SPRING

Prevention of and fight against crime:
a new initiative to identify best practices
in the alternative measures & treatment
programs and to organize a
European prevention campaign for youth - SPRING

WP 6 - Pilot action to validate the best practices identified in the project field and the use of music therapy applied in treatment programs

Deliverable 10

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Sommario

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1. Introduction

Drug addicts offenders suffer of a multi problematic situation: judicial, social and relational problems related to their addition.

As any complex situation, the fight against drug related crimes requires the deployment of multidimensional resources and interventions that take into account both the social protection and the care and rehabilitation of the drug addict offender. Within this framework, an integrated intervention that allows the psychological and social arousal of the drug addict might have a positive impact not only on the management of addiction, but also on the control of antisocial impulses and crime recidivism.

Many studies and researches have highlighted the need for the development of an effective drug related offences prevention and fight against strategy in which the focus can be shifted from imprisonment to treatment. Furthermore, an integrated treatment system is required to face the different aspects of the problem: addiction's symptoms management, treatment of the psychopathological condition and social reintegration of the addict.

The activation of processes of change during the recovery path of drug addicts involves internal aspects to the person and aspects related to the external environment. The alternative measures to detention can represent a new kind of treatment of addiction; however, the only external pressure is not enough unless it is sided by personal motivation and commitment (internal aspects). The identification of the treatment programmes (best practices) revealed music therapy as promoter of a process of awareness and activation of the change of the person.

Music therapy technique in rehabilitation paths aims to guide the person to a better perception of his/her cognitive and emotional experiences. Music therapy during rehabilitation as an alternative to detention provides the drug addict with tools that will enable him/her to acquire adequate levels of awareness and ability to manage the emotions and relationships as well as the management of the behavioural impulses.

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1.1 Spring Project

The European project "SPRING – Prevention of and fight against crime: a new initiative to identify best practices in the alternative measures and treatment programs and to organize a European prevention campaign for youth" aimed to fight recidivism of drug related crimes committed by young people in urban contexts, through the identification of best practices in alternative measures and treatment programs to detention for drug addicted offenders and prevention campaigns for youth.

In particular, SPRING actions aimed to contribute to:

- fight recidivism of crimes committed by IDUs and drug addicted in urban contexts and in juvenile age;
- reduce the number of new potentials drug users and therefore to reduce new potentials drug law offenders;
- disseminate and exchange best practices about alternative measures & treatment programs (with a special attention to music therapy) and about prevention campaigns;
- promote the understanding of EU policies in this field, among local authorities and NGOs.

The project activities have been:

- Analysis of local contexts relating to treatment programs and measures alternative to detention and prevention campaigns for young people in urban contexts;
- Identification of best practices in the field of alternatives measures for drug offenders, with particular attention to the use of music therapy and prevention campaigns;
- Testing of the best practices identified through pilot action in all the participating countries;
- Development of a prevention campaign against drugs.

The results of the research phase have been applied to a pilot action to validate the best practices the use of music therapy and to organize a European prevention campaign on

information and awareness on drug risks addressed to young people. The project activities have directly involved young adults (15-24 years old) drug law offenders under alternative measures & treatment programs, young adults in urban contexts to prevent them to drug use, national authorities and NGOs operating directly with drug offenders.

SPRING involved three European countries: Cyprus (Interfusion Services Ltd – IF), Bulgaria (Bulgarian Gender Research Foundation – BGRF) and Italy (Therapeutic Community "Maria Fanelli", project coordinator, and Associazione ISES).

This report presents the aim, the methodology and the results of the project pilot action consisted in the active experimentation of music therapy technique in rehabilitation paths as an alternative to prison with the aim to make patients feel their cognitive and emotional experiences.

1.2 Spring Project partners

Therapeutic Community M. Fanelli is a no-profit organization whose main purpose is social solidarity towards any situation of unease, both in adults and minors, with an enhanced focus on pathological subjects with drug dependence and physical or psychical unease.

According to its statute and objective, the Community has the faculty to:

- Realize and manage local care centres for subjects with pathological dependences, or affected by psychic unease, psychiatric pathologies or other forms of pathologic dependence;
- Operate for the prevention of psychic unease and pathological dependence, acting in connection with public structures and educative agencies present on the local territory, in order to implement strategies of care, prevention and rehabilitation for the unease;
- Offer assets and services directed to achieve social goals;
- Manage activities in the sector of agriculture, zootechnis, and crafts aiming to implement therapeutic rehabilitation programs, including farming or realization of products and their commercialization;

- Promote and organize training courses addressed to who operates or wants to operate in the field of unease;
- Promote and organize professional training courses for the subjects drop-out, encouraging the creation of entrepreneurial activities in the field of agriculture, crafts or services;
- Participate to programs and initiatives - at local, national or European level – to realize its statute aims;
- Promote and organize research activities, giving any contribution to analysis and clearness of emerging problems;
- Publish reviews or books with scientific orientation, related to the activities realized;
- Collaborate with private or public structures that manage social services;
- Offer services of support and therapy to families;
- Stipulate agreement with public entities, locals, economical, private, associations and societies.

The Community, since its foundation in 1993 has offered support and rehabilitation to 2000 patients, thanks to the job of its highly specialized staff and the capacity of its social housing structure (30 places).

In the last years, Comunità Fanelli has realized specialized training courses in the framework of the European Social Found.

InterFusion's manages to sustain a strong and close collaboration with a number of municipalities and communities in the island (Pegeia, Strovolos Paphos etc.). In this way its individual departments maintain the ability of constantly monitoring a variety of funding opportunities while processing a number of related activities on their behalf. Interfusion financing comes from various sources like various R&D activities, surveys and consulting services to its clients.

Bulgarian Gender Research Foundation (BGRF) is an NGO of public utility that promotes social equality and women's human rights in Bulgaria through research, education and advocacy programs. The BGRF is founded in June 1998 in Sofia. The team of the Foundation consists of

lawyers, academics, experts in advocacy, education, monitoring violations of human rights, lobbying for legislative changes, preparing publications, networking.

The BGRF has branches in Plovdiv, Haskovo, Gorna Oryahovitza. Since 2001 the BGRF has a youth department. Our vision is the recognition of the organization as an established international center of professionals in the field of gender equality, antidiscrimination law, domestic violence and reproductive rights.

We are guided by the European and universal values for human rights protection and we are working to implement good practices in our field of activity.

The most valuable resource for the BGRF from its establishment are the involved human resources. The BGRF has a dynamic team of people with common interests and goals – advocates, led by the principles of equality and human rights.

Most of the associates (co-operators) (lawyers, psychologists, social workers) have role and responsibilities in various projects and key involvement for their successful realization.

The organization has an established network of lawyers – mainly attorneys-at law, women and men from Sofia and other Bulgarian cities. They are qualified to conduct consultations and legal proceedings for victims of domestic violence and discrimination. They are professionals with significant experience in this field.

The BGRF counts on a strong team of young people in Sofia and in the country, who initiate social dialogue on major issues such as human rights protection and equality.

The main principles of our work are:

- implementation of gender approach and social justice approach in all activities of the organization;
- development of innovative strategies for protection of groups vulnerable to discrimination, violence, poverty and social isolation;
- development of opportunities for the stimulation of the potential of the individuals working for the BGRF through establishment of contacts at national and international level and broad opportunities for education;

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- acknowledgement of the priority importance of the development of partnerships with organizations and individuals in Bulgaria and abroad.

The **Istituto Europeo per lo Sviluppo Socio-Economico (**ISES) is a non-profit organization founded to spread European culture in Italy getting closer public agencies, businesses and the third sector to the EU institutions through the development of funded projects following their whole bureaucratic, administrative and managerial path in accordance with the rules laid down by the European Commission.

ISES writes, coordinates and manages projects in partnership with Italian and European universities and research centers, associations and public and private bodies, so to disseminate in Italy the added value created by the exchange of good practices and innovative methodologies developed by European projects.

ISES, with its members, develops projects with high social and cultural values for the territorial growth by participating in EU and national call for proposals. The projects presented by our Association, both as a main applicant/coordinator and as co-beneficiary partners, range from public health to culture, from education to social justice and R&D, participating in the calls launched by the Directorates General of the European Commission.

The process followed by ISES includes:

- the identification of open funding opportunities for potential participants in Community and national programmes;
- the support to potential participants towards the programme that best suits to the project idea;
- the research and identification of potential project partners at European and national level, selected according to their institutional requirements and their expertise;
- the support for the definition of the project and completion of forms, with particular reference to the procedural and financial aspects;

- the final assessment of the project proposal according to the requirements of eligibility for funding;
- the preparation of the negotiation of the grant agreement;
- the technical support in the management, reporting, promotion and dissemination of results;
- the financial audit, if required by the grant agreement.

In addition, ISES, in its mission of spreading the European culture, organizes training courses about EU institutions, calls scouting and Project Management of European projects, in order to disseminate, promote and attract on the territory of all the financing opportunities offered by the European Union.

ISES, as a non-profit association, periodically allocates part of its proceeds to charities.

The Association, to implement all its activities, avails itself of the collaboration of qualified professionals who have achieved over the years prestigious results in the design and reporting of transnational projects funded by European programmes.

ISES has a strong partnership with more than 200 bodies in Europe that operate in all economic sectors.

1.3 The Pilot Action aims

The main aim of the pilot action has been the assessment of the effects of music therapy on people with drug addiction in alternative paths to detention and to assess the most effective aspects of music therapy during the psychological and social recovery of the project target group: drug addicts who had committed drug related crimes.

For this purpose, the pilot action implemented a music therapy path involving a sample group of drug addicts with legal problems. This path has been tested in different therapeutic and rehabilitative settings in each project participating partner countries in order to assess its impact on the psycho-social conditions of the beneficiaries.

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Furthermore, the pilot aimed to provide some measurable and evidence based references on the efficacy and on the use of music therapy in the area of intervention tackled by SPRING project.

Finally, the pilot has represented for the project partners a good starting point for further investigation and research on the use of music therapy in treatment programs and alternative measures to detention.

1.4 The Pilot Action methodology

The pilot action, as experimentation of music therapy path has took place in all the three partner countries: Bulgaria, Cyprus and Italy.

The first step of the pilot action implementation has been the identification, in each partner country, of two groups of 10 drug addicts each of which at least 80% included inmates in alternative measures to detention. The two groups followed the same kind of treatment program in each country.

The two groups were an experimental one in which the music therapy path has been implemented, and a control group for the comparison of data and the control of other variables different from the music therapy path.

The settings in which the action has been carried out have been different according to the local contexts of each participating country (therapeutic community, daycare center, prisons and so on).

