ASSOCIAZIONE PRIMA MATERIA

danza musica teatro arti visive

Music and Resilience 2013-15

Music Therapy Research Report

Edited by Deborah Parker

Financed by the Region of Tuscany 'International Activities Integrated Plan 2012-15' Axis 1 International Cooperation

REGIONE TOSCANA

The National Institution of Social Care and Vocational Training

Beit Atfal Assumoud

In collaboration with NISCVT 'Beit Atfal Assumoud', Lebanon; Ulaia Artesud Onlus, Rome; Province of Florence; Empolese-Valdelsa Council Union; Montespertoli Council; San Casciano Val di Pesa Council; ARCI Empolese-Valdelsa; ERAM Music Therapy Florence; Finnish Psychologists for Social Responsability; Assopace Mola di Bari.

Acknowledgements

This publication, and the 2 years' development and research of 'Music and Resilience' which are its object, were made possible thanks to the trust conferred upon the association **Prima Materia** by the Region of Tuscany, as principal funder of the project. Almost simultaneously with confirmation of this grant, 'Music and Resilience' was awarded the Musical Rights Award for 2013 by the UNESCO affiliated International Music Council.

Sustained and supported in this way, and carefully nurtured by its partners, the project has grown and matured. Not only has it brought music therapy or community music (or both) to some 200 refugee children of Palestinian and Syrian origin, living in the camps of Lebanon, but it has also structured the research and exchange of good practices in psycho-social music support between some 50 professionals – music educators, music therapists, mental health specialists, social and community workers – in Lebanon, Italy and other parts of Europe.

I am honoured to tell the story of the music therapy in 'Music and Resilience' with my dear and respected Lebanese and Palestinian colleagues, Aya, Dalal, Hala, Ikhlass, Labiba, Liliane, Maha, Mohamad, Mona, Nivin, and with the children entrusted to our care (whose names have been changed for privacy protection).

Our thanks go to all our partners and supporters; in your name 'Music and Resilience' will continue to support Palestinians and all other peoples denied their homeland.

Deborah Parker

Contents

Abbreviations

ADHD	attention deficit hyperactive disorder
ASD	autistic spectrum disorder
CP	cerebral palsy
FGC	family guidance centre
MH	mental health
MR	mental retardation
MT	music therapy
M&R	“Music and Resilience” http://musicandresilience.wordpress.com/
NGO	non governmental organization
NISCVT	National Institution for Social Care and Vocational Training
PM	Prima Materia (association)

I Setting the Scene

Since 2012, the National Institution for Social Care and Vocational Training (NISCVT) 'Beit Atfal Assumoud' has been developing Music Therapy (MT) within its mental health (MH) programme, supported operationally by Associazione Prima Materia (PM). For the period 2013-15, 'Music and Resilience' (M&R) has been co-funded by the Regione Toscana, and supported by a large partnership from Italy and Finland.

M&R develops MT and Community Music resources for the protection of children and adolescents from the Palestinian refugee community of Lebanon, other refugees, notably from Syria, and underprivileged families in general; MT is proposed as a complementary treatment to therapies already offered (speech-, motor-, psycho-, occupational).

The MT area of the project has addressed three main objectives:

- the introduction of regular MT clinical treatment in NISCVT's 5 Family Guidance Centres (FGC) where MH care is offered;
- the development of MT skills in selected NISCVT staff, through regular training periods held by experienced European professionals, and from 2015, the enrolment of 2 staff members in a diploma course in Italy (with funding made available by Ulaia ArteSud Onlus, Roma through the

project “Band without Borders” sponsored by the Waldensian Church Foundation);

- the development of monitoring and evaluation tools for verifying the efficacy of MT in this specific context, in preparation for a future controlled research project.

This report aims to describe and analyse work done during the period 2013-15 and to assess future developments of M&R.

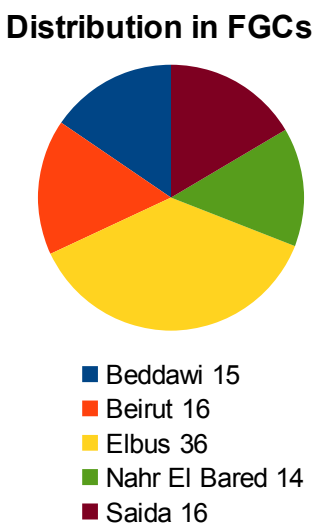
II Analysis of clinical study group

Following the evaluation of the project's 1st year (2012-13), the clinical treatment plan for 2013-15 made provisions for working with groups in MT, whilst maintaining individual treatment for some specific and severe pathologies. The MT team was given training in group therapy techniques, in particular in the alliance and cooperation between therapist and co-therapist, and in comprehending group dynamics. The following analysis refers to data collected over a period of 18 months and provided the basis for clinical and general project evaluation.

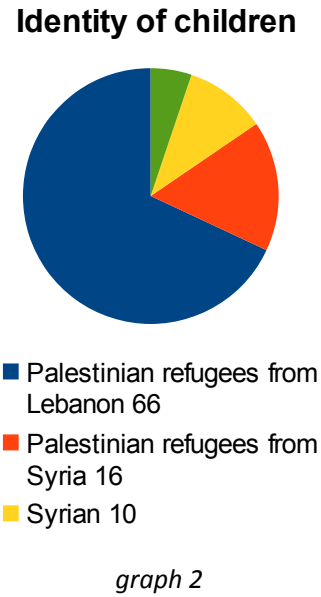
Distribution and Identity

In all 97 children were treated in NISCVT's 5 FGCs situated inside or just outside refugee camps throughout the coastal strip of Lebanon, from the North (Tarablus) to the South (Suur). The number of children treated in each FGC differed, in accordance with NISCVT's policy of autonomous development of each centre with respect to the local context. For example, the Elbus FGC was able to treat 36 children due to the adoption of a community-based healthcare approach which has resulted in a higher number of available staff for MT training and clinical work. Other FGCs, notably Beirut, have only one member of staff available for MT work. The study group was

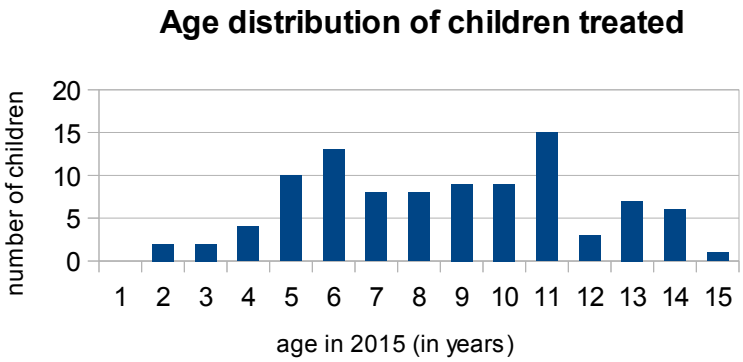
heterogeneous both in age, ranging from 2 to 15 years, and in identity, representing all the main disadvantaged communities in Lebanon today; the 'historical' Palestinian refugees in Lebanon (since 1948, or 1967), the more recently arrived Palestinian refugees from Syria, Syrian refugees, and Lebanese underprivileged. Graphs 1, 2 and 3 show the distribution of these factors.



graph 1



graph 2



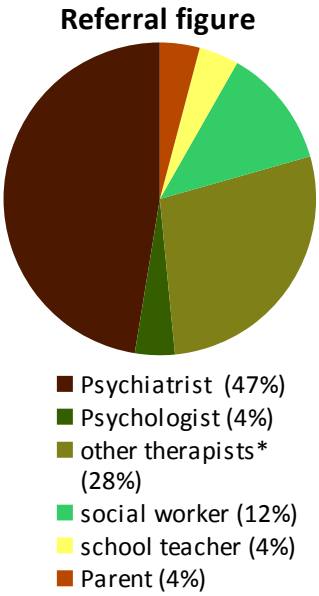
graph 3

Referral

Referral to MT is made in a variety of ways, both directly from within the FGC mental health environment (children referred by specialists) and indirectly from the community (referrals from social workers, school teachers and parents). Children referred from the community are always screened by the centre's child psychiatrist or psychologist, in order to define a first hypothesis of diagnosis and to set a preliminary treatment plan. MT is often suggested for these new arrivals in the MH environment, as a 'welcoming' strategy, due to its characteristic as a highly attractive and motivating activity, in order to establish trust and alliance, often in preparation for other therapies. Any initial parental doubts about this new therapeutic

means meet a sensitive response from the music therapists, who are prepared to give information about the practice and about possible positive outcomes for the children.

