

IMPROVISATIONAL MUSIC THERAPY (IMT) GUIDELINES

Improvisational music therapy involves the therapist and child spontaneously co-creating music together using singing, playing, and movement. The music therapist follows the child's interests and focus of attention which aims to facilitate the child's social communication development (Geretsegger et al., 2015). Crucially, improvisational music therapy is child-led and aims to facilitate a strong sense of personal agency and autonomy. Previous studies have identified that music engagement is more likely to benefit health and wellbeing when the individual has a greater sense of agency in the musical interaction (Howlin & Rooney, 2021; Howlin, Stapleton & Rooney, 2022; Saarikallio, Randall & Baltazar, 2020; Fritz et al., 2018). However, sessions will also often be carefully structured with improvisations weaving in and out of familiar songs or pre-composed music. During the improvisations, the music therapist may often create a balance between following and leading the child (Oldfield 2006, pp.41-91).

The following guidelines are presented for carrying out IMT sessions with autistic children. It is suggested that these are applied flexibly according to the client within the therapy process. This treatment guide contains information on setting, musical media, goals, and basic principles for treatment.

Setting

IMT for autistic children is offered in an individual setting. The sessions will occur twice weekly for 30-minute sessions over a 12-week period, in addition to support as usual. The session might need to differ from the chosen duration to meet the needs of the child in the moment if necessary. While some different instruments or activities may be available from session to session, the general physical environment should, if possible, remain consistent and predictable for each individual participant. A core set of instruments will be provided and each therapist may also include others depending on their own preferences and their observations of each child. The music therapist will record the instruments played in each session in the music therapy log. Covers (for example a cloth sheet) will be provided to enable therapists to manage the visual stimulation in busy visual environments. The therapist can drape the sheet over objects that may be distracting for the children.

Each session will be recorded on a video camera provided. The camera must be positioned and set up so that it can capture the sounds and images of both child and music therapist.

Musical Media

All aspects of musical expression, vocal and instrumental, are used to interact with the child and to assess the child's ability to interact musically and socially. Expression and behaviour that can be perceived in a musical way is also incorporated as a means of interaction in IMT. Precomposed songs or recordings of music may also be used, for example to establish a shared focus of attention, as a starting point for improvised music, or to provide periods of rest in between therapy sequences that may be more demanding for the child due to increased social awareness requirements.

Goals

The music therapist will set treatment goals that meet the child's individual needs and specific competences. By choosing individualised developmental goals for each phase of the intervention, the therapist guides the therapy process, enables the child to gradually expand the child's abilities in targeted areas of development, and is also able to evaluate progress and outcomes of therapy. The goals will be recorded in the child's clinical notes, which will be stored onsite, according to each school's policy.

Principles

Listed in the table below is an overview of unique and essential, essential, compatible, and proscribed principles in IMT for children with ASD, and their corresponding rationale, therapist's attitude, activity category, and examples. The table is based both on work done by Geretsegger et al 2015 for the Time A RCT trial and Oldfield's clinical experience in this field (Oldfield 2006, 2016).

	Principle	Purpose/ Rationale	Attitude	Category of Activities	Example/ Technique
	Use music making, including improvisation, to provide a holding, reassuring and predictable structure to the sessions. Often	Provide a safe and reassuring environment to enable the child to feel at ease	Tailor and adapt musical offerings to the child's likes and dislikes and mood of the moment. Also make clear endings to a shared activity just before the	Present musical structures with conviction and enthusiasm, while adapting to the needs of the child	A hello song may initially be sung on the guitar but then move to the keyboard to follow the child's interest. A structure may evolve where a gathering drum is

Unique and Essential	this will involve a "Hello song" or greeting activity, and a prepared musical ending		child seems to be losing interest and needs to move on.		always played in one corner of the room, and a shared improvised piano duet is played towards the end of the session
	Engage the child through providing a wide range of musical styles, instruments, interactions and musical games	To motivate the child to attend, be present and interact	To use the child's particular musical interests to widen the range of musical possibilities available to the therapist and the child	Think creatively about different ways of using music with each child	The therapist may bring in an orchestral instrument such as the clarinet to create an improvised musical exchange with the child's recorder or reed horn playing.
	To improvise and engage with the child's movements	To enter into the child's world and provide motivation for the child to interact	To watch, listen and be inspired by the child	To improvise freely around the child's movements, also incorporating interactive dance and movement exchanges	The therapist may play the keyboard to accompany the child's walking, slowing down and stopping, to match the child's movements.
	Facilitate Musical and Emotional Attunement	Increase opportunities for awareness of self, shared attention, social reciprocity, and relationship building	Follow the child's focus of attention, behaviours, and interests; meet the child where they are musically and/or emotionally	Create moments of musical attunement/synchronicity that may develop into emotional attunement/emotional sharing; incorporate the child's interests and skills	Respond to the child's utterances and behaviour using improvised music (e.g., by holding, mirroring, matching techniques)