Except for the setting, the methodology followed for carrying out of the pilot action has been the same in all the partner countries:

- Identification of the two groups (an experimental one and a control one);
- Definition of the setting;
- Administration of an ex-ante assessment questionnaire;
- Rehabilitation activities with music therapy, every week for 20 weeks;
- Administration of ex-post assessment questionnaire;
- Analysis of the results in each country, comparison of the results and report writing.

Before the beginning of the music therapy sessions, an ex-ante questionnaire has been administered in order to assess the starting psychological conditions of the participants in each group. The following tests have been administrated:

- **MMPI 2** Minnesota Multiphasic Personality Inventory®-2 (Butcher J. N., Grahamm, J.R.). For the assessment of personality and psychopathological characteristics.
- **POMS** Profile Of Mood States (Douglas M. et al.). For the assessment of mood expression.
- **General Self-Efficacy Scale** (Schwarzer, R., Jerusalem, M). For the assessment of perceived self-efficacy.

The music therapy experimentation lasted 5 months (one session per week). The music therapy path has been carried out at the presence of an expert music therapist and a psychologist.

In order to evaluate the effects of the music therapy path, an ex-post questionnaire has been administered with the following tests:

- **POMS** Profile Of Mood States (Douglas M. et al.). For the assessment of mood expression.
- **General Self-Efficacy Scale** (Schwarzer, R., Jerusalem, M). For the assessment of perceived self-efficacy.

The initial assessment of the personality allowed to know the participants' psychological starting conditions in order to perform a more effective interpretation of the pilot action results. However, an ex post administration of the MMPI2 has not been possible since, from a clinical point of view, it is assumed that music therapy cannot change individual aspects related to personality, but only those related to the awareness of emotions and their expression in relation to the behavioural side.

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1.5 Definition of "music therapy"

Art therapy is a set of disciplines where the treatment is carried out through the use of techniques and materials belonging to the artistic languages such as theatre, dance, music and painting. The intervention may be aimed at prevention, treatment or rehabilitation and may be targeted to different users.

Psychosocial rehabilitation includes a number of methods, techniques, therapeutic and educational activities which aim at the recovery of the cognitive, social and psychological abilities, needed for the everyday life functioning of the person. Art therapy allows a preferential communication channel, as it uses symbolic language rather than words.

Music therapy is the discipline that uses music as a therapeutic tool. Music is a very powerful tool especially for its evocative and regressive value. Playing or listening to music, in fact, activate the hypothalamic areas of the brain related to the most ancient survival mechanisms, while the rhythm recalls the maternal heartbeat during the intrauterine phase. Through music, the connection with aspects of the conscious self is weakened, allowing to get in touch with the deepest parts of the psyche. In addition, music promotes physical and mental relaxation and improves physiological functions such as breathing, heartbeat and blood pressure. Music can be used in therapy with an active mode (producing music with different instruments, usually drums), and a passive one (listening to music tracks chosen by the therapist depending on the therapeutic purpose). The goal, generally, is to help the patient to explore the emotional experiences derived from the contact with music and deal with the feelings and memories aroused.

Music therapy is a type of treatment in which a mutual relationship between patient and therapist is established to allow changes in the condition of the patient and in the implementation of the therapy. The therapist works with a variety of patients, both children and adults, who may have emotional, physical, mental or psychological disabilities. Through the use of music in a creative way, the therapist tries to establish shared musical experience and activity that lead to the achievement of therapeutic purposes identified according to the patient's pathology.

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Music therapy is a relatively new discipline. However, there are many associations of music therapy founded in recent years around the world. Many of these offer their own definition of music therapy based on their practical experiences. We have selected some of them:

- "Music therapy is the use of music and / or musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with one person or a group, in a process designed to facilitate and promote communication, relationship, learning, motor skills, expression, organization and other relevant therapeutic objectives in order to meet the physical, emotional, mental, social and cognitive skills. Music therapy aims to develop the potential and / or residual functions of individuals so that they can better achieve integration intrapersonal and interpersonal and consequentially, they can improve the quality of life thanks to a preventive, rehabilitative or treatment path. "(World Federation of Music Therapy, 1996).
- "From a scientific point of view, music therapy is a branch of science dealing with the study and research of the complex sound-man, music sound or not, to find out the diagnostic elements and therapeutic methods connected with it. From the therapeutically point of view, music therapy is a paramedical discipline that uses sound, music and movement to produce regressive effects and to open channels of communication that allow to begin the process of preparation and recovery of the patient to society. "(Rolando Omar Benenzon);
- “Music is a powerful and useful tool to establish a communication with children and adults in helping them to learn in the intellectual, physical, social and emotional fields. All this involves the use of music for prevention and rehabilitation purposes. Music used in such a variety of situations both individually and in groups is known as music therapy "(New Zealander Society of Music Therapy);
- The Orff music therapy is a multi-sensory therapy. The use of musical materials - phonetic language-rhythm, free and metric rhythm and, melody in speech and singing, ability to handle the instruments - is organized so as to address all the senses "(Karl Orff Canadian Association for Music Therapy).

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1.6 The rehabilitative intervention with music therapy

Currently, music therapy is conceived as a discipline that deals with the intentional construction of communicative relationships for therapeutic purposes through the use of two distinct elements:

1. the relation which is developed by the use of musical activities and other expressive practices;

2. music which is used to implement a form of nonverbal communication.

Music therapy is used to intervene in different types of physical, psychological, psychiatric and neurological disorders and addresses people of different ages. Patients may be involved in individuals, couples or groups sessions on the basis of their personal characteristics and needs and interventions should be designed in accordance with the institutional goals of the intervention context (schools, hospitals, rehabilitation centers, etc ...). The objectives and therapeutic strategies are identified through the anamnesis; in addition, an individual or group assessment is carried out through music therapy tools. The objectives may require a treatment plan in the short, medium or long term. The work of the music therapist should be considered in a collaborative interdisciplinary way for the patient care and the collaboration with the medical team and other professionals who work with the patient is of fundamental importance.

The choice of musical material to use during a music therapy session does not arise from aesthetic / artistic or cultural assumptions but from clinical and operational premises (using tools that are meaningful for the intervention). Communication can be any acoustic event, perceivable not only with hearing (in this case transmitted by a tactile-vibratory way), and any instrument or object (every day or created especially for the occasion) that can be experienced as a message. Music, even considered as a vibratory phenomenon, has an immediate impact from a physical, neurological, psychological point of view, seen as a desire to approach the other. We can distinguish two main types of music therapy: receptive music therapy and active music therapy. In receptive music therapy, the person listens to recorded or performed live music by the music therapist; it should not be viewed as a form of a passive approach, since sound/music listening is a

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complex process that can activate, in particular contexts, deep inner feelings. An emotionally meaningful listening goes beyond cultural features, and music tracks interact with codes and symbols belonging to the individual. Active music therapy is based, instead, on the interaction between the person and the music therapist. The person is an active player and a musical partner. For this purpose, it is not necessary that the person has any previous musical training.

During a music therapy intervention different musical experiences can be done:

• improvisation: the person composes music while playing or singing extemporaneously using his voice, his body and musical instruments. The therapist supports the person with an accompaniment which stimulates and guides the sound productions;

• re-creation: the therapist involves the person in vocal or instrumental activities requiring music playing;

• listening: use of recorded or played live music in order to make the person focus on the physical, emotional, intellectual and aesthetic elements of music, or in order to promote relaxation or movement, to evoke memories and to stimulate perceptual abilities and imagination. Listening can be combined with storytelling, drawing, drama and dance.

• composition: the music therapist helps the person to write songs, lyrics or instrumental pieces, or to create any type of music product such as music recordings (audio or video).

All these activities, depending on the cases, may be integrated with each other or represent separate moments. Music therapy can stimulate and enhance perceptual skills such as body awareness and listening, visual and tactile skills in the relationship with therapist as well as in the surrounding environment. The ability to perceive vibration is a first step in this direction, and music/sounds are created through vibrations. The vibrations of musical instruments are a form of deep sensory experience, and a way to direct attention to the self and to the sound.

One of the main functions of music therapy is to encourage human contact and improving communication. In music production, skills emerge as sharing, mutual interaction, inter-subjectivity and vocal and verbal expression. In the interactions that occur during music therapy, there are the first communication patterns of mother-child relationship, where time is an essential

element in the development of pre-verbal communication. Music provides an early form of non-verbal communication in which the therapist uses the elements of music (pitch, tone, intensity, rhythm and duration) to create a design, a sharing of meanings through the development of a shared repertoire of events which have a deep meaning for the therapist and the patient. The use of musical parameters allow the reactivation of archaic form of relationship through an atonement that is realized within a shared musical production, and that "makes present the intense experience of the mother-child relationship" (P. Postacchini).

Music is a language, with the inflections and nuances of emotional language and can facilitate the expression and regulation of emotions: through the use of a simple musical instrument, sounds can represent happiness, sadness, anger, frustration or joy. The music therapists can help the person to become aware of his own emotions, to externalize and modulate them. In fact, one of the potential of music therapy is to allow even to negative emotions and conflicts to emerge, providing a "protective filter" represented by the musical instruments that serve as intermediaries in communication.

Music can be used therapeutically to increase alertness, memory, concentration, organizational skills, sequential and simultaneous processing skills and the problem solving ability. Through changes in rhythm, harmony, melody and phrasing, the music therapist can help the subject to improve attention and concentration, to stimulate short-term and long-term memory development; to develop skills to organize individual sounds into patterns and linking phrases of the various experiences together.

In music therapy group sessions, music is used as a means to promote social commitment and interaction. Music therapy based on improvisation involves the direct manipulation of musical instruments by the subject, and encourages contact with the surrounding environment. The production of sounds and music is usually seen as a non-threatening and interesting means to develop social contacts. In addition, the ability to play as part of an improvisation group leads to make choices, to take the initiative spontaneously, thus promoting the enhancing of self-esteem and creativity.

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1.7 Music therapy in the treatment of drug addiction

From a therapeutic point of view, music therapy is a paramedical discipline that uses sound, music and movement to produce regressive effects and to open up communication channels that allow the recovery of the person for the society (R. Benenzon).

In this pilot action, during the music therapy sessions, the Benenzon model has been adopted. According to the Benenzon model "music therapy is a psychotherapeutic technique that produces a relationship between the therapist and the patient or group, using body, instruments, music and sound. This relationship aims at rehabilitation, recovery and improving the patient quality of life" .

Starting from this definition, the choice of music therapy as a means of change in subjects with drug addiction and legal problems can be explained.

