On October 30th, 2015, The Rebecca Center for Music Therapy at Molloy College hosted a conference titled International Perspectives on Improvisational Music Therapy and Autism Spectrum Disorder: Research and Practice. This conference featured leading music therapists from 7 countries around the globe, discussing current research at the forefront of music therapy and autism spectrum disorders. Topical areas included understanding common characteristics and cultural diversity of improvisational music therapy around the globe, working with the families through provided parent counseling, preliminary findings from the international TIME-A study on the effectiveness of improvisational music therapy, and discussion on future trends of music therapy for individuals with autism.

Highlights of the conference included a keynote from Dr. Kenneth Aigen, entitled Contemporary Social Movements in the Autism Community: Implications for Music Therapy Research. This presentation reflected a transformation in the dialogue of the autism community, centered around notions such as neurodiversity, empowerment, and self-advocacy, to name a few. Aigen noted that even the notion of an “autism community” is a contemporary development, reflecting progressive social trends. The presentation examined these values and their relationship to music, considering the extent to which they have been reflected in contemporary music therapy research. Suggestions were offered on how they could be implemented in future directions of theory, practice, and research, in a reflection of this contemporary dialogue. Stay tuned, as this talk will be made available in the form of a podcast.
Trial of Improvisational Music Therapy’s Effectiveness for Autism (TIME-A):

What have we learned from 278 children in 9 countries?

Another highlight of the International Perspectives on Improvisational Music Therapy and Autism Spectrum Disorder: Research and Practice conference was Dr. Christian Gold’s presentation on Trial of Improvisational Music Therapy’s Effectiveness for Autism (TIME-A): What have we learned from 278 children in 9 countries? This presentation highlighted some preliminary points from the TIME-A research study; the study which brought these countries together in an international research effort. We had the opportunity to sit down with Dr. Gold during his time at Molloy to speak about the study and the direction of autism research:

**Jesse Asch:** Could you first remind us what TIME-A stands for?

**Christian Gold:** TIME-A is an acronym that stands for Trial of Improvisational Music Therapy’s Effectiveness for Autism. That’s the short version. It means many things, but I think one thing that it does communicate is that it was really time to do this study. It was really timely. We have had some smaller scale studies looking at effects of music therapy for autism. They are all summarized in the Cochrane reviews we have done and they all showed good results, but were somewhat limited. Typically, they had too few participants, too short time scales and they were a bit idiosyncratic. That means that one person investigating their most preferred method and then you don’t know, “Is it the method or the person?”

**JA:** So the method for this study focuses in improvisational music therapy. Why did you choose to focus in improvisational music therapy versus another modality?

**CG:** It makes a lot of sense, to me anyways, because children with autism have difficulties with communication. Language is about communication and music is also about communication. Music is most about communication when you improvise.

**JA:** Could you talk about how the study has grown since its initiation and the projects that have come out of it, even from the meetings that are going on these past few days?

**CG:** So, the overall project was constructed in a very streamlined way for a purpose, because we knew that we had to keep it simple. The overall frame to make it easy to make it feasible for people in lots of different places, contexts and settings. So it was a very thin, basic structure and that was part of the success that made it possible for so many people to join. But then we also opened up for collaborators, for side managers, to add their own bits and pieces; whether that is an additional outcome measure, as is being done here [The Rebecca Center], or whether it is something that looks into the processes that happen in the session, like has been done in several other places. Basically, there are not many limits as to what can be added. It does not mean that one is added at one site has to be added at all sites.

**JA:** There is going to be a lot of data to look at; the largest from a single non-pharmacological study in autism. Where do you see the relevance of the research as it moves along the lines; from the clinicians, to the parents, to the clients?

**CG:** I think there are a lot of things that we can see immediately when we, as therapists, work with children or we, as parents, see a child that has just experienced some therapy. There are a lot of things that don’t need to be researched because we see them already. But then there are other things that we don’t really see without looking more systematically. Over the decades if you look back into the literature, Juliet Alvin was one of the first, in the 1950’s, to report the beneficial effects of improvisational music therapy with children with autism. Then Nordoff and Robbins did something similar, in their own way, in the 1970’s. A lot of people have described, in descriptive terms, what they see with individual cases. These are beautiful case stories and we can learn a lot from these, but there are some things that we can’t learn. For example, we cannot learn so well for whom does this work best and what does it work for in a systematic way. In other words, if I send my child to music therapy, what can I expect on an average. One child might benefit more and another not so well. This is not something we can learn from observation of individuals. For that we need large sample sizes and systematic structures. This project is an important step on the way. It is not the end but an important step.

**JA:** From one of these projects, an article is coming out that is attempting to manualize aspects of improvisation as well. Is that right?

**CG:** Yes, without restricting them too much. Specifying the frame. We are kind of describing a box. You can see what’s inside, what’s outside, but there are still different things you could put into the box.

**JA:** That’s a great way of putting it. Is there anything else you’d like to add, before we go?

**CG:** One thing especially, in terms of parents. One thing that is great and has made this project a success in the enthusiasm of parents. So I would just like to thank them.
The Rebecca Center for Music Therapy is proud to introduce the newly formed Center for Autism and Child Development (CACD) at Molloy College!

The CACD serves as a center for clinical services, education, research and professional development around the issues of autism, and developmental challenges across the lifespan. The CACD offers comprehensive diagnostic evaluations and treatment across disciplines on campus including Psychology, Education, Nursing, Music Therapy, Speech and Language Pathology, Social Work and Clinical Mental Health Counseling.

Over the last few months, the CACD has begun to pilot programs including Diagnostic Evaluations, Parent Support Groups, Social Skills Groups and Educational Services. We are excited to share further developments for the CACD as we prepare to launch all our services to the public.

**Individualized Educational Services**

Our individualized educational services recognize the varied learning needs of students with developmental challenges through comprehensive and developmentally based educational experiences, including assessment and academic advancement, for children of all ages.

Contact: AutismInfo@molloy.edu or 516-323-3327.

**Social Skills Group**

Our social skills group provides an opportunity for your child to develop social skills, language and problem solving through interactive activities. We use developmental approaches to help your child engage, relate and create relationships through play!

Contact: AutismInfo@molloy.edu or 516-323-3327.
The Rebecca Center Staff

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The Rebecca Center
For Music Therapy at Molloy College

Our Mission
Our mission at The Rebecca Center is to use interactive music therapy interventions to facilitate relatedness, communication, and thinking while removing physical and cognitive barriers that prevent children with developmental challenges from engaging in essential social interactions and life processes.

Core Values
Music and the relational experiences intrinsic to musical-play are therapy when applied clinically. Interactive musical experiences can help a child with developmental challenges in many ways; fulfill the need to interact, socialize, communicate, achieve, learn and improve physicality. Musical-play can provide the unique experience of integrating multiple sensory stimuli simultaneously, facilitating self-regulation and sensory modulation. Musical-play can also generate effective interactions that foster reciprocity and creative thinking.

Changing Lives
Programs at The Rebecca Center are aimed at discovering the unique potential in every child through interactive musical-play, in order to facilitate engagement, relatedness, communication, and thinking. In creating a non-judgmental, musically and emotionally supportive therapeutic atmosphere, the child can discover emotional and behavioral self-regulation through engaging in interactive musical-play.

Family Fun

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Recent and Upcoming Presentations


The Artist’s Corner

The artist’s corner features creations from children and families right here at the Rebecca Center! Featured here is art by Blake.

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