Within this study group, all parents reported high motivation and enthusiasm in their children, and in many cases impatience in waiting for the subsequent session. On completion of MT treatment, children who wish to continue music are offered a place in the community music groups.



graph 4

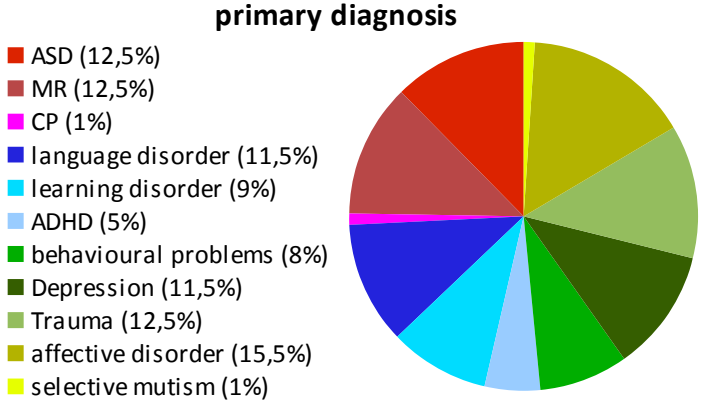
The distribution of referral figures for the period under observation is shown in graph 4.

Diagnoses

In accordance with the understanding that MT is effective in promoting positive change both biochemically (bottom-up) and psychologically (top-down), supporting improved functional integration at motor-sensory, affective and cognitive levels, MT is offered to the entire range of presenting disorders, in particular where there is a

strong component of emotional suffering due to depression, trauma or ongoing stress. These disorders are of course highly prevalent within the study group population; indeed the concept of 'toxic stress' can be seen as one of the defining elements of refugee communities living in socially and politically deprived conditions, without any prospects of resolution. We consider that 80% of the children of this study group have multiple diagnoses which reflect the primary or secondary influence of toxic stress.

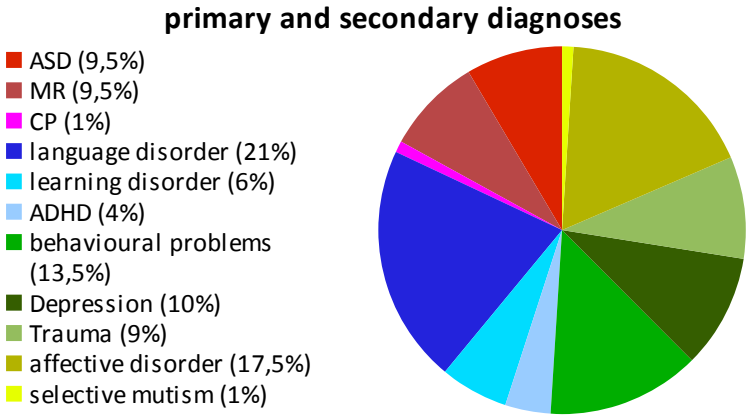
As shown in graph 5, primary diagnoses of trauma or depression account for 25% of the cases. A further 24,5% are diagnosed as behavioural or affective problems, which, given the deprived life conditions, can be understood as manifestations of toxic stress. Aetiologically this factor must also be considered concerning the diagnoses of attention, learning and language disorders, 25,5% of all cases. Of the remaining 26% of classically 'organic' disorders (ASD, MR and



graph 5

CP), toxic stress very probably takes its toll in the behaviour and performance of children manifesting ASD and MR symptoms.

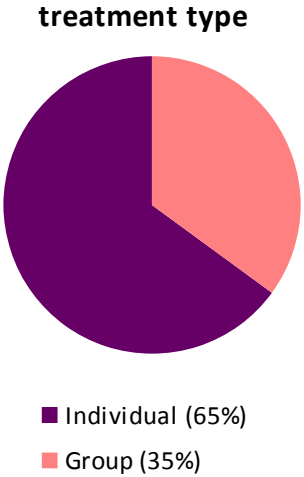
If secondary diagnoses are also taken into account (graph 6), specific trauma and depression are contained to 19%, with other behavioural and mood disorders increasing to 32%. Attention, learning and language disorders increase to 31%, reducing the proportion of 'organic' disorders to 20%. These proportions can be seen to reflect the influence of toxic stress as a primary or secondary factor of the study group diagnoses, given that toxic stress is known to disturb neurological development in children, which, in ongoing deprived conditions, leads to social, affective and cognitive impairment, immunological vulnerability and emotional dysregulation.



graph 6

Type of Treatment

In the FGCs which are equipped for group MT (ie. With sufficient staff availability), children referred to MT are allocated to individual or group treatment on the basis of clinical considerations discussed in MH team meetings. As shown in graph 7, the majority of children during the period under analysis were treated individually, reflecting the fact that group therapy was introduced after the consolidation of a year's individual clinical work. Group work was adopted primarily in Elbus and Saida FGCs, where more staff were made available for co-therapist support during sessions.



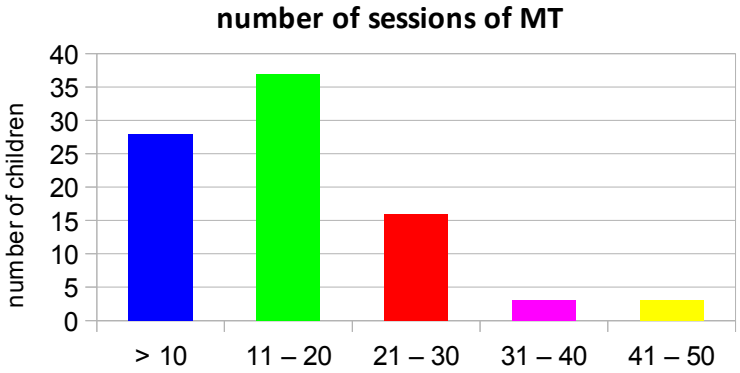
graph 7

Number of sessions

Graph 8 shows the number of sessions of MT given, (data available only for 87 children) Unfortunately, due to the precarious and unpredictable conditions of life for the families of the study population, the criteria affecting this factor were often not under the control of the mental health team. Drop-out cases were provoked by

suddenly changing family conditions (having to move away from the FGC area, inability to bring child, etc); these factors account for the children who had less than 10 sessions.

In a limited number of individual cases, treatment was given over a long-term period, for more than 30 sessions. Otherwise, and in particular for group work, treatment was limited to a 12-session cycle, with a MH team assessment to decide whether to prolong treatment for a further cycle.



graph 8

III Staff development

Training

The introduction, development and application of MT, within both the M&R project, and this very specific context of MH clinics in FGCs situated in one of the world's longest-suffering refugee communities, bears characteristics which differentiate it from many other similar projects offering MT support for deprived communities. Projects offering clearly defined clinical work in environments where local music therapists are not available have tended to bring in foreign professionals for limited periods, which makes sustainability very vulnerable. This was the case in one of the most important pioneer projects, coordinated by Nigel Osborne (University of Edinburgh, UK), for the development of MT services in the Pavarotti Music Centre, Mostar, Bosnia, during and after the Bosnia- Herzegovina war in the '90s. This project also clarified the insurmountable difficulties of developing clinical work where there is no medical infrastructure in which to situate the project:

> *The lesson of the Mostar experience is that a strong clinical base is essential for the proper functioning of an effective, generally therapeutic outreach programme.*
>
> (Osborne, 2009, p.334)

Osborne's important contribution to working with music in stressed communities is his bio-psycho-social framework of thinking (Osborne 2012), in which music finds its place in the spectrum of psycho-social interventions.