The person with a diagnosis of drug addiction, worsened by legal problems, is a subject which shows several areas of vulnerability in terms of psychopathology and from a relational and social point of view. At an intra-psychic level, in fact, this subject often presents a borderline psychopathology, which makes it unstable borders between inner and outer world, good and evil, rule and transgression. Due to the need of transgression, the person puts in place a set of behaviours that are intended to maintain high the threshold of pleasure (pleasure is the only emotional state that is perceived and sought after, due to a condition of apathy and alexithymia). These behaviours often result in a variety of illegal behavior, related to the use of the substance and to obtain it.

It is clear that the vulnerability on the intra-psychic level is closely related to the vulnerability at the relational level. The “Other” exists to the extent that he can be either a source of pleasure or destruction; there is no balanced relationship (I'm OK and you're OK), but only manipulatory relationship which are driven by feelings aimed at achieving the complacency and approval of the other in a vicious cycle of constant dependence / expulsion from the others.

This kind of environmental adaptation has its roots in the construction of the personality of the subject, and generally belongs to the somatic and pre-verbal field. The subject feels like

"trapped" in these modes and unable to change the automatism that has so far ensured the survival.

Hence the great power of "change" that has music therapy: through the use of unconventional instruments (hearing and sound production), through the use of the body as a source of gratification and as a means of relationship (listen to the other and tune in to his rhythm), through the attention paid to typically unheeded aspects of self (breathing, heart beating, sounds produced by the body), the subject starts mentalizing the relationship with the other. This mentalisation, as observed in several sessions occurs gradually and passes through two steps. Initially the work in the music therapy sessions tends to foster an awareness of certain belittling messages that are "instilled" in the way the person perceives himself (messages such as "you are not good enough", "you are ridiculous," "you can't rise to the occasion" or "you are too good for these things "). In a later stage the work aims to deepen this awareness, while the possibility to experience "to be successful" creates the basis for a more balanced internal dialogue and a proper examination of reality; in fact, the person begins to see himself for what he is, with his weaknesses and strengths.

After consolidating this adherence to reality, the person with the help of the music therapist and the psychologist, begins to reconstruct his the relationship. Initially, the therapists work on the dyadic relationship; at this stage, therapist's attitudes are very important: his reassurances, his ability to withstand to the person's "attacks" at the music therapy intervention, as well as the positive reinforcements when the person shows a behavior that falls outside his "life script". Then, he starts to work on the relationship with the group, in which the person extends the concept of "I'm OK because I can, because I give myself a challenge" to "We're OK because we are together, we have a goal and we share satisfactions and frustrations.

The group experience enhances the reality analysis, since the perception of the surrounding environment becomes more and more free from idealizations and belittlements, and closer to what occurs in the "here and now".

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Restoring a state of acceptance towards oneself, one's own thoughts and feelings and be able to communicate adequately, improves the quality of life.

At the base of music therapy there is a concept called ISO (Sound Identity) that indicates a sound or a set of sounds that characterize and individualize a person. The ISO sums up:

- our sonorous archetypes transmitted through the chromosomes;
- the sound experiences during pregnancy and social and cultural development;

Starting from this concept, Benenzon has developed a music therapy technique aimed at favouring the communication between individuals and stimulating relationships. The sessions are conducted in a physical space (the setting) that plays an important role, becoming part of the "nonverbal delivery". In fact, the elements of the setting can even deeply affect the session.

The instruments are part of the setting (although sessions can be carried out even using only body and voice); traditional instruments, made of natural materials are usually used in music therapy sessions since they are easy to use. It may be important to introduce everyday objects or instruments created by the music therapist and and/or by the participants.

During music therapy sessions, time is another important parameter, because all the sound phenomena take place through time. In music therapy time can be:

- Chronological (time measured by the instruments);
- Organic (the most important because it is our inner time);
- Latency (which expresses the response time);
- Therapeutic (adaptation of the therapist time to the person's one).

The music therapy sessions that use the Benenzon template are held individually or in a group; The sessions are led by a music therapist and a co-therapist who serves as a stimulator, help and support.

It is important the recording of the sessions in all its stages, from the preparation of the session until the moment of reflection after the session. For this purpose, the therapist uses some observation protocols to be compiled in each session.

The music therapy path is articulated in the following steps:

- **first contact**: the first contact with each participant is always individual, in order to establish a proper relationship between the therapist and the person;
- **initial assessment**: the initial assessment of the person provides for the filling of a sound-music anamnesis (Annex A) and the administration of active and receptive music-sound tests; the data collected during the assessment provide an initial overview of the emotional and behavioural characteristics of each participant;
- **inclusion of the patient in a small group**: the group should be as homogeneous as possible, to facilitate the relationship with others and the development of an intervention project;
- **music therapy sessions**: the sessions foresee an observation protocol in order to interpret the sound-musical and emotional material emerging during music therapy sessions (Annex B).

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2. A MUSIC THERAPY PATH FOR DRUG ADDICTS – ITALY

2.1 Setting of the experimentation

The music therapy pilot action was carried out within two groups an experimental and a control group both composed of people receiving a treatment in residential facilities for the rehabilitation and care of drug addictions. Participants in the experimental group were hosted by the Therapeutic Community for the Recovery of Addicts *Maria Fanelli*; participants in the control group were hosted by the Therapeutic Communities *Il Camino* and *Emmanuel*.

The treatment provided within the Therapeutic Community Fanelli consists of:

- Psychotherapy group session with a frequency of two sessions per week;

- Substitutive therapy and/or pharmacotherapy for drug addicts undergoing a pharmacological treatment prescribed and monitored by the Local Service for Addiction ;

- Occupational therapy, or therapy based on the structuring of time in work activities within the residential facility;

- Psychosocial rehabilitation, training courses, monitoring of social inclusion, support groups.

The other two therapeutic communities, *Il Camino* and *Emmanuel*, which selected participants in the control group, provides for therapeutic interventions very similar to those provided by Maria Fanelli therapeutic community.

2.2 Experimental group and control group

Both the experimental and the control group were composed of drug offenders in alternative measures to detention.

The **experimental group** consisted of 10 people with an average age of about 25 years. The social and cultural level of the participants was low. At the time of the arrest and of the penal execution each of them was unemployed.

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With regard to the type of addiction, participants in the experimental group had cocaine, heroin and alcohol dependence, with a predominance of polydrug use, that is the use of different substances at the same time.

As regards the judicial situation of the experimental group the offences most associated with drug addiction were:

- Presidential Decree 309/90 art.73: production, trafficking and possession of illegal drugs or psychotropic substances;
- Penal Code art. 624: theft;
- Penal Code art. 646 and 648: embezzling and receiving stolen goods;
- Penal Code art. 628: robbery.

The legal proceedings to which the participants were subjected within the therapeutic community were:

- Detention in protected facilities for drug addicts;
- Entrust to social services for drug users.

Regarding the **control group**, the participants had an average age of about 24 years and a low socio-cultural level. Participants in the control group were unemployed at the time of the arrest and of the penal execution; they were addicted mainly to cocaine, heroin and alcohol with a predominance of polydrug use.

The judicial situation of the participants in the control group both in terms of the offenses committed and in terms of judicial proceedings was substantially identical to that of the experimental group.

2.3 The music therapy intervention

The music therapy intervention implemented in the pilot action aimed to develop personal relationships skills, improve socialization and interaction, encouraging and rewarding positive experiences; managing emotions and aggressiveness in interpersonal relationships and develop

the ability to dominate irrational impulses; encouraging the expression of feelings, promoting creativity and channel one's own anxieties.

The musical techniques used in this work with music therapy induce psychomotor and neurosensory responses that compensate the behavioural disharmonies which causes relational distress. This type of intervention is integrated in a team work, which combine all the professionals involved in the recovery path of the person.

The group that participated in the music therapy path consisted of 10 people with drug addiction, 7 of which were drug related offenders in alternative measures to detention. The sessions were weekly and each session had a duration of about 60 minutes. In total, twenty sessions were carried out (the first three for the starting assessment).

In the pre – assessment phase the music therapist and psychologist met the group of participants to show them the methodology and the aims of intervention.

The assessment phase was divided in three meetings:

1) The first meeting focused on the status and knowledge of music therapist and user, Data Collection medical history, collection of life stories and experiences related to the world of addiction and lawlessness;

2) The second meeting was focused on individual music knowledge of the user: What are the most listened kind of music, so that music used in one's life (hobby, reflection , fun etc ...) , ANY previous experiences related to music;

3) The third meeting was focused on sound-check, or when the 'user becomes familiar for the first time and in a general way with the musical instruments used during sessions of music therapy which instrument catch their curiosity etc.

During all the music therapy sessions, the music therapist was supported by a psychologist, who has played the role of active observer during the sessions (with the fundamental task of recording what happened in the sessions); while, in the last part of the session, the psychologist gave support to the participants in the verbalization of their moods.

The meetings were held in a soundproof room. The following technical supports have been used:

- musical instruments;
- hi-fi;
- camera.

During the sessions, the participants compiled an observation form reporting their mood before and after the session, the instruments they used and the most significant moments of the session.

The techniques used in the sessions have focused mainly on:

- unstructured musical improvisation (during the first sessions) and structured from the fourth session onwards;
- body percussion;
- active listening.

One of the most used techniques in music therapy is the sound and musical ***improvisation.*** From a musical point of view, improvising means to compose music by an immediate inspiration, at the very moment you are playing.

In our music therapy path, improvisation is certainly an act of imagination, but it is not based upon casualness. The music therapist does not act without preparation but, on the contrary, he uses his training skills to creatively elaborate the sonorous and relational material emerging during the sessions, so providing a direct and immediate means of communication. Through the use of voice, body and musical instruments some information are transmitted, since people often are likely to recognize their emotions, feelings and thoughts through sounds. Improvisation is primarily aimed at those people who need to develop spontaneity, creativity, freedom of expression, sense of identity and interpersonal skills.

In the context of music therapy, music is not always an "art"; sometimes it is a process that results in very basic "sound patterns". The word "music" in music therapy is used in its broadest sense, pointing out that the musical materials used is not only those with a complex formal

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organization, but also common sounds events (body sounds, objects sounds, environment sounds, and so on) as far as they have a communicative value in the relationship.

Improvisation in this case is a sound production free of constraints; within our music therapy intervention, we observed that the person's spontaneous sound production emerges during the path. As spontaneity emerged in the group participants, the persons "composed" music while playing or singing, and the therapist enhanced, to accompany and guide their improvisation offering a secured mode to try out new behaviours and new roles.