Unique and Essential	Scaffold Interactions Dynamically	Increase opportunities for the child to comprehend, engage in, and initiate interaction	Meet the child's initiatives/behaviour as communicatively intended	While following the child's lead and musical ideas, form the child's expressions into recognisable musical forms, patterns, or motifs	Apply improvisational music therapy techniques (e.g., rhythmic grounding, shaping, exaggerating, extemporising, frameworking)
	Using improvised music making to create a balance between following and initiating	To provide opportunities for interaction, adaptability and negotiation.	To follow the child and enable the child to accept suggestions	The therapist moves in and out of following and initiating to reassure the child but also extend the child's capacity to follow and initiate themselves, and develop interactive skills	The therapist accompanies the child's rhythmic drumming on the keyboard but experiments with slight changes of tempo to encourage joint listening. If the child loses interest or focus the therapist returns to the child's tempo.
	Tap into Shared History of (Musical) Interaction	Facilitate predictability/feeling safe and secure	Present as playful and reliable interaction partner fostering the child's range of experience	Affirm the child's expression and actions; jointly create musical/social motifs and routines	Recognise and repeat the child's expression and actions in an attuned way, giving them a musical form and value
		Facilitate capacity for flexibility/ability to cope with change		Create moments where (musical) expectations are playfully violated	Include unexpected pauses and/or dynamic variation in improvised music; redirecting techniques
	Provide a Secure Environment	Facilitate predictability/feeling safe and secure; keep	Present as a reliable and responsible	Provide for consistency in therapy settings	Maintain similar arrangement of objects in therapy room and

Essential (but not unique to IMT)		the child's anxiety low	interaction partner		maintain some familiarity of instruments
				Respond to the child's behaviour in consistent ways	Avoid retreating from interaction partner into "observer" role
				Comment on/ explain interruptions and unexpected events	If it is necessary to terminate the session, explain why you find it necessary to do so
	Build and Maintain a Positive Therapeutic Relationship	Enable rapport and continuation of therapy	Present with interest, respect, and confidence	Understand/ reflect upon meanings of the child's and the therapist's behaviour	Display empathy during (musical) interaction
Essential (but not unique to IMT)	Follow the Child's Lead (Non-Directive Approach)	Facilitate intrinsic motivation	Follow the child's focus of attention, behaviours, and interests; meet the child where they are musically and/or emotionally	Incorporate the child's interests and motivations	Relate to a child's preference for numbers in making up a "number song"
		Keep the child's anxiety low		Match level of session/ interaction structure to child's needs	Allow the child to control certain aspects of the interaction; allow the child to functionalise the therapist; offer choices
	Set Treatment Goals	Meet the individual child's needs; guide and evaluate the therapy process	Enable the child to reach the respective next developmental stage in a certain skill area	Assess the child's competences, emerging abilities, and needs; choose intervention strategies and techniques tailored to an	If the child is aware of their own and the therapist's (musical) actions, foster reciprocal interactions

				assessed need in a specific area	
	Facilitate Enjoyment	Increase intrinsic motivation for interaction and opportunities for affect sharing	Present with positive affect, acceptance, affection	Incorporate the child's interests; create pleasant and joyful atmosphere	Display interest in the child and their behaviour and joy during (musical) interaction
Compatible (but not necessary)	Adjust Setting According to Families' Needs, Clinical Judgement, and Practical Possibilities	Facilitate generalisation of skills to everyday settings; support families in building safe relationships among family members	Consider the whole range of settings of the child's everyday life	Allow for participation of parents/ caregivers or other family members in the therapy session	Improvise together with the child and a family member in home environment
				Employ family member-mediated intervention strategies	Discuss with family members how they can employ musical experiences in interacting with the child; encourage parents to sing and vocalise together with their child