diagnosed with severe autism. *The Arts in Psychotherapy*, 40, 465-472. <http://dx.doi.org/10.1016/j.aip.2013.09.004>
- Mendelsohn, J. (1999). Dance/movement therapy with hospitalized children. *American Journal of Dance Therapy*, 2(1), 65-80.

- McGarry, L. M., & Russo, F. A. (2011). Mirroring in dance/movement therapy: Potential mechanisms behind empathy enhancement. *The Arts in Psychotherapy*, 38, 178-184.
doi: 10.1016/j.aip.2011.04.005
- Robledo, J., Donnellan, A.M., & Strandt-Conroy, K. (2012). An exploration of sensory and movement differences from the perspective of individuals with autism. *Frontiers in Integrative Neuroscience*, 6(107), 1-13.
doi: 10.3389/fnint.2012.00107
- Scharoun, S. M., Reinders, N. J., Bryden, P. J., & Fletcher, P. C. (2014). Dance/movement therapy as an intervention for children with autism spectrum disorders. *American Journal of Dance Therapy*, 36(2), 209-228.
doi: 10.1007/s10465-014-9179-0
- Shore, S. (2008). *Getting to know you: Success in ASD communication and social interaction*. In R. Parish (Ed.), *Embracing Autism: Connecting and communicating with children in the autism spectrum* (pp. 61-72). San Francisco, CA: John Wiley & Sons.
- Sheets-Johnson, M. (2010). Why is movement therapeutic? *American Journal of Dance Therapy*, 32, 2-15.
- Solomon, A. (2012). *Far from the tree: Parents, children, and the search for identity*. New York, NY: Scribner.
- Tortora, S. (2006). *The dancing dialogue: Using the communicative power of movement with young children*. Baltimore, MD: Paul H Brookes Publishing Co.
- Walter, J., Peller, J. (1992). *Becoming Solution Focused In Brief Therapy*. New York, NY: Routledge.

Wan, C. Y., Demaine, K. Zipse, L., Norton, A., & Schlaug, G. (2010). From music making to speaking: Engaging the mirror neuron system in autism. *Brain Research Bulletin*,

82, 161-168.

doi: 10.1016/j.brainresbull.2010.04.010