A wide range of instruments can be used during the sessions: they serve to facilitate the exchange of bodily-sound-music energies in order to establish a communication. In other words, the instrument, as an intermediary object plays a role of transmitter, that enables communication while replacing the physical bonding and keeping the distance between the partners. In order to establish this kind of communication, the music therapist has identified the ISO (the sound identity) of the persons involved in the improvisation activity.

Furthermore, the music therapist has employed Body Percussion that is a technique used in music therapy and psychomotricity . This technique aims at turning either one's own body or another one's body into a musical instrument through percussion. Body Percussion means "pound" on the body in several different ways: loud and soft, with a hand or a arm with an open or a closed hand with just one finger or all fingers .... and so on ... imagination is needed here!

Through this technique this technique, we observed some important changes within the group: a more direct approach to the rhythm; an increase of concentrating ability; an increase ability to perceive one's own body and in particular some body parts that are often "dismissed" by the person.

Finally in the last sessions was introduced active listening to some music chosen ad hoc by the music therapist. The three tracks belonged to a repertoire of classical music. Classical music, being devoid of text, has favoured the expression of mental images that were created in a spontaneous and emotional experiences associated with them; for example, some participants

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took the vibrations present in the melodies and dramatic images evoked sad, others have caught romantic notes recalling ties and feelings of relational nature.

The last session ended with the projection of the "movie" summarizing all the experiences: the boys were able to watch a selection of frame most significant of all the meetings and then observe their change is in the approach to the intervention, both lived in. The vision of the film was followed by a discussion of their goals achieved through the path of music therapy.

2.4 Results

With regard to the results of the pilot action, we have achieved quantitative outcomes (number of drop-outs, average attendance, comparison between ex ante and ex post psychological tests) and qualitative outcomes (analysis of personal survey forms, interviews with participants, clinical observations) concerning the effects of music therapy on persons participating in the pilot action.

Concerning the quantitative results, in the experimental group there was only one drop-out (the user has interrupted the treatment program in the residential structure); attendance at the sessions of music therapy has been constant throughout the period of the intervention by of all participants in the group. In the control group there were 2 drop-outs; patients in the control group did not participate in music therapy sessions but were subjected to the treatment program provided by the Communities in which they were housed.

With regard to the scores of the psychological tests administered before and after the implementation of the music therapy sessions, the data of the following tests will be illustrated: MMPI2, POMS (Profile of Mood States) and General Self-Efficacy Scale.

The administration of MMPI2 provides a framework of the personality and psychopathological conditions of the participants in the experimentation.

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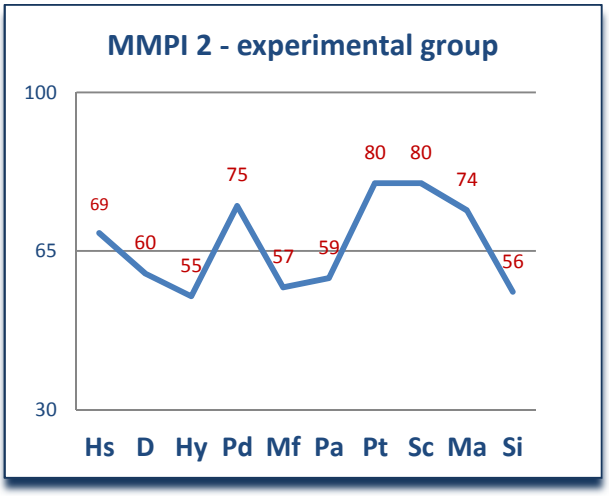
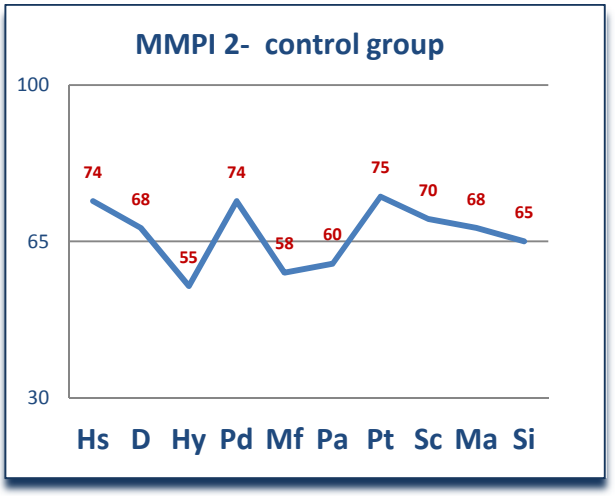


picture 1



picture 2

As shown in the pictures 1 and 2, the average scores of both groups indicate the presence of a similar psychopathological profile, although the experimental group shows higher scores and then thus more marked symptoms.

In particular, the experimental sample shows, on average, a slight increase in the scale of Hypochondriasis and moderate increase in the scales of Psychopathic Deviation, Psychasthenia, Schizophrenia and Hypomania. The control group shows moderate increase in the scales of Hypochondriasis, Psychopathic Deviation, Psychasthenia and Schizophrenia, and a slight increase in the scales of Depression and Hypomania.

With regard to the results of the tests administered before and after the treatment, the pictures below (3 and 4) show the comparison within the groups before and after the experimentation and between the experimental and control groups.

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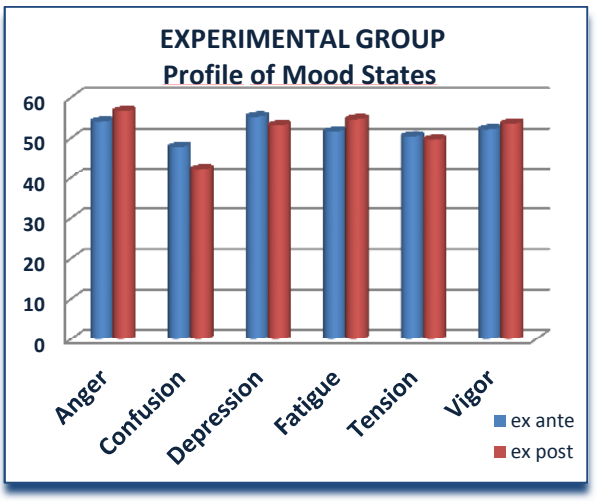
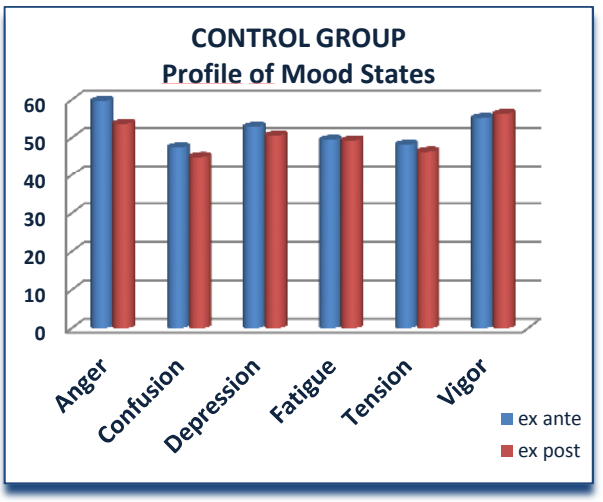


picture 3



picture 4

The graphs show a slight increase in the experimental group's scores in the clinical scales that measure Anger, Fatigue and Vigor; whilst there is a slight decrease of the scores in the clinical scales that measure Confusion, Depression and Anxiety. In the control group there is a slight score decrease in the scales that measure Anger, Confusion, Depression and Anxiety, while there is a slight increase in the scale of Vigor. These results suggest a greater adherence to reality by the experimental group, since participants appear more able to feel their true moods and emotions even if they are negative.

Regarding the evaluation of perceived self-efficacy, graphs in pictures 5 and 6 indicate broadly unchanged levels of perception of the ability to cope with life events in the participants in the experimental group, whereas in the control group, there is a slight score decreasing. Keeping in mind that the levels of perceived self-esteem tend to decrease in drug addicts in the course of a physical detoxification and a psychological awareness path, because of a greater adherence to reality, it is possible to assume that the emotional holding control by the music therapy intervention has favoured the increase of participants' self-esteem.

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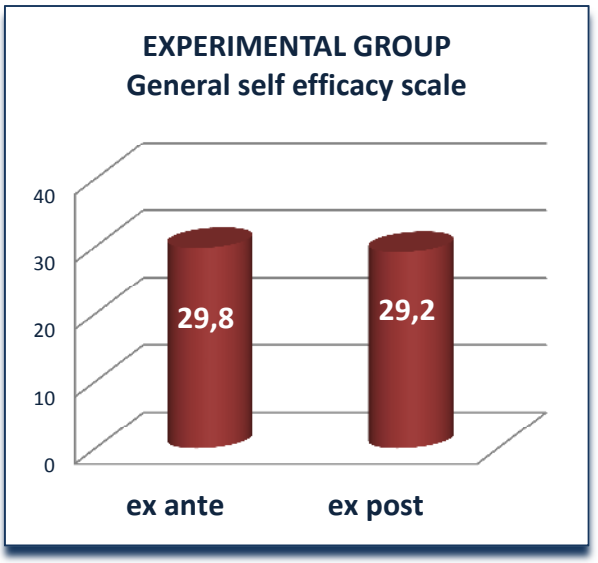
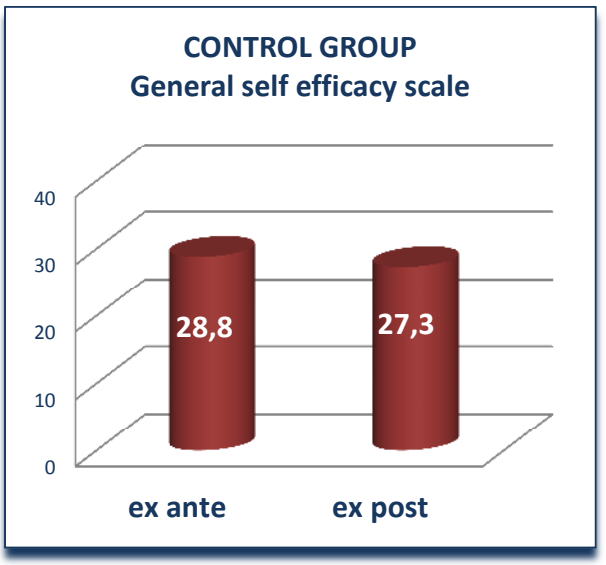


picture 5



picture 6

In terms of qualitative results, the data collected during the initial assessment made it gave a first overview of the expressive and behavioural features of each person. In this phase the following characteristics have emerged:

• orthodox approach to the musical instruments;

• lack of in tune vocal production;

• limited relational skills (tendency to isolation, severe anxiety, repressed anger);

• rigid unopened and stereotypical posture.

