



# Singing

# JOHN'S Song

BY NICOLE COOLEY

*Mom, Nicole Cooley, routinely writes little jingles to help John learn new information. Recent songs include the days of the week and months of the year.*

“What’s your name?”

I cringed inside when the well-intentioned question was directed at my son, John. Invariably, the response of my three-year-old was the same - a blank stare followed by an uncomfortable silence.

John could talk. It was about trains mostly or a barely recognizable rhythmic babble which closely followed the exact pentameter of a bedtime story read to him the night before. But John didn’t ever answer verbal questions. He would respond sometimes to questions that were combined with gestures he recognized. John lived in his own world, one we could only visit. He rarely entered ours.

I knew John had musical sensitivity – that tones and rhythm made some ‘connection’ within him that words alone didn’t seem to do. From birth, he cried whenever music played around him lacked strong, steady rhythms. Those soft, soothing lullabies of childhood were never his favorite tunes. In one video, we habitually fast forwarded past “Air on a G String” to avoid his screaming during “the balloon song.” He peacefully drifted off to sleep to his father’s rock and roll guitar strumming songs like “A Hard Day’s Night.”

Musical myself, I also felt that unspoken bridge that melody can build within us, and decided to try to use it more creatively to connect with John. I wrote him a song with a quick, definite beat. It went like this:

*What’s your name?  
John! John! John!  
What’s your name?  
John! John! John!  
I’m John Cooley!  
I’m John Cooley, I am three  
I’m glad that you’ve met me!*

He loved it! Later when he heard the verbal question, that song seemed to make the connection he needed and John began to answer when asked his name. I filed this away and started to look for other ways to use music to communicate with my son.

John’s “developmental delays” were not clarified into a formal medical diagnosis until the age of five, when his behaviors became known to us as High Functioning Autism. By this point, I had begun to home educate John because the over-stimulating pre-school classroom proved to be a disaster for my highly sensitive son. I learned to routinely write little jingles for John to help him learn new concepts. Music provided the glue to make information stick in his brain.

We started private “traditional” Music Therapy in our home shortly after John’s diagnosis. Susan Zeller, a board-certified music therapist, evaluated John and set goals to reinforce those in his Speech Therapy. Later as needs in fine and gross motor skills were identified, she also incorporated relevant goals into his sessions with her. Tiny finger cymbals worked on pincher grasp and marching through the house hitting drums in beat honed his gross motor and visual-motor coordination. John also learned “social skills” songs. His desire for a special instrument required him to “use his words” to ask for it. Sessions were carefully structured to accommodate sensory integration problems and create a supportive learning environment for John.



*John’s brother participates in group time to work on social skills, including turn taking and appreciating another’s efforts.*

Later when we tried removing dairy and wheat from John’s diet, Ms. Zeller was able to objectively confirm the changes in symptom severity I observed. While John’s intervention program encompassed a variety of different options, from speech/language to behavior modification to biomedical, Music Therapy was an integral component overall. It reinforced gains in other disciplines, and in my opinion, dramatically increased the speed of their success.

The most substantial results came in John’s speech and language skills. At the start of therapy, he tested in the bottom first percentile for his age in total language skills. Of particular difficulty were his expressive and receptive language skills (not uncommon within the autism spectrum). When I watched John struggle to communicate, I could almost see the words running “laps” in his brain before they were processed, only to make still more “laps” before an answer would reach his lips. Talking exhausted him mentally. After speech therapy, he would tell me, “No more talking!”

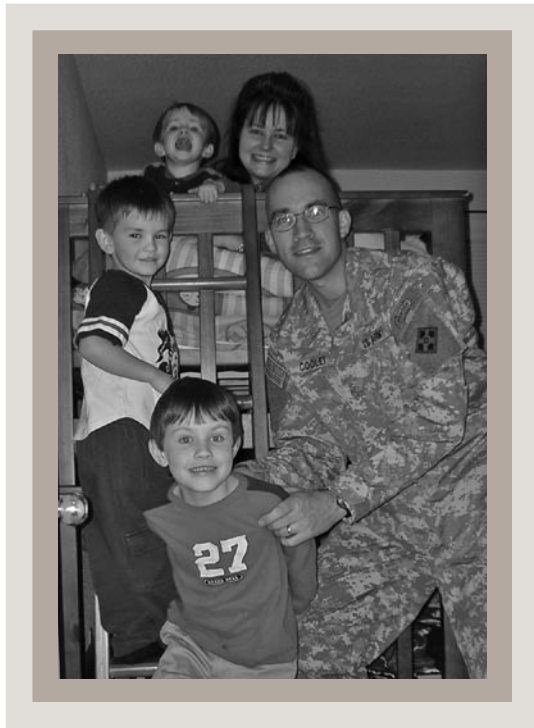
After 18 months, his scores rose by over 30 standard points, moving him into the average range of language skills with one test putting him at the 66th percentile. Auditory processing is still a challenge for John, but now he appears to run only four or five “laps” instead of 30 before he responds! These days, Ms. Zeller challenges John in therapy with singing rounds, forcing him to concentrate and discriminate sounds to stay with his part. Filtering out background noise is very difficult for John, and Music Therapy is teaching him this skill in a non-threatening way.

Ms. Zeller now incorporates John’s younger brother for a portion of therapy time to work on social skills and turn taking. Now seven years old, John is beginning to respond to the needs of others and often surprises me by maturely yielding a sought-after toy to one of his younger siblings. John still likes to retreat to his own world, but we now can bring him out when it’s time to “be real.”

Research has shown music crosses the hemispheres of the brain more readily than normal verbal communication. The American Music Therapy Association (AMTA) states on its website that “because music is processed in both hemispheres of the brain, music can stimulate cognitive functioning and may be used for remediation of some speech/language skills.” This is one of the reasons why the “ABC Song” is so effective!

For children with autism who are ‘attuned’ to music, Music Therapy can be a valuable addition to the child’s intervention/training program. From my observations, I believe music helps forge more connections and pathways in the brain, reducing the processing time in typical verbal communication.

Today when you ask my son, “What’s your name?” – be prepared for a speech! There are no strangers in John’s current world, as every new person quickly learns when John says, “I’m John Cooley. I’m seven years old. This is my brother Robert. He’s four years old. That’s my baby brother David...” John continues to thrive on a GFCF diet and excels in his home-based education program, coordinated through the



Colorado Virtual Academy, a public charter school. Music Therapy remains an integral part of John's program in conjunction with other medical and school-based therapies and social skills groups.

For John, music set the stage for him to connect with and process the world around him. His melody lay dormant within him - we just had to learn how to sing John's song!



For information on how music therapy can help individuals with autism, contact the American Music Therapy Association at 301.589.3300 or visit their website: [www.musictherapy.org/factsheets/autism.html](http://www.musictherapy.org/factsheets/autism.html). Susan Zeller, a music therapist based in Colorado Springs, CO may be contacted by calling 719.634.5643 or through her website, [www.musictherapyworks.net](http://www.musictherapyworks.net).

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## AS APPEARED IN



January - February 2006

Since 1999, offering practical information and strategies to improve the lives of children and adults with autism spectrum disorders.

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A Future Horizons publication