Similarly, the more recently formed and London-based 'Music as Therapy International' offers short trainings and long-term follow-up in what are termed 'music therapy skills' to local staff in several suffering communities of the world (in Romania, Rwanda, Peru, Occupied Palestinian Territories, India, Burma), for psycho-social music interventions, judiciously avoiding the clinical area, due to lack of appropriate infrastructures.

In the context of M&R, it was possible to envisage the development of clinical work in MT because of the rare circumstance of NISCVT's well-established MH tradition in its FGCs, consolidated after 20 years of experience. Despite the fact that Lebanon to date has no official training programmes for MT, and very little private practice - (what little there is is offered by professionals trained in France) – project planning has been oriented since the beginning to eventual autonomy for NISCVT, with qualified local internal staff. There is acute awareness that the series of training seminars given by European professionals within the project, presenting different models of MT (see action reports) can not substitute a full diploma course; for this reason, since 2015 psychologists Liliane Younes and Mohamad Orabi are enrolled in the 4-year Music Therapy Diploma Course in Assisi, with the prevision that in 2020 NISCVT will have 2 qualified music therapists amongst its mental health professionals.

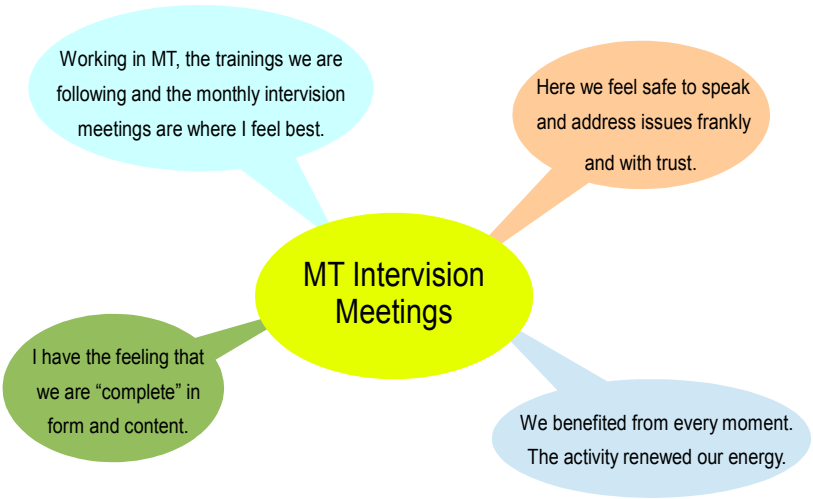
Intervision

In parallel to local staff training, from September 2014, the NIS-CVT MT team established a monthly intervision group for non-hierarchical clinical support. The team meets for one working day a month, with a programme led by various members in turn; a warm-up exercise, clinical case presentations and discussions, musical exercises and proposed listening, organizational and administrative issues. A detailed report is made immediately after each meeting, documenting the activities and the team members' comments.

2 intervision reports (October 2014, June 2015) form Appendix I of this research report. They reflect the growth and maturation of the MT team members in this very rare, but invaluable model of clinical support work, which sustains the development of each participant's capacity to reflect on both his/her own clinical work and that of others. The non-hierarchical nature of intervision promotes greater trust between team members, allowing them to share doubts and difficulties in clinical work without fear of judgement. The moments of playing during the meetings, including games, improvisations and dances, nurture and empower the team with authentic enjoyment, essential for self-care in therapists. Another important factor emerging from the meetings, and often emphasised during training seminars, is the acknowledgement that team members are not yet accomplished musicians; part of intervision is now is always devoted to 'musical skills improvement', led by coordinator

Liliane Younes who is the only member of the team to hold a music diploma.

The MT intervision group is unique in NISCVT's history; it facilitates regular and continuous sharing around the common theme of MT, for social workers and other staff representing all 5 FGCs, supporting improved communications between the centres. It is regarded by team members as one of the most positive elements of their work, as comments reflect:



comments from MT team members (quoted from intervision reports)

IV Preliminary research: IMTAP analysis

The project's 1st year of clinical work was evaluated by means of custom-built questionnaires to parents of children in MT, FGC staff and MH team specialists. The trainee music therapists all wrote a qualitative case study on a child they had worked with; these case studies were published in a small volume in Summer 2013. As the 2013-15 planning began, in response to a request from some MH specialists for a complementary quantitative evaluation with which to assess MT results, training was given in the use of the Individualized Music Therapy Assessment Profile (IMTAP), an internationally tested and recognised, comprehensive and flexible evaluation tool specific to MT, offering scores in up to 10 domains, covering motor, sensory, emotional and cognitive functions. On the basis of priorities chosen for MT objectives, and in order to facilitate efficient learning and use of the tool, the evaluation was limited to 3 domains – emotional, social and musical. In preparation for this preliminary research, data was prepared both qualitatively through the writing-up of case studies, 1 by each therapist, and quantitatively through IMTAP evaluations on almost 25% of the cases treated, forming an articulated account of clinical experience and progress.

Case Studies

The complete case studies are presented in Appendix II and offer a direct and evocative account of the reality of developing clinical MT among the refugee populations of Lebanon. Reading them brings home the intensely traumatic and stressful nature of all of these parents' and children's lives, shared by their health carers who for the most part are from the refugee community and live inside the camp boundaries. Raw trauma is luridly apparent in Walid's story, witnessing the death of both parents and 2 uncles in one rocket hit on their house during the Syrian war, before fleeing to Lebanon with his grandmother. Inherited trauma lurks in Esra's pathology, from the beginning of her life in the uterus of a bereaved mother mourning the loss of home and livelihood after the 2007 Nahr El Bared war. There is the trauma of abuse (Ahmad's story) and of home violence (Tariq's and Raya's stories), but the pervading backdrop is made up of a community life of political and social deprivation, intolerably unhealthy living conditions, with no foreseeable future improvement. In Freudian terms the community is castrated, rendered totally unable to react, denied any real field of action; within the modern 'ecobiodevelopmental' framework of thinking (J. Shonkoff, A. Garner, 2011), the community lives permanently under toxic levels of stress, with drastic consequences for physical and psychological development and well-being, in young and old alike. Contrary to common sense, as can be seen in this sample of cases, trauma is not always diagnosed; there is a hesitancy to label all

people in MH in this way, which would flatten the horizon of potential treatment responses, in an attempt to recuperate that essential sense of agency and ability to act creatively. Replacing the erroneous diagnosis of PTSD – there is nothing 'post' about the trauma of refugee life - the concept of toxic stress, which is evident in every case here, is becoming more useful as a framework in which to structure psycho-social support interventions.

Also evident from these case studies are the intensely difficult conditions in which the NISCVT MH team operates; continually we read of children on never-ending waiting lists for necessary therapies. NISCVT, a NGO relying entirely on charity donations, with no financial support from the Lebanese state, does not have sufficient funding to cover demand and is constantly juggling resources to guarantee basic services and find alternative ways of addressing community needs. Work conditions are by no means ideal, and we read of staff resignations, interrupting intervention plans. The refugee population from Syria is subject to sudden administrative obligations and formalities requiring days of queueing at offices instead of accompanying children to treatments. Life in camps such as Ein El Helwey is continually disrupted by armed conflicts, followed by security operations. All these factors, so pervasive in the case studies, undermine the regularity and constancy of MH care.