The music therapy intervention has aroused special interest among the young participants and has represented a significant chance to experience collaborative behaviors. An important aspect of the work with music therapy was the relationship that has been established between the music therapist and participants.

In the first part of the work, emotions and memories evoked by music were generally violent and enraged; then, in the course of the sessions, all the anger and aggressiveness have slowly turned into positive energy. Everybody has found the ability to question himself since he felt accepted.

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The first sessions were more structured and the music therapist always gave well-defined proposals for the music therapy work; during the sessions greater focus on free expression has been given by the music therapist, which has mostly reduced his own proposals while waiting for the participants to take initiatives.

At the end of the music therapy sessions, from the individual evaluation forms and from clinical observation, the following changes have emerged:

- more adequate behavior;
- increased willingness to work on themselves;
- reduced aggression.
- greater awareness of personal abilities;
- greater openness to dialogue;
- enhanced attitude towards socialization;
- greater willingness to share their feelings within the group.

Finally a ***live interview*** to the members of the experimental group was performed; they have been asked:

1. What do you think about music therapy?
2. Do you think it has been useful for you?
3. In which way?

Here the answers of a participant:

I: what do you think about music therapy?

P: I think it is a right way to cheer up the emotions in difficult moments. It is a way to yell out the anger and all your emotions, it is a way to get stronger.

I: do you think it has been useful for you?

P: […] I used music therapy to yell out my anger, in those situations I used musical instrument to yell out my anger, and then day by day to I used music-therapy to create a balance with the group and harmony inside me.

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2.5 Key findings and conclusions

The most important aspects of music therapy interventions is the relation that the person establishes with the music therapist and with other participants during the sessions. The laboratory of music therapy has obtained particular interest from young participants and offers a remarkable opportunity to encourage collaborative behavior. During the interventions, each participant has reported and shared with the group his own experiences and states of mind.

In the course of the work, there have been changes in the way in which the participants were in the group. In particular, we noted that, the group, starting from an initial rigid, closed and stereotypical posture, turned to have a more relaxed posture. This change was fostered by the association of musical and rhythmic aspects and bodily experiences, promoted in a playful and joyful way.

In fact body, movement and time are independent categories, with respect to which the perceived rhythm performs a function of "psychic organizer", from both a motor and expressive point of view. Non-verbal communication of music has opened up channels to tell of their dependence on the substance.

In conclusion, music therapy affects:

- the level of perception of emotions, through improving the capacity of communicate and share personal emotional states through the sound of the musical instrument;
- the level of adherence to reality with regard to the ability to perceive personal strengths and weaknesses;
- the behavioural level, by promoting the ability to give oneself to challenge, to be involved in new experiences and to work in group.

Finally, it can be stated that, within a process aimed at change, intended as an increased awareness of personal and external world and as a chance to experience most authentic and equal relationships, the music therapy intervention in group together with psychotherapy, can provide more opportunities in treatment and recovery paths.

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3. A MUSIC THERAPY PATH FOR DRUG ADDICTS – BULGARIA

3.1 Setting of the experimentation

The pilot action in Bulgaria was implemented within the Burgas prison thanks to a permission of the Ministry of Justice for the experimentation of a music therapy program with a group of drug addicted inmates of the prison.

Both the experimental and the control groups were detained in the same prison. The participants in both the groups did not receive any other pharmacological or psycho-social intervention or treatment. According to the rules, the participation into social program in the prison reduce the length of time served in the prison. The participants in our group received about 6 days reduction.

The music therapy sessions have been implemented in the Unit for social and psycho counselling of the Burgas Prison. There are rooms for group and individual counselling in those premises we carried out our sessions.

A discussion was held in a common group with all persons about the essence of the project, the possibilities of music therapy to achieve personal changes with improved self-perception and self-experience, overcoming of the severe discomfort from discontinued use of drugs in prison, abstinence symptoms, general tension and anxiety, lack of communication with relatives and friends, emotional depression by limited freedom, the poor conditions in prison.

3.2 Experimental group and control group

According to the project guidelines, two groups were formed: experimental and control. The participants in both groups were persons with sentences and currently imprisoned mainly for possession of or trading in drugs, for robbery, theft related to drug use and to the use of psychoactive substances for a period of imprisonment from 6 months to 6 years.

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Both the experimental and the control groups were made up of 12 addicted inmates who had committed drug related crimes. The average age of the two groups was 25 years old. The type of drugs mainly used were marihuana, opiates and synthetic drugs. All persons completed the tests required by the Project.

The starting group was also joined by persons who would like to test this new experience and who were markedly curious, although not experienced in purposeful listening to music. The control group was the group of persons who were not interested or demonstrated irritation and rejection against each new initiative in the prison. Several persons, initially unwilling, showed interest after the first music therapy session and having heard the responses of the remaining participants, joined the experiment group.

3.3 The music therapy path

Before implementing the music therapy path, a discussion was held about the preferences of each person to the types of music, instruments and experience related to music. The experience of everyone in the group from listening to the music and using it to improve their mood in situation of psychic crisis, or to improve their communication with others were discussed as well. Also this discussion established the experimental group of participants with music-listening experience, interrupted during the period of more intensive use of drugs.

The music-therapy sessions involved listening to meditative music, classical music, contemporary lyrical music, American, Spanish and Bulgarian folk music. Most musical pieces were modern improvisations of melodious ballads against the background of clips of pictures of nature, including the addition of nature sounds.

The main authors and performers of meditative music were: Enigma, Karunesh, improvisations of classical instrumental music, lyrical ballads; classical music by Vivaldi, Mendelson, Mozart, Beethoven, Bach, Schopen, Rachmaninov, performed by large symphony orchestras or combined orchestras performing music of modern-classical-romantic nature.

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During the first two sessions, the participants became distracted frequently, and in 40 - 50 minutes some of them would become restless, constantly getting up to walk or to smoke, started talking, arguing, quarrelling and could not stop. Then we had a discussion about how they felt the music and how intensive were the emotions it caused to them, and about their fantasies when watching the clips. Another part of the music pieces included Bulgarian folk music of the lyrical or dancing type – dances (Bulgarian folk chain dances (horo, rachenitsa).

We had talks explaining the curative effect of music by rhythm and melody, by creating synchrony between the rhythm of the music and the rhythm of the heart. We discussed the effect of melody from emotions to the psychosomatic chain – the limbic system, hormones, bodily sensation and psychic enjoyment. We discussed the types of impact on the psychic world according to the type of music piece:

• response music, enabling responses and harmonization through the music of psychic tension, anger-aggressive experiences and aggressive action impulses. We talked about how music helps and, at the same time, structures and channels the response it into a specific harmonious structure defined by the rhythm and the specifics of the melody performed by the different instruments; we discussed the instruments used by humanity during its history, in order to overcome its aggressive urges, to limit destructiveness and to restore adaptive behaviour;

• transformative - balancing music, allowing for psychic transformation and positive change of the anxiety-depressive behaviour; sad melodious music aiding in the overcoming and harmonizing of deep sadness and anxiety, affiliating the person to the group of sufferers who support one another and are calmed by the music; sad music bringing calm and regenerating the urge for life and satisfaction from existence;

• tonic music, creating optimistic and active mood, desire for communication and action; music connecting people in groups and supporting the achievement of common goals;

• relaxing music, soothing during tension and stress, eliminating restlessness and irritation, restoring the sense of harmony, satisfaction from communication and perception of movement in life;

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We discussed the effects of known and unknown music and of how to concentrate on specific technical parameters of the musical composition such as rhythm or melody specifics, and listening to various individual instruments used.

We had a discussion about the types of instruments they manage to hear as the sources of rhythm: timbals, drums, string bass, piano. The main instruments used for the melody: violin, viola, piano, guitar. We proposed to the participants to follow the clip pictures with changing colours, additional nature sounds integrated into the music, movement of water or animals which are part of the picture.

We introduced additional elements of the psycho-therapy behavioural techniques such as spontaneous drawing of pictures or emotional impressions, metaphors or colouring of mandalas, in synchrony with the experiences during the listening of the music pieces.

3.4 Results

As concern quantitative outcome of the experimentation we present data on the sessions attendance and on the ex ante and ex post administrated tests scoring.

After around 15 sessions of music therapy, approximately 90% of the participants continued to participate. The absentees were not present during single sessions, but they had the desire to continue. All participants started to expect the sessions impatiently, and would arrange the hall and the sound equipment uninvited.

The MPPI2 test results from the experimental group exhibited serious personal disharmony for most of the participants, as showed in the graphics below (picture 1 and 2).

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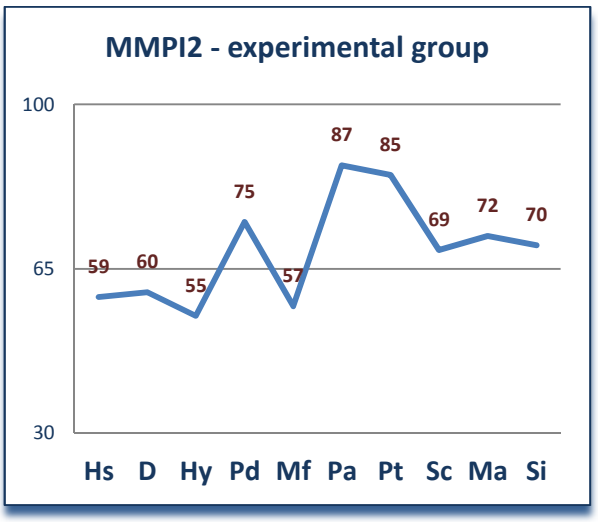
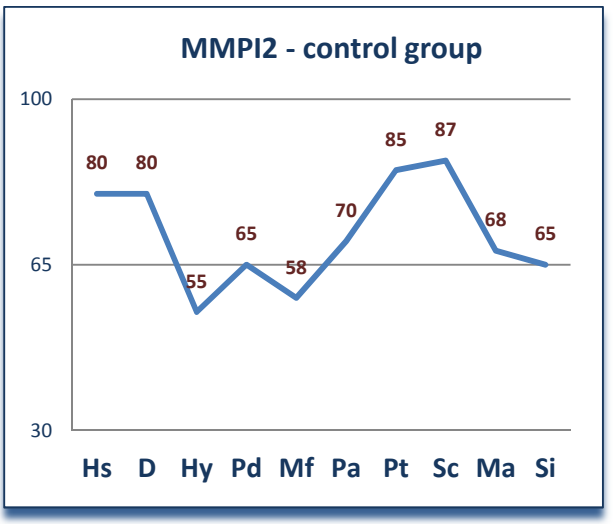


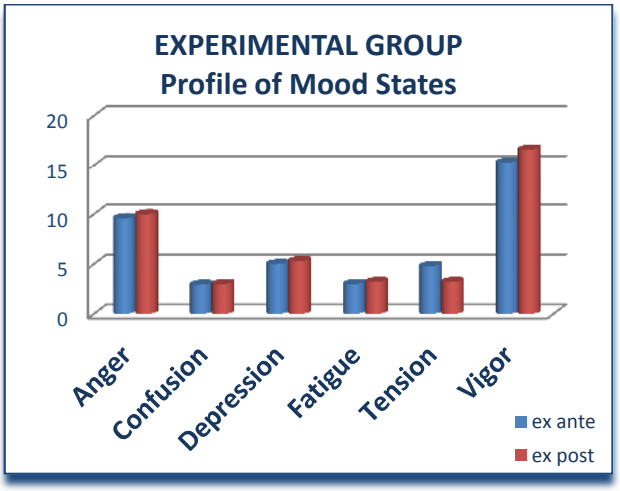
picture 1



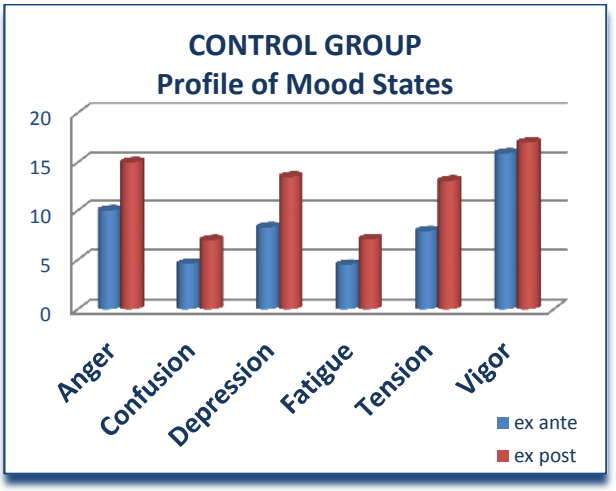
picture 2

In particular, persons involved in the experimental group showed a moderate increase in Psychopathy, Schizoid, Mania and Social Introvertion scales and a manifest increase in Psychasthenia and Paranoia scales. The Minnesota test data point to the following characteristics of the participants in the control group: moderate increases in the Paranoia scale, marked increases in Paranoia, Hypochondria, Depression, Schizoids and Psychasthenia scales.

The changes in mood states and emotion expression in the experimental and control groups were reported from the Profile of Mood States tests and are illustrated in the figures 3 and 4:



picture 3



picture 4

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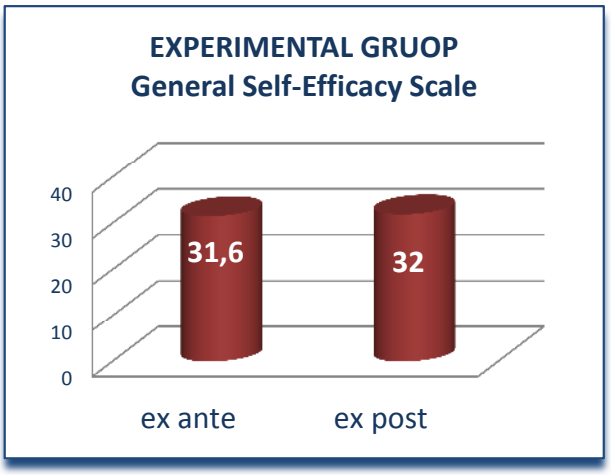
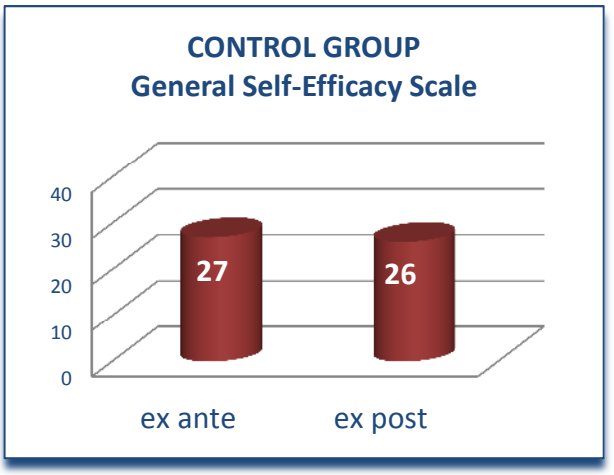
Regarding the experimental group, these data show a slight increase of the scales Anger and Depression, a moderate increase of the Vigor scale and a significant decrease of the Tension scale. Data concerning the control group showed a significant increase in the scales Anxiety, Tension and Confusion among the participants. There was a parallel slight increase of the participants' experience of strength and activeness, perhaps related to the bodily anxiety and tension. At the same time, control group's participants reported that many of their actions were ineffective, that they could not organize their behaviour and carry out purposeful and meaningful actions, which would make them feel satisfied and calm.

The following pictures (5 and 6) illustrate a comparison between the General Self-Efficacy Scale ex ante and ex post administration scorings for experimental and control groups:

picture 5



picture 6



As concern a qualitative evaluation of the results, all the persons involved in the experimentation were very attentive listeners and drew diligently, and became increasingly active participants in the talks and discussions of the information they were learning, and, also, about the possibilities of music therapy. They discussed the possibility to listen to music outside the sessions, irrespective of the difficulties and limitations of prison life. The participants were able to concentrate far better and, subsequently, to comment their emotional experiences.

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Most of the group members preferred serious classical pieces by Mozart, Beethoven, Chaikovski, and Schopen. They showed interest in folk music from other cultures and in specific instruments such as tambourines, cymbals, and antique guitars.

Mostly, the participants preferred to listen, and to determine which music they like and what memories or dreams it evokes in them. They wanted repetition of pieces from a previous session which they had liked. The preferred mainly sad and balanced music, but by the end of each session, they would like more cheerful and dance music. They started linking the drawings to the melody and to the experienced emotion. They discussed carefully their experiences during the pauses. Even restless members managed to participate in the discussions and to be tolerant to different statements. The demonstrated curiosity and asked question about the curative effect of music, and about whether the negative consequences of drug abuse may be overcome via music. The group discussed the effect of medicines and music, and the members were encouraged very much by the understanding that music may treat psychic anxiety, irritation and stress. The discussions delved deeply into the types of music: of major or minor key; slow, calm and fast rhythm; non-common measure typical of Bulgarian folk music, with a specific effect of overcoming of anxiety, stress, sadness, fear with the final extended tone of each music time; the effect of sad, cheerful, harmonising melodies and rhythms; the use of various types of music for their calming, response-related or toning effects.

The additions of psycho-therapy behavioural techniques such as spontaneous drawing of pictures or emotional impressions, metaphors or colouring of mandalas have had exceptionally good effects on 90% of the participants in the group who improved their attention and tranquillity, listening and drawing from one to three hours after the tenth session. Some of them made spontaneous drawings of landscapes, metaphorical pictures of experienced traumatic or merry events in the past.

During one of the final sessions, the group members made two common pictures, splitting spontaneously into two teams, while listening to music. This proved very difficult for them, since they could not agree on a common subject.

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Each drew their own picture, unrelated to the others. Some contained elements of swastikas, aggressive attributes and inscriptions. The drawings of the others showed much naivety and primitive associations. In general, they liked the drawing process but could not achieve cooperation and common discussion of ideas. It was too early at that stage of group dynamics for a common plot.

The last two music-therapy sessions were exceptionally wholesome. All participants were calm on entering the room, sat on their seats and started colouring the mandalas, while listening to the music quietly.

For more than 1,5 h., none moved, talked or broke the silence in any way. They drew with concentration, peacefully exchanging pencils and pastels without speaking, but only gesturing to show what they wanted. They heard a complete Beethoven concert performance by a symphony orchestra and a concert of romantic Italian music also performed by a symphony orchestra and a choir. Their coloured mandalas were exceptionally beautiful, with very warm, light and cheerful colours, painted uniformly and strictly within the outlines.

During a brief discussion, in which several people said that they had felt far more calm in the periods between music sessions, without conflicts in the cells. Some of them, who could, continued to listen to music.

During the second 1,5 hour, they continued to listen to classical music with pleasure, without drawing, only dreaming. They said afterwards that they had been reminded of good memories from their near past or had dreamt about how they would change their life and that now they see a possible prospect. We had a discussion about the possible ways for them to continue to listen to music in this group after the project.

3.5 Key findings and conclusions

The music therapy conducted with the experimental group in prison produced very good results. The group dynamics improved with each individual session – initially there were rough,

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hostile, frequently angry responses to communication, but the emotional tone improved gradually. During the final sessions, the group achieved very good cohesion, the participants were supportive of one another, and were not obstructive in the performance of individual tasks. Initially, they could not focus their attention on the music and it was a background of their noisy and disorderly behaviour. Gradually, they started listening to the music, started trying to recognise the type of the music, the rhythm and the melody, and to report its effect on them. The concentration and stability of attention was improved, with significant improvements in the listening and drawing skills. Significant improvement of communication between the participants, increased tolerance and support, without negative affective responses. Participation in discussions about the curative effects of music, asking questions and, in some cases, participating with comments. A change in comments, initially negative and critical, with accusations to the people around them and to the world, about their difficult situation, completely exculpating and minimising their failures and offences in the past. Gradual discussions of their guilt and failures, with attempts toward positive changes, and expressing hopes for the future.

Comments about the performance of the musical pieces by different players and groups were started, and, also, about the effect and liking of different instruments. For some of them listening to music as a serious and meaningful activity had been unknown and they said that music had been to them only a background during parties and careless life situations. They discussed that to a large extent, so far they had listened to party type music and had had no interest in listening to any other type of music. The participants exhibited very serious interest in discussing the curative effects of different types of music, and the psycho-physiological explanation of these effects. By the end of the six-month music therapy, all members of the group exhibited changes. In one third of those, the change was substantial and serious, and less stable and manifest in the others. No group member experienced a negative change in behaviour or disliked the music, left the group or opposed it.

Music therapy in the cases of prisoners with drug-related problems has shown very good and encouraging results when listening to music is combined with psychotherapeutic drawing

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techniques and with serious discussions about the understanding of the benefit and curative potential of music through rhythm and melody.