Yet despite all this, every case study reports positive change in the children who frequent MT, to greater or lesser degree. By European clinical standards, change happens relatively quickly, suspiciously so, until we take into account the context of extreme

deprivation; many children will never before have had the opportunity to be in a safe, clean and welcoming place where an adult is wholly available for them, even if only for 30 minutes a week. Once the child is sure of this 'safe haven' – and the specific medium of music, so evocative of primary communication, as Malloch and Trevarthen (2009) have shown, is an essential vehicle for this - his/her resilience shines through and progress is made without time to lose. At the end of Esra's story, we discover the child's effective strategy for 'in-forming' her therapist about her anxiety at Mother's new absence for work, using the therapy space she has come to trust. Musical learning abilities emerge in all children, paving the way for the consolidation of an expressive and communication means on which to build therapeutic intervention; sadly, however, often we read of the long waiting lists demanding that cycles of MT be limited to short-term interventions. As the music becomes more organised and predictable, so the child's emotional and social competences begin to become adaptable, and cognitive functions such as attention and memory begin to develop in support of learning. Beyond the children, parents are listened to, understood, reassured and supported, so that life at home and in the community can become more bearable, and they can be more available for their children.

The social workers struggle to provide adequate MH care and MT, well aware that they are a long way from being experts. There is very little musical detail of the therapeutic process in the case studies, indicating a difficulty in thinking in depth about this potentially powerful medium. 2 final comments in the case studies, from the 2

most recently integrated members of the team, Hala and Labiba, speak eloquently on this matter. The entire project M&R, and with it this preliminary research chapter, is a work-in-progress, requiring dedicated support and follow-up for the future.

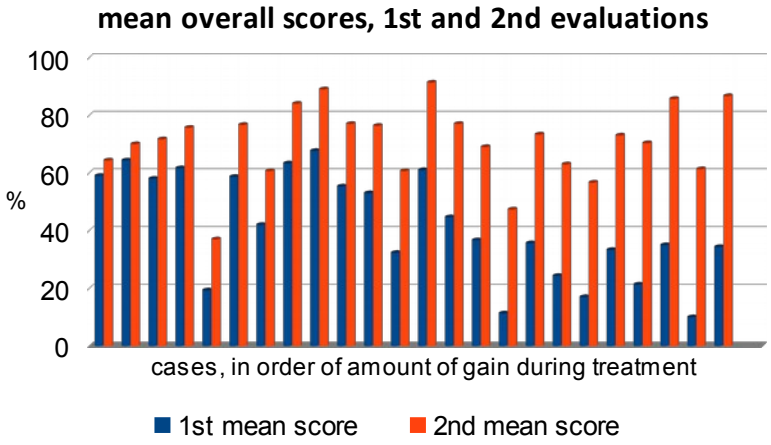
IMTAP Analysis

Of the 97 children treated in music therapy in the NISCVT FGCs during the period 1.1.2014 and 30.6.2015, IMTAP behavioural/functional evaluations were carried out in 3 domains – emotional, social and musical – on 24 children (c. 25% of the cases) selected randomly. For each case, evaluations were rated at the beginning of treatment and towards the end.

Children evaluated were treated either individually or within groups; for the latter cases, evaluation was rated individually within the group context. Treatment duration for the cases evaluated varied between 2 and 18 months, with a mean treatment duration of 7,5 months. Treatment frequency was set at 1 session a week. The clinical cases have been ordered by amount of gain during treatment.

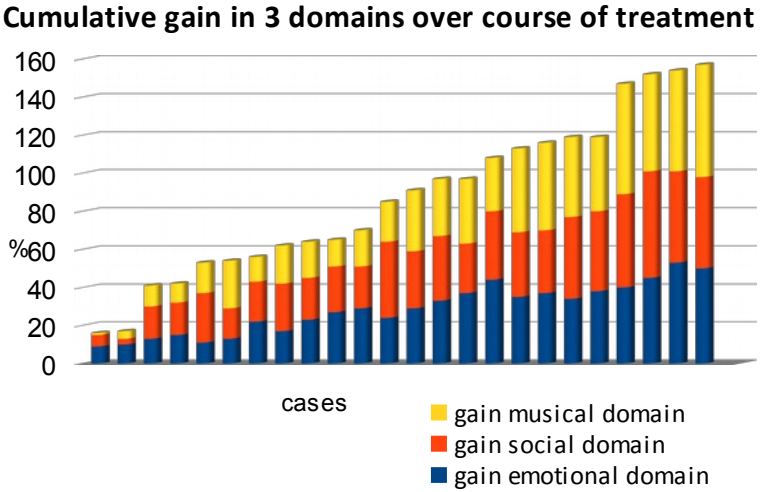
Graph I illustrates the mean score (in %) over the 3 domains for each case, at 1st and 2nd evaluations. In all cases the 2nd score is higher, showing that overall competence in the 3 domains improved in all children during the course of treatment.

Graph I:

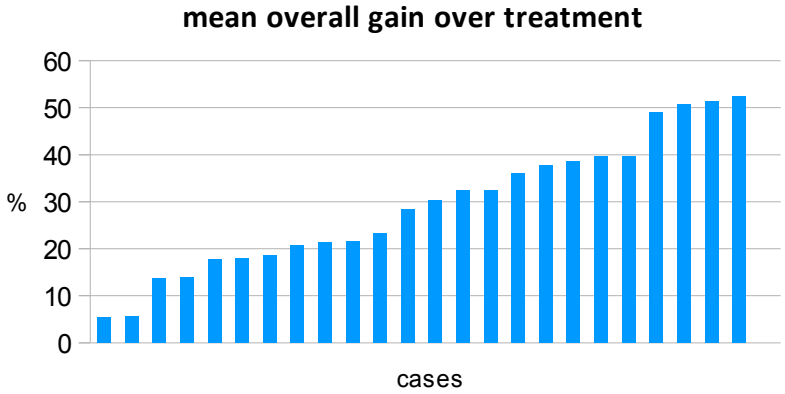


Graph II represents the overall cumulative gain for each case, divided into the domain scores from which they derive. For all cases scores improved in all 3 domains and, with few exceptions, in similar proportions. Each overall domain score represents a mean score of sub-domain evaluations, which give in-depth detail for a closer analysis of domain functioning. There is more variance within these scores for each child, depending on his/her precise difficulties; these details are not discussed in this analysis.

Graph II:



Graph III shows the mean overall gain for each case, from the lowest to the highest gain:



Very few other interpretations can be made on these data, given the high level of non homogeneity of the cases: difference in duration of treatment, difference in methodology (individual/group), lack of data as to regularity of frequency of treatment, etc.

Evaluation standards were crossed-checked for some cases but not for all; this is a necessary global control, for results to be trustworthy.

What this study shows is that MT is producing positive results in the domain areas selected for evaluation and that the IMTAP is potentially a useful tool for rating change in music therapy.

Appendix I Intervision Reports

October 2014

Intervision Meeting Date: 27 October 2014
Meeting Location:FGC – Beirut
Recorded by: Liliane Younes

Aims of the meeting:

1- Case presentation
2- IMTAP
3- Musical activity
4- Comments and closure

Timing and duration: the meeting started at 9:45 with 15 minutes delay and lasted until 13:00.

ATTENDEES

Name	Position	Center
1. Maha Hodroj	Community Worker -MT	FGC Elbus
2. Mona Al Marii	Community Worker -MT	FGC Elbus
3. Nivine El Murshed	Community Worker -MT	FGC Elbus
4. Mohamad Orabi	Psychologist -MT	FGC Saida
5. Aya Shahrour	Social worker - MT	FGC Saida
6. Liliane Younes	Psychologist -MT	FGC Beirut
7. Ikhlass Abdel Hamid*	Community Worker -MT	FGC Elbus

ABSENTEES

Name	Position	Center
1. Dalal Shahrour	Social Worker –MT	FGC Beddawi
2.Labiba Abdel Rahim	Social Worker –MT	Nahr El Bared
3.Hala Al Sayed	Social Worker –MT	Nahr El Bared

* Miss Ikhlas Abdel Hamid has been selected by the FGC Al Bass team to attend and follow the music therapy work in replacement of Suzane Mostafa.

NB: The three participants from the north couldn't attend due to the closed roads situation.

Case Presentation

Video recorded segment from a group session done by Mohamad Orabi and Aya Shahrour - FGC Saida.

Description of the segment:

Mohamad therapist, Aya Co-therapist, group of 4 boys (supposedly 5 but one is absent), ages 8 – 11, duration of the session: 40 minutes. A welcoming game from the therapist as the children come into the session; a singing activity with turn- taking by the children, followed by distribution of instruments and beginning of improvisational playing.

Comments from participants:

The welcoming game was a new way to start a session which everyone appreciated. The role of therapist and co-therapist were not very clear because of the way both of them were sitting (Aya

next to one of the children at the piano and Mohamad at their side). There were some directives given by the co-therapist for the child on how to play which was a little "educative". The piano was rather a barrier to a fluid communication between the group because of the way it was set. One of the children was in continuous attention-seeking process, making big movements especially since the co-therapist was rather attentive to the child sitting next to her. The music was a little dissociated especially at the beginning of the session. The very calm and stable attitude of Aya was very positive for the group despite all the disturbance seen. She was able to be all the time in control even if she expressed her inner anxiety during the discussions following the session watching.

Mohamad gave the group some informative background about the group; a common aspect was that the majority of them have lost one or both of their parents, that they are Palestinian Syrian (displaced from Syria). The diagnoses are: depression, suicidal attempts, agitation, negative self image due to family projections, jealousy.

Mohamad thinks that the piano is difficult to manage when working with a group. He made his best to be loyal and equal towards all the children but for him the piano was like an obstacle. Maha's point of view was that at the contrary the piano was the best "gift" we, as music therapists have received until now and that it has changed a lot in our way of work. Mohamad mentioned also that the mothers of the children have expressed their desire to attend a music session together with their children. The group feed-

back was encouraging about this idea but on the condition to explain to the mothers that it will not be regularly done.

IMTAP

Mohamad and Aya then presented to the group a sample of the IMTAP which they filled for 2 (out of the 4) children in the group. It was beneficial for the others to see and comments on some figures especially that some percentages raised some questions marks and hence emphasized the importance of making sure that the domains and numbers we work on are correct (always double check).

None of the other participants started yet filling the IMTAP. Aya reported that it took them a long time to be able to fill the sample.

Other questions and feedback from participants:

Maha exposed the case of a 10 year-old autistic boy whom she started following in therapy 3 years ago providing stimulation for cognitive skills. She recently started music therapy with him and both she and the MH specialists could see a big change and much more acceptance from the child to receive help through music. She mentioned that she now can work and reach her objectives with him in a better way and that he became noticeably cooperative and calm.

Music activity 1

Liliane proposed a musical activity:

A "mandala" drawing was distributed, participants were paired

asked to colour it together while listening to a piece of music entitled "Marco Polo".

Comments on the activity:

Some of the participants were disturbed by the voices of the others speaking while others did not even notice these voices due to concentrating on colouring and the listening. Mona mentioned that she was annoyed by the music at the beginning but then she began to like it a lot and felt a little frustrated when it stopped. She wanted the music to go on forever.

Mohamad said that he was able to create his inner protection despite was what going around (persons speaking...). Nivine was a little frustrated from Mona's remarks. Ikhlass was also a little annoyed by the music but liked it later on. The participants liked the activity and think that it could be used during their sessions with the children.

Music activity 2

A musical improvisation using instruments was then proposed by Mona and Maha, first with no directives at all and then by recalling one of the exercises done by

Davide Woods where participants gradually "enter " the music and withdraw from it.

Comments of the meeting:

1- Everybody expressed the "missing "feeling of the colleagues from the north despite a better acceptance of loss compared to last meeting.

2- The presence of Ikhlass was very welcomed and positive for the group, she also could feel a positive energy and a good "holding" for her from everyone.

3- The meeting gave answers to some of our questions; here we feel safe to speak an address issues frankly and with trust.

4- We benefited from other's experience (video session from Saida) in its positive and negative aspects.

5- Liliane informed the group about the meeting with Ms Mercedes Pavlicevic (October 2014) and the possible training with her in June.

She also proposed to send a PDF of one of Mercedes' books "Groups in Music: Strategies from Music Therapy" to everyone.

June 2015

Intervision Meeting Date: 16 June 2015
Meeting Location:FGC – Beirut
Recorded by: Liliane Younes

Aim of the meeting:

1- Musical Improvisation: Mohamad and Hala
2- Exercise: music skills improvement (Liliane)
3- IMTAP: follow-up
4- Data collection: follow- up
5- Case Studies: Progress of writing
6- Case presentation: Liliane

Timing and duration: the meeting started at 10.00 and lasted until 12:30.

ATTENDEES

Name	Position	Center
1. Maha Hodroj	Community Worker -MT	FGC Al Bass
2. Nivine El Murshed	Community Worker -MT	FGC Al Bass
3. Mohamad Orabi	Psychologist -MT	FGC Saida
4. Liliane Younes	Psychologist - MT	FGC Beirut
5. Hala Al Sayed	Community Worker -MT	FGC Nahr El Bared
6. Mona Al Marii	Community Worker -MT	FGC Al Bass

ABSENTEES

Name	Position	Center	Reason
1. Dalal Shahrour	SW -MT	Beddawi	1st meeting with Al Fayha
2.Aya Shahrour	SW- MT	Saida	Exams at the university
3.Ikhlass Abdel Hamid	CW-MT	Al Bass	Activities at the center
4.Labiba Abdel Rahim	SW- MT	Nahr El Bared	Activities at the center

Progress of the meeting:

Musical Improvisation: Mohamad and Hala

Hala recalled an improvisation exercise done with Davide Woods during the training of last August. Participants were sitting in a circle, everyone with an instrument. Without any sign or instruction one of them started playing, another followed and so on and in the same way players were retiring from the activity by stopping their playing without any prior instruction. This activity which could be done with children is important because it develops the “group feeling” and the ability to “sense” one another.

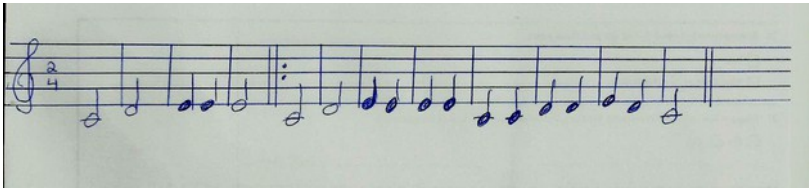
Mohamad informed the group about an activity done with parents of autistic children at FGC Saida to improve their communication skills with their children and to stimulate and motivate them for more verbal communication. The activity was done recently but as a way to celebrate (belatedly) the International Day of Autism 2nd April. Mohamad and Aya prepared a song, the objective of which was to invite every child to know his name and to react better to it.

Every parent says the name of his child; each grown up plays with one child game in couples), the child could sing or only dance, laugh, jump…) This was an activity Mohamad and Aya invented to reach some of the MT objectives: allow the children to be in a group, physical activity and movement, sensory aspect (holding the hands of the person in front of the child, motivating him for eye contact, touching an instrument …) being aware at the same time that these same objectives could be elements annoying or irritating the child. Parents were told about how important it is to spend qualitative time with their children and how to respond to their refusal, how to be patient and to avoid stress with them through this simple and short activity. Parents were very concerned about their children's symptoms and their meanings, but also by the fact that their children are mostly non-verbal.

The main topic of the song is about welcoming the child; Mohamad started the song with the group using percussion instruments.