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4. A MUSIC THERAPY PATH FOR DRUG ADDICTS – CYPRUS

4.1 Setting of the experimentation

The pilot action has taken place within facilities provided by the Community Council of Lemba and supported by The Cyprus College of Art at Lemba (CAL). The CAL frequently backs up the groundwork around rehabilitation actions of creative nature, especially for groups of unsettled youngsters with a trouble past whether that revolves around dependencies or juvenile delinquencies.

By being an active bastion of human artistic interaction and creativity for many years now, it maintains the capacity of bracing sufficient responses within its realm and supporting along with the community those in need of recovery and self-reclamation, beyond the conventional approaches.

Methods occasionally applied and considered appropriate for exploitation through the Pilot Stage, partly supporting the music therapy workgroups, where mostly psychological and social rehabilitation as well as sessions of individual psychotherapy.

4.2 Experimental group and control group

As pointed out in the guidelines provided prior to the implementation of the Pilot Stage, two groups of voluntary participants were being formed. Specifically, the number of regular attendants was indicated at ten (10) persons for the experimental group and nine (9) for the control one.

The average age of the participants in both parts, was around their early twenties with the younger member was reported at eighteen (18) years old and the older one at twenty-five (25). The background for the majority shared a number of similarities and indifferences concerning their upbringing and social status, the level of education received, their addiction for which they were compelled to receive some kind of treatment in the first place and at last their judicial situation, which relates mostly to their age closeness.

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Specifically, from all participants only three (3) came from divorced parents whilst the financial status of their families would place them in a middle class level. Regarding their level of education, four (4) of them were high school drop-outs for reasons relating to a continuous infringing behavior in regards to school regulations and as a direct result to a form of substance dependence.

The categories of substances vary and include mainly by frequency of use Cannabinoids, Stimulants and Hallucinogens. The use of alcohol was also an issue for some of the participants but it was not being regarded as an addiction for anyone of them.

For assessing the judicial situation for the majority of the participants, we should take into consideration the law in Cyprus on addicts and specifically for young ones, according to which the common practice is to frequently grant alternative measures to imprisonment. Consequently, the majority of the participating addicts were obliged to follow some form of rehabilitation for a certain period instead of being imprisoned.

4.3 The music therapy path

From the beginning of the implementation process, the people that have being assigned with the task of carrying out the intervention, set the primary goal of following, as close as the circumstances allowed, the guidelines provided prior to the Pilot Stage. With that in mind, some initial goals and restrictions were set, even though all participating parties agreed that flexibility should be applied were exogenous and unpredictable factors would occur.

Accordingly, the creative involvement of the participants through the notion of expression without the boundaries of hesitation, were outlined as the very first goals of the intervention. The purpose was to provide for the members of both teams, the opportunity to exploit non-verbal communicational routes within a dynamic group in order for the individual to restore/or reinforce his sense of identity through this personal experience and eventually inspire a greater realization of his self and his surroundings.

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The sessions implemented were in the total of twenty (20), as instructed in the Guidelines of the Pilot Action, with a weekly frequency that was suspended for two weeks during the Christmas holidays. Regarding the musical instruments used within these sessions, these were mostly percussions that are generally easy to play and inexpensive. Having in mind that the majority of the participants did not have any past music experience, the selection of these kinds of instruments (bongos, tambourines, congas, maracas, metal shaker, triangles) was natural. Still, a keyboard, a guitar and a turkish ney were frequently used by the music therapist in order to initiate a basic/core tune or melody. A vocal element was also introduced from time to time in order to further engage the group and for improvisation purposes.

4.4 Results

Concerning any possible dropouts during the Pilot Stage, there was none reported. Still, there were some sporadic absences by certain members of both groups which nevertheless did not intervene with the ongoing process of the intervention as well as with the personal progress of the individuals who consist of both the experimental and the control group.

The average attendance for the sessions of music therapy was estimated by the music therapist responsible at around 80 per cent in total. That translates into one or two the most absences, in each session implemented.

As concerns quantitative outcomes of the pilot action, graphics representing the ex ante and ex post psychological test scoring data will be present.

The T scores means of the MMPI2 clinical scales which assess 10 major categories of abnormal human behavior, are illustrated in the graphics below both for the experimental and the control group. The MMPI2 results showed a slight presence of psychopathological features concerning the participants' personality.

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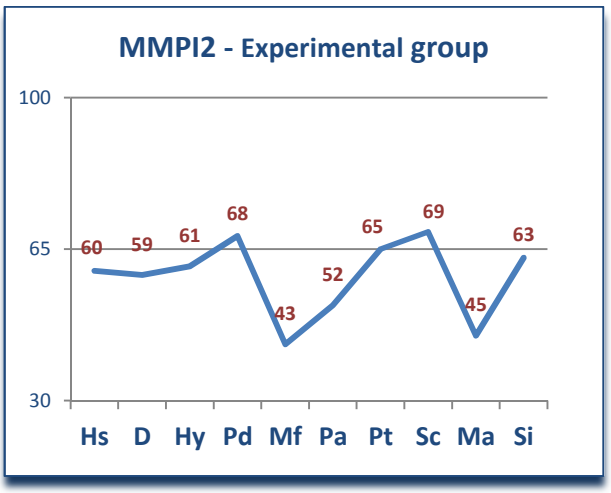
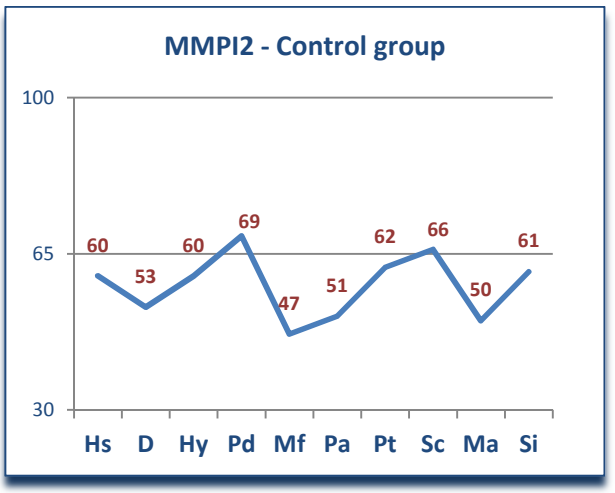


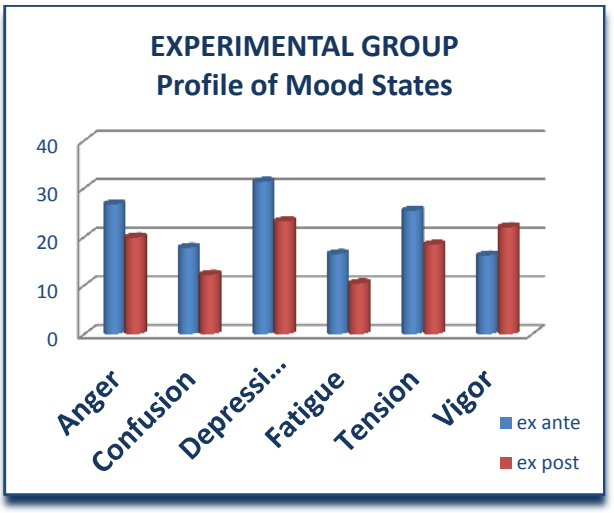
picture 1



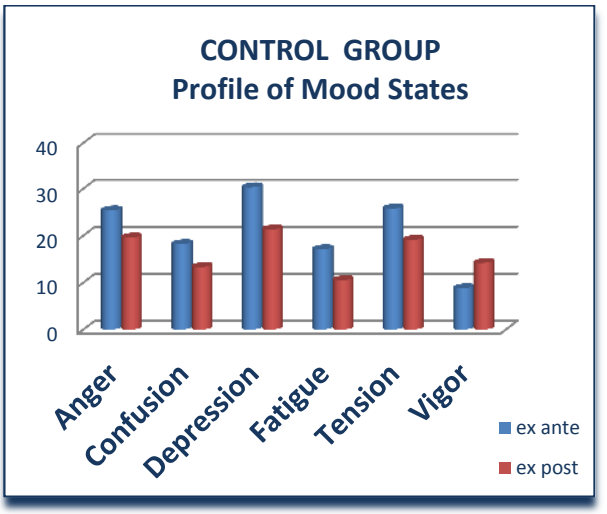
picture 2

As related to the experimental group data showed a slight increase in Psychopathic Deviate, Schizophrenia and Psychasthenia scales (picture 1); whilst the participants to the control group showed a slight increase in the Psychopathic Deviate and Schizophrenia scales (picture 2).

As concern data from test scoring, the pictures 3 and 4 illustrate the effect of the intervention with music therapy on mood states and emotion expression.



picture 3



picture 4

The experimental group showed a decrease of all the scales scoring (Anger, Depression, Confusion, Fatigue and Tension) except for the Vigor scale which increases. There have been no relevant differences between the control and the experimental groups.

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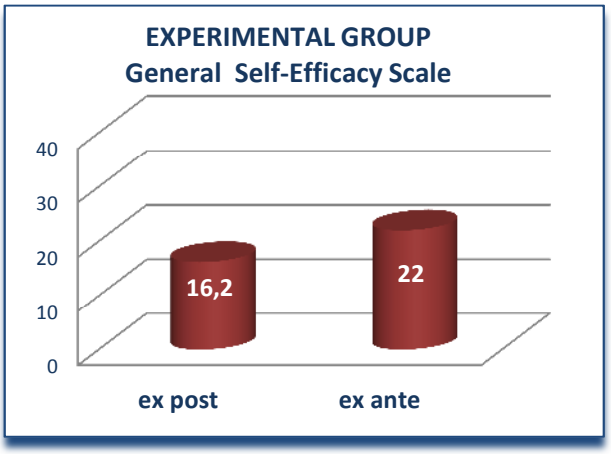
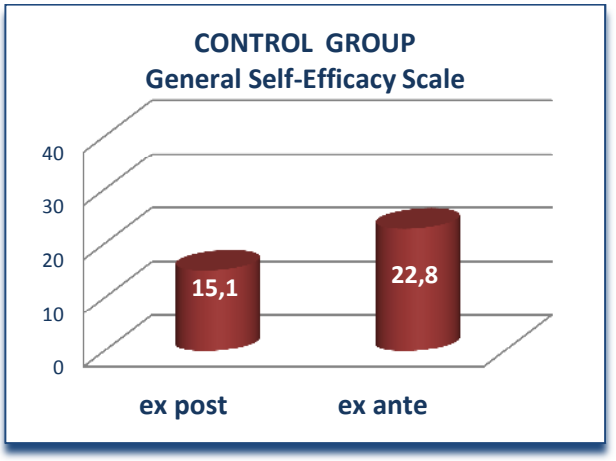
As concern perceived self-efficacy, the data show a significant increase in seeing oneself as effective and able to deal with everyday life situations among the participants both to the experimental and the control group (pictures 5 and 6).



picture 5



picture 6

4.5 Key findings and conclusions

The implementation of the Pilot Stage has demonstrated some undeniable outcomes as these are being expressed by the majority of both participating groups, mainly by introducing those certain individuals into a bath of creativity, of which most were unaware of. The most remarkable of the elements derived from the whole intervention experience should be considered the way in which the practice of music therapy can serve as a way for addicts to become actively engaged in their own recovery process whilst decreasing the stress associated with taking part in a recovery program.