Exercise: music skills improvement

Liliane proposed to give a better structure to the song through 3 simple notes (Do- Re – Mi). This was an opportunity to introduce the Music Skills improvement exercise which started already in the previous sessions. Together the group reviewed the musical notes, their forms and duration. The song was built accordingly using the 3 notes in the following way;



The group rehearsed the song and played it on the piano.

IMTAP: follow-up

The colleagues in Nahr El Bared still have difficulties using the program. Mohamad helped Hala at the end of the meeting on how it functions.

Data collection: follow- up

Most of the centres have sent the data relevant to the cases followed in MT. Liliane has still to add her data before finalizing.

Case Studies: progress of writing

Some members started already writing the case according to the points agreed on during last meeting. The text will be sent in Arabic to Liliane for translation.

Case presentation: Liliane (FGC Beirut)

Video fragment: session with new case Ussama, 6 years old, referred to music therapy for an attention problems and agitation symptoms; 2nd session.

Comments of the group:

A lot of agitation seen; lack of concentration; child still at the egocentric phase; no stable "context" or boundaries, child testing how far he can go with therapist; there is an inner aggressiveness in him; question about his vision and capacity to see clearly (wears eyeglasses); he is reproducing a model he experiences at home where there are no limits, an absent father and a depressed mother.

The group found that the piano is too big, invading the child who tries to control it. He has a good memory, he catches some of the therapist's reactions and the attention he is given, as if the therapist is a duplication of the mother and here appears the problematic relationship he has to her. Has in general difficulties listening. Less stimuli around him is a must. Using some motor /physical activities with him (which Liliane started already doing).

Next meeting, date and program:

Since Liliane and Mohamad will be absent in July for the course in Assisi, the group will meet again during the next visit of Deborah to Lebanon in August 2015. Intervision will be resumed in September 2015.

Appendix II Case Studies

Jana is a Palestinian refugee from Lebanon who lives in Ein El Helwey camp (Saida), which is renowned as Lebanon's most overcrowded and dangerous camp (75.000 people living in 1,5 sq km). Jana is 12 years old and lives with her parents and 3 other siblings; she is the 3rd child. She was referred to the FGC due to persistent learning and memory problems. Evaluations by the FGC specialists (psychologist, speech therapist, psycho-motor therapist) confirmed a diagnosis of learning disorder and referred her to a special school near the town. She presented some symptoms of depression, including poor emotional expression. Shortly after the diagnosis, in November 2013, the MH team referred her to group MT with the objectives of improving self confidence, expression and social skills, developing motor, orientation and coordination skills, and reducing depression. Jana attended 13 sessions of group MT over a period of 8 months, which was unfortunately interrupted for 2 months due to the resignation of FGC staff, necessitating the substitution of the music therapists; she was not referred to any other therapy during the MT cycle.

Jana's commitment to MT was high, supported by her parents' positive attitude. Initially she exhibited many social fears and was reluctant to interact with her peers. As time went on, however, she

began to behave more serenely and became part of the group, in the security of which she was able to increase her self confidence. Over the course of the sessions, she opened out to her peers, interacting spontaneously with them through musical form, and improved her ability to express emotion when provided with musical, verbal or physical support. She was affected by the frequent absence of some members of the group, hindered from coming regularly to sessions due to the security situation in the camp, which undermined her sense of safety. After 13 sessions, this treatment was concluded; the team considered that Jana had responded well and objectives had been met. The IMTAP evaluations support this conclusion.

Social worker / music therapist - Aya Shahrour

Esra was born in the Northern camp of Nahr El Bared in 2008, a year after the Lebanese Army offensive which razed the camp to the ground, officially as a security measure against armed extremist threats. Esra's mother and father (paraplegic from birth) had lost their home and their livelihood of a shop; the pregnancy proceeded through this traumatic and precarious period, and the family moved to Beirut after Esra's birth to try a new life there. In 2013 the family took up residence again in the newly reconstructed part of Nahr El Bared camp, and Esra, who had already been treated in the Beirut FGC,including MT, was referred to our centre for speech therapy and special education. She had been diagnosed with multiple problems

including poor eyesight, language delay, learning difficulties, and mild mental retardation.

Esra was referred to MT in our FGC in September 2014, with the objectives of improving her sensory processing, communication skills, attention and cognitive functioning. The complexity of her case indicated individual sessions, which were limited to 15 minutes each week on a long-term basis. Esra's parents were very committed to the treatment, and sometimes accompanied her together. At first Esra reacted very little to musical cues and avoided eye contact; she was hesitant to chose an instrument and was often distracted by other toys in the room. Her attention span was very short, and her music was disorganised and fragmented, with frequent changes of instruments and no real engagement. During the course of treatment, she began to relax and increase eye contact with the therapist, to play loudly and happily always on the 'darbuka', to laugh and to sing, naming her mother. A slow but consistent improvement was observed. Her attention span increased, enabling her to engage better and to follow activities through the session. She began to play simple rhythms with constancy and to communicate her thoughts and feelings to the therapist. These improvements were also observed by the special educator. Aware of Esra's progress, and her notable happiness after session, her parents became increasingly convinced of the importance of MT.

In July, Esra's behaviour suddenly changed; she became withdrawn and passive, refusing to participate in any music making, with her head in her arms resting on the table. This coincided with her

mother finding a job in a shop, which kept her away from home during working hours. In supervision, Esra's fragility and vulnerability to feelings of loss, abandonment and insecurity were investigated, in order to try to comprehend her changed attitude to MT as an ingrained coping strategy.

Social worker / music therapist – Hala Al Sayed
"I don't yet consider myself a music therapist. I believe I still need a lot of training and experience in this field to be able to improve my work with the children and help them appropriately."

Tariq is a 10 year-old Palestinian refugee from El Yarmouk camp, Damascus. During the recent Syrian crisis, his family was displaced to Lebanon and came to live in Elbus camp. Tariq's parents divorced when he was 1½ years old and his mother returned to her mother's home, where her sister and brother were also living. Tariq lives with his mother and elder brother under the authority of his maternal grandmother and uncle; violence is part of household management. Since coming to Lebanon, the family lives in extreme hardship, without income other than the insufficient support from UNRWA.

Tariq was referred to the Elbus FGC in February 2014, mainly due to speech difficulties and behavioural problems of irritability, stubbornness and violence. He was possessive, unable to share anything with others, and prone to provoking fights with other children, aided by his older brother. The FGC psychotherapist met with him and dia-

gnosed PTSD with depression and behavioural problems; he was put on the waiting list for speech therapy. Tariq's mother was also found to be in depression and was referred to psychotherapy and given home support visits; however she abandoned therapy, dissuaded from continuing by her relatives at home, whilst Tariq was still on the waiting list.

This prompted the referral of Tariq into short-term group MT in March 2014, with the objectives of improving his self confidence, emotional expression and regulation, social skills and interaction with other children. Sessions were weekly and lasted between 30 and 45 minutes. During the 1st session, Tariq avoided interaction and looked fearful and shy. He played alone and his playing was subdued and withdrawn. For the next 2 sessions he did not turn up, so a house visit was arranged to explain the importance of regularity to him and his mother. He then expressed his will to continue and became more committed to the treatment. As the cycle progressed, Tariq became more interactive, cooperative and creative. He was able to follow leads in music and movement, but also to take initiative. He acknowledged his presence in the group and began to accept turn-taking. He was happy to participate with the other children, playing and singing. He was able to share the piano with another child and even began to invite companions to sit with him at the instrument. His facial mimicry and body language relaxed and became more expressive, and at last we began to see smiles, which had been totally absent at the beginning!

Tariq responded well to short-term MT and when it ended, was

integrated into weekly psycho-social activities at the FGC, until a place can be found for him in speech therapy.

Community worker / music therapist – Nivin El Murshed

Ahmad is 6 years old, a Palestinian refugee from Lebanon, and was brought to the FGC by his parents in May 2014, with concerns for his mood and behaviour. He had become introverted and moody, isolated from his family and friends and mistrustful; his appetite had reduced as had his self esteem; he manifested fear and constant anxiety, and had become aggressive; his sleep patterns had become disturbed. He was seen by the psychiatrist and diagnosed with trauma and behavioural disorder, with the discovery that he had been a victim of abuse. Ahmad's parents were very concerned about the seriousness of their son's condition, and placed much trust in the FGC team. They listened carefully to all the guidance given them, and were highly committed to treatment plans. They were informed as to the possible benefits for Ahmad in MT, and requested that he should be given access to this treatment. Individual MT began in May 2015 and is continuing to date, with a weekly 30 minute session. In parallel Ahmad attends a psycho-social group at the FGC, for expressive skills (music, singing, dancing, drawing).

The MT treatment plan was defined together with the psychiatrist and psychotherapist, with continuous follow-up and supervision; objectives identified the need to improve self confidence by using positive reinforcement, encourage relaxation, and elaborate experience through role play exercises.

Supported by his parents' commitment and regularity concerning attendance at sessions, Ahmad has made good progress in MT, gaining confidence and becoming more responsive to music, with greater expression of emotions, including those relating to the abuse offences. He has developed a good rhythmic sense, which has helped him to organise time and space more coherently, and he is more motivated to develop the musical structures he builds. He is beginning to use visual and verbal communication more appropriately.

Social worker / music therapist – Dalal Shahrour

Raya is a Palestinian refugee from Syria, now living in the Nahr El Bared camp. She is 10 years old and lives in a very conflictual family group consisting of mother, 2 younger siblings, and a neglectful father who is intent on marrying a 2nd wife, is prone to violence in the home, and does not support the family financially. She was brought to the FGC by her mother, concerned about her irritability and stubbornness, and her refusal to interact with her. Observation of Raya confirmed a withdrawn, subdued and unmotivated attitude to all that was around her. She was diagnosed with affective disorder, referred to psychotherapy and integrated into psycho-social activities. Home visits began to support the mother in practical and emotional issues. At the same time, Raya was referred to MT for individual weekly sessions of 20 minutes; treatment began in March 2014 and continued for 1 year, with the objective of reducing psychological stress, complementary to other treatments.

Raya was very shy and very sad for the first period in MT. She

preferred to keep silent most of the time. She had a good musical ear, but was often distracted and distant, in her own world. Slowly her trust in the reliability and predictability of the MT session grew, allowing her to become more expressive and creative. She began to talk to me about her life, about her wishes and dreams. Her confidence grew, and she became more able to participate in group activities outside the MT sessions. Towards the end of the treatment period, Raya's father travelled to Europe to a better job which enabled him to support his family more efficiently; his absence from home also resolved the conflictual and violent atmosphere, improving the family's well-being and allowing Raya's mother to become more serene and fully responsible for the children's upbringing.

These circumstances helped to stabilize Raya; the team considered the objectives had been reached by 50%, which was regarded as a good result. It was decided to bring MT to and end. Raya expressed great sadness and the desire to pursue this work. She was reassured as to the possibility of continuing music in the psycho-social programme, where she is now enrolled, with the objective of learning an instrument.

Social worker / music therapist – Labiba Abdel Rahim

"One of the main recommendations I would make is in relation to my work and the need to improve it through continuous trainings under the supervision of a skilled music therapist, in order to be better equipped to help cases received."

Walid, 9 years old, is a Palestinian refugee born in Syria. His family home was hit by a rocket at the beginning of the Syrian war, killing both Walid's parents and 2 uncles before his eyes. He and his 2 older siblings fled across the border to Lebanon with their grandmother, who still takes care of them. They live in the overcrowded and high-risk camp of Ein El Helwey, in very unhealthy and deprived conditions; their house is situated in one of the most dangerous streets.

Walid's case was brought to the attention of the FGC by another family, concerned about his difficulties; he was severely withdrawn, his eating and sleep patterns were disturbed, he complained of nightmares, was very fearful of loud noises, and was permanently in a state of deep sadness. A first evaluation from the psychiatrist diagnosed trauma and anxiety disorder and referred him urgently to psychotherapy. During 4 months of psychotherapy, no real progress was noted; Walid was not really cooperating with the therapist and showed resistance due to personal fears of stigma very prevalent in his culture. The team decided to move Walid to a 6-month group music therapy cycle with other Syrian Palestinian children sharing similar stories. The objectives were to help him integrate in his peer group, reinforce his self confidence, reduce anxiety symptoms and support him in expressing his emotions, for example his sadness and fears, through musical means.

The regularity of MT was beset with many obstacles due to the highly precarious nature of life for displaced Syrian-Palestinian refugees – for 2 months sessions had to be suspended due to ad-

ministrative issues and formalities required of displaced persons from Syria - added to extreme security problems in the camp which often prevent residents from leaving home. The FGC also underwent some drastic changes following staff resignations necessitating reorganization of therapy plans and case-loads. Because of these problems, the period of MT was extended to 1 year (14 months with the suspension); during this time, Walid was able to attend 11 sessions of MT with 3 peers, moderated by therapist and co-therapist; he was not receiving any other treatment.

Despite this highly jeopardised cycle, Walid's progress during MT can be clearly seen, both qualitatively and quantitatively. From an initial attitude of tense withdrawal, passivity, silence and avoidance of the other members of the group, looking only to the therapist for support, after 3 sessions Walid began to move towards his companions, showing a desire to play and share activities with them, opening his relationship to them. His social skills improved and he began to feel secure and integrated in the group, which enabled him to access, express and regulate his emotions. He was able to overcome his feelings of inferiority and his attitude changed from an introverted to a more extroverted position; he began to show initiative in playing instruments and he was more able to adapt to changes in tempo, rhythm and dynamics.

The IMTAP evaluations for Walid, applied to 2 video recorded sessions over the treatment period, confirm these observations, showing a significant improvement in all three domains validated: emotional, social and musical. Together with observations made

during the final 3 sessions, Walid's regained strength and resilience with regard to external events and circumstances are evident.

Sub-domains	1st assessment	2nd assessment
Emotional Domain		
fundamental	63,00%	88,00%
Differentiation/ expression	65,00%	80,00%
Regulation	62,00%	95,00%
Self awareness	70,00%	90,00%
Domain total	**66,00%**	**89,00%**
Social Domain		
Fundamental	64,00%	100,00%
participation	74,00%	85,00%
Turn taking	65,00%	85,00%
Attention	77,00%	92,00%
Domain total	**70,00%**	**90,00%**
Musicality Domain		
Fundamental	68,00%	85,00%
Tempo	64,00%	89,00%
Rhythm	70,00%	88,00%
Dynamic	64,00%	82,00%
Domain total	**67,00%**	**86,00%**

IMTAP evaulations - Walid

Recommendations were made for Walid to be referred back to psychotherapy and to be able to continue his group progress in psy-

cho-social activities and in the Community Music program at the FGC.

Psychologist / music therapist – Mohamad Orabi

Firaz, a Palestinian refugee from Lebanon, was born in 2009 by natural childbirth after a normal pregnancy; his early childhood development progressed normally, affected by asthma due to allergies for which he took medication, and the necessity to wear glasses to correct a squint. Firaz' parents are 1st cousins; he has a brother 4 years older than him. The family lives in a 2-room apartment in Beirut; Firaz' father is a plumber, his mother does not work.

Firaz was brought to the FGC in November 2013; he was 4 years old by that time and developmentally in the phase of identity elaboration and self awareness. His mother complained of his behaviour, reporting that he was stubborn, aggressive and uncooperative. She explained that her husband, only earner, was almost completely absent in his parental role, leaving all educational matters to her; communication between the spouses was almost in-existent and no leisure activities were offered to the children. She was offered 2 psycho-educative guidance sessions, where it was observed that Firaz' attachment behaviour was very non-adaptive. He clung to his mother, but showed reluctance to interact with her and his very limited verbal expressive capacities appeared like a kind of mutism. The main symptoms seen in Firas during these sessions were: aggressiveness, stubbornness, omnipotence, jealousy, moodiness, instability of character and difficulties in accepting limits.