Considering that addiction is, both physical and psychological, music can substitute a reliable medium through which therapist and recovering individual can communicate, often non-verbally and achieve a positive effect on both levels, thus creating a sense of connectedness with self and other individuals.

The process also managed to reveal that music can pull a group together whilst giving to its member a sense of community and connectedness. Since addicted people tend to be self-centred

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and often disconnected, feeling quite isolated even around other people, music produced a sense of connectedness that most were desperate for.

Furthermore, the intervention has also proved to be an efficient recreational activity that can create healing energy to the group and produce euphoria in a sense that translates into an altered state of consciousness and an energy that can draw people in and stimulate pleasurable feelings without drugs.

It might also improve the individuals' mood; enable them to discuss issues of importance in relation to their recovery process, help them socialize in a positive manner, improve their mood and energy level whilst offering a comprehensive experience that can truly contribute in their mental, physical, and emotional developmental process.

The members of the two teams taking part during the Pilot Stage shared a number of characteristics which resulted in a relatively approachable and responsive to the practice of Music Therapy group of young people.

The majority of the (voluntary) participants was around their twenties and did not suffer from a serious addiction and subsequently from an intense withdrawal syndrome. That factor alone resulted in a more receptive sample for which the practice of Music Therapy could be implemented with considerably fewer difficulties and unexpected complications. Plus, it meant that participants could be more easily intrigued by the musical element of the process and some generally spirited gatherings than they would have in a more traditional kind of intervention.

It should also be noted among the strengths of the Pilot Stage, that most of the young persons who took part, did not previously serve time in prison. With that in mind, the work of the Music Therapist and the psychologist was more manageable than it would have been in the case of a group by young people that previously had the detrimental experience of imprisonment.

Furthermore, it should be noted that most of the participants did not come from divorced/problematic families. That meant they had the full support of their closed ones (especially parents) during their rehabilitative period which in a sense provided them with a feeling of secure stability whilst planning their future away from addictions. Their ability and

willingness to plan their future after their current stage was noted by both the Music Therapy and the Psychologist as one of the most encouraging rehabilitative signs.

An experimental user that was sentenced to follow a rehabilitative measure as an alternative to prison does not necessarily constitute an addict. From that perspective and only a practice targeting such a group of youngsters, owes to be fundamentally contrasting to interventions considering older people with a long and serious addiction.

As the results of the Pilot Stage in Cyprus have showcased, an opportunity arises in rehabilitating younger people with an early/experimental drug habit, by employing interventions such as Music Therapy.

Early stage addicts and especially younger ones tend to be more open and less hesitated as a group, especially if before they didn't experience the unfortunate reality of incarceration.

Accordingly, the creative involvement of those participants through the notion of expression and without the boundaries of hesitation is able to provide the opportunity of exploiting non-verbal communicational routes within a dynamic group and enable the individual to reinforce his/her sense of identity through a personal experience whilst inspiring a greater realization of their self and their surroundings.

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5. CONCLUSIONS

The prevention and fight against drug related crime requires the implementation of adequate intervention and measures for the treatment of the addiction which is behind the anti-social behavior. The drug addict and the drug related crime offender has complex needs requiring different integrated interventions. These measures should include the treatment of compulsion at the behavioural level, the care of the psychopathological conditions that trigger the addiction behavior as well as the accompanying through the reintegration processes into society.

Within this complex intervention framework, the work with music therapy can provide valuable support as a rehabilitation technique for the management of compulsive behavior. The pilot action for the testing of music therapy in the treatment of drug addicted offenders has been successful in the three partner countries, even if in different ways within the different settings identified.

Italian actions have been carried out in a residential setting (Therapeutic Communities) that already provide for well-framed therapeutic programs, music therapy has had mainly the purpose of an emotional control and of a support in the expressiveness of moods.

Bulgarian actions have been carried out in prison where no other treatment programs were provided, thus, music therapy had much noticeable outcomes. In this case, music therapy especially affected the management of negative emotions, such as anger, that was channeled in active listening and drawing. This led to the creation of a team chemistry and communicative skills, thus improving the quality of life within the context of imprisonment.

In outpatient settings, as for Cyprus experimentation, when users present less severe starting conditions in terms of both clinical and judicial point of view, music therapy intervention led to a decrease of negative emotions and to an increase of personal activation.

The current situation in Europe can be considered as an opportunity for similar interventions, targeting younger people, addicted to illegal substances. Accordingly, traditional interventions are the ones dominating the rehabilitative environment in the whilst the younger population indicates an increasingly incline shift towards the widespread use of illegal substances.

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With today's younger generation being highly vulnerable to drugs, rehabilitative interventions, as well as preventative actions, should be able to adapt themselves to the needs, the background and the cultural specificities of their target group.

The application of music therapy presented encouraging results that could be exhilarated even higher if the sessions continued further, thus improving the mood state of the participants and establishing even deeper the notion of expressiveness without drugs which was evident through the evaluation tests contacted.

As for actual weaknesses within the application environments of the music therapy pilot action, these included:

- an initial hesitation of participants experimenting with music, considering that most of them did not have any previous musical knowledge/experience;
- the relatively short implementation period of the Pilot Stage.

Furthermore, in order to confirm with more reliability the results of the present pilot action, further data would be needed:

- Follow-up of participants after 6 months, through an additional tests administration both to the experimental and the control groups, in order to check the stability of the changes observed in the course of the pilot action;

- Repetition of the experimentation with larger samples.

Nevertheless, the results obtained during the pilot action are encouraging and indicate that the use of music therapy in the treatment of drug addicts who have committed drug-related crimes may represent an innovative, useful and effective intervention means in this field.

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ANNEX A

MUSIC THERAPY GROUP SESSIONS – OBSERVATION SHEET

Session n._____ Date_____ Time _____

Expected duration_____ Actual duration_____

Observers_____

_____

Participants_____

_____

_____

_____

Absents_____

_____

_____

Instruments_____

_____

_____

_____

_____

Delivery_____

_____

_____

Arrangement of the instrumental set and starting position of music therapist participants

_____

_____

_____

_____

_____

_____

_____

_____

How many and which instruments have been used_____

_____

_____

_____

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First reaction of participants in front of the music therapy setting _____

_____

_____

_____

_____

Instrument approach

Determination	□
Worry	□
Aggressiveness	□
Self-confidence	□
Seduction	□
Sensuality	□
Regression	□

Body position with respect to the instruments and the surrounding area_____

_____

_____

_____

_____

_____

_____

Facial mimicry_____

_____

_____

_____

_____

Body gestures_____

_____

_____

_____

_____

Ability of turn taking_____

_____

_____

_____

_____

Kind of communication (gestures, eyes, body, mimicry)_____

_____

_____

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_____

_____

Group dynamics (coalitions, subsystems, couples, leaders)_____

_____

_____

_____

_____

_____

_____

Vocality (sonority and use of the voice)_____

_____

_____

_____

Rhythmic cells_____

_____

_____

_____

Melodic cells_____

_____

_____

_____

_____

_____

Harmonic sequences_____

_____

_____

_____

_____

_____

Enlargement of the sound space and possible narrowing

Rhythmic Accelerando □

Melodic Accelerando □

Rhythmic Decelerando □

Melodic Decelerando □

Transitional/intermediary object _____

_____

_____

_____

_____

_____

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Object for the group integration_____
_____
_____
_____
_____

Music therapist countertransference _____
_____
_____
_____
_____
_____

Description of the session_____
_____
_____
_____
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INDIVIDUAL OBSERVATION SHEET

(Relationship with the environment – Behavior: appropriate, isolation, closure attitude – Motility: posture, deambulation, muscle tone, stereotypy – Communication: A: absent, direct. B: eyes, physical contact, facial expression. C: stereotypical, imitative , propositional. D: through objects or

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instruments – Musical instruments chosen and way of approach – Vowel and/or verbal emissions – Relationship with the Mt and mates).

Name Surname: _____

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_____
_____
_____
_____
_____
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_____

Hypothesis about the next session:

_____
_____
_____
_____
_____
_____
_____
_____

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ANNEX B

Protocol I: before the session

Name:_____**Surname**:_____**Date**:_____

1. **How do I feel?**

   Body: tense □ relaxed □ nervous □

   Which part?_____

   Mood: happy□ sad □ indifferent □ other □_____

2. **Do I feel like to start the session?** yes □ no□

Why?_____

_____

_____

_____

_____

_____

_____

_____

_____

3. **What do I think about the music therapist?**_____

_____

_____

_____

_____

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_____
_____

Protocol II: during the session

4. Start of the session

How have I felt in the face of the setting?_____
_____
_____
_____
_____How have I felt in the face of the music therapist?_____
_____
_____
_____
_____How have I felt in the face of the instructions_____
_____
_____
_____
_____

5. During the session

Which instrument has attracted me first? _____
Why?_____
_____
_____
_____appearence_
_____colour_____
memory_____sonority_____
Have I taken it? yes□ no□
why_____
_____
_____
_____
If I have not taken it, with what have I replaced it? body □ voice□ singing□ silence□
What have been the most important moments?_____

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_____
_____
_____
_____
_____
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_____

6. End of the session

Should I have liked to continue? yes□ no□
Why?_____
_____
_____
_____
_____
_____
_____

What feelings have remained?: satisfaction□ frustraction □ indifference□
The session seemed to me: long□ short□ normal □
How have I felt facing of the music therapist?_____
_____
_____
_____
_____
_____
_____

Protocol III: After the session

7. How do I feel?

Body: tense □ relaxed □
Which part?_____
Mood: happy□ sad □ indifferent □ Other□_____

8. Have I discovered any personal characteristics?:

rhythmic □ melodic□ sound □ songs□
describe them_____

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_____
_____
_____
_____
_____
_____

9. Have I discovered any particular characteristics of an instrument?:

which_____

Which have been the most important communicative moments within the group?

_____
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