This initial contact with the family was followed by a 1½ year gap,

until Firaz' mother returned in March 2015, to seek help again for him, now 6 years old, and his 10 year-old brother suffering from encopresis. Through the psychiatrist, both boys were referred for individual MT which started immediately, with high commitment and no absence at sessions. The objectives were: setting boundaries and improving social response; increasing attention and concentration; developing cognitive capacities; improving motor skills.

During early sessions, Firaz manifested many signs of disorganization and destruction. However, in contrast to his former reluctance to interact, from the 1st MT session he established good trust and contact with the therapist. Other activities, such as drawing and games, were alternated with music activities, until his attention could be focussed. His interest in infant games, such as “peekaboo!” confirmed our suspicion of a “missed passage” in his attachment development, affecting the quality of his relationship with his mother. Progress was slow and inconstant, but gradually the music therapy sessions started to be better shaped, and we could focus more on the music in various ways, playing different instruments. Through this newly discovered musical medium, Firaz continued to present his problem. Overall behaviour was disorganized and disruptive, leading him to lose concentration and interrupt activities; his fragmented attention caused him to constantly search for something new to do, touch, discover and make use of in the room. He was seeking to be heard and seen by the therapist, and indirectly by the mother in the waiting room, attempting to communicate but with incoherence, particularly in his speech. At the piano he used his el-

bows, not his fingers, to hit the notes forcefully and hastily, creating ascending and descending sequences. With percussion instruments, structured rhythm was almost in-existent. However one particular turn-taking game caught his attention, played on the bombolophone (a hand-made hang-drum), one note each, with the rule to allow the note's resonance to expire fully before resuming play; often Firaz would anticipate his turn, breaking off the note's resonance, showing his difficulty in contrasting his impulsiveness with self-control. His omnipotence manifested itself in his need to lead the session and control the therapist, in an enactment of his behaviour at home, annulling his mother's role.

The team had originally planned a 3-month MT cycle of weekly sessions for Firaz. He was evaluated upon entry and after 3 months using the IMTAP scale, which confirmed the slight improvement in social and emotional domains as observed clinically. Based on these considerations, the team confirmed the need to continue treatment, which was extended indefinitely.

Music therapy has provided Firaz with a space and time he needed in relation to his family context where clear divisions were missing; the absence of his father from family duties, and the incapacity of his depressed mother to provide adequate holding and secure parenting have hindered this child's “healthy” development. The contorted, ambivalent attachment relationship which ensued was re-proposed by Firaz in the therapy room, but he discovered another type of relationship, where roles are more clearly defined and safer; his experience other response patterns has supported his in-

vestigation of different behaviours. He now knows that every session has a beginning and an end and that things will happen between these 2 frontiers. He is also aware, and can accept, that not every one of his demands will be satisfied and that some of his requests are to be postponed. MT is working as a mean to reach various objectives but we are very conscious that with Firaz these objectives need time; therefore we plan to pursue the sessions for the foreseeable future. Recommendations have been made that Firaz be referred to psycho-motor therapy in parallel with MT, and that he may later benefit from speech therapy, given his language difficulties. Psycho-education for the family as a unit is for us another priority, in order to provide the child with holistic care which will help him simultaneously in many levels.

Psychologist / music therapist – Liliane Younes

Zakaria, 8 years old, a Palestinian refugee from Lebanon, is an only child and lives with his mother who does not work outside the house, and his father who works in an electrical shop. He arrived at the FGC having been expelled from first grade school by the director, due to his incapacity to learn. He was spending most of his time at home alone, without any appropriate social stimulation. He grew irritable and aggressive, stubborn and agitated, causing his mother to seek help with his unruly behaviour. The FGC psychiatrist met him and observed speech difficulties, distraction and low level of concentration. He was referred for further evaluations, and to a short-term group MT cycle, 3 months of weekly sessions of 30-45 minutes

duration, with the objectives of improving his social skills and interaction, his self-confidence, his emotional expression competence and his ability to respect roles. He was also put on the waiting list for psychotherapy and speech therapy, and a psycho-social support plan was put in place for the family through home visits.

At first Zakaria's mother was doubtful as to the nature of MT and what it could do for her son. The therapist and co-therapist met with her to explain the method and the aims for Zakaria, which allayed he perplexities. Both mother and son were well committed to the treatment.

Zakaria was uncontrollable and uncontainable during the early group music therapy sessions, never able to sit still for long, moving round the room in a very agitated manner, grabbing instruments and playing them so loudly that sometimes they broke. He would play on the instruments the other children were holding, without asking their permission, and showed a particular animosity to one child who was very calm, always trying to take his instrument from him. He most often chose drums, used both hands to beat loudly, and was unable to wait his turn, either in playing or in speaking. As the cycle progressed however, his behaviour began to change, as did his way of playing; he began to be investigate the expressive qualities of other instruments besides drums. In particular the change became remarkably clear during the last 3 sessions. Zakaria was calm, respectful of his companions in waiting his turn, both for playing and talking. He participated more readily in group playing and singing, and tempered his dynamic range to reduce intensity. He was able to

tolerate, and even enjoy, sharing the piano with another child. Both his music and his behaviour became adaptive, and this had a significant positive impact on group interaction and communication.

The MT cycle has been completed, since the objectives set were considered to have been reached by the team. Zakaria's behavioural and speech difficulties require a constant follow-up for him, and he is still waiting for a place in speech therapy. The psycho-social support plan is still ongoing, and recommendations have been made for his integration into recreational activities, whilst waiting for the possibility to enrol him in a specialized school.

Community worker / music therapist Mona Al Marii

Rami is 4 years old and is a Palestinian refugee from Lebanon. He lives with his parents and sister, older by 2 years, in the city of Suur. Rami's mother in a nurse and his father works in a shop. After his sister's birth, his parents had great difficulties securing a 2nd pregnancy, and finally resorted to the costly solution of IVF, which resulted in Rami's birth. His sister is very loving and protective of her brother.

Rami's mother brought him to the FGC in February 2014, when he was 3 years old, reporting his very agitated behaviour and his poor verbal communication; she was aware of the developmental difference between him and other children of his age, and was determined to understand his problems, despite her husband's total denial that problems existed. Rami was seen by the psychiatrist and diagnosed on the Autistic Spectrum. He was immediately referred to

occupational therapy, and to speech therapy in an external clinic due to the long waiting lists in our centre. The team decided on referral also to individual MT, which he started in June 2014, with the main objectives of relaxing and calming him to contrast his agitation, aggression and habitual crying and to reduce his stereotyped movements, and to improve expressive-communicative abilities and raise his tolerance level to frustration. MT was considered a complementary treatment to the other therapeutic interventions, in an multidisciplinary approach. The objectives also included support for Rami's mother in understanding how to reach him more easily and how to stimulate communication; sessions with the child were weekly and 25 minutes long; every fortnight 15 further minutes were spent with Rami and his mother, to discuss progress.

At first Rami was uninterested in the instruments and only wanted to play with a ball. Only 2 instruments at a time were presented (e.g. piano and mouth organ, or piano and drum). After some time, Rami began to investigate the piano, playing on it with the therapist until his attention lagged, upon which he would return to the ball. In time he became familiar with the room,the therapist and the routine of sessions; progress was noticed in attention, communication, participation and interaction, turn-taking, frustration tolerance levels and following instructions, both by the therapist within the sessions and by Rami's mother at home. She became more acceptant of how Rami's difficulties, and more available for finding solutions. Recently she has been able to find him a special needs school. Unfortunately Rami's father is still in total denial of his

son's condition. Support for the family continues, as does individual MT, which has proved to be of significant benefit to Rami.

Community worker / music therapist – Maha Hodroj