**Abstract**

Many families face difficult dynamics between members, including generation gaps and flawed or antagonistic communication patterns (Berg-Cross, 2010; Minoshin, Lee, & Simon, 2010). Various therapy methods have been developed to help families improve their communication and relationships. In the field of music therapy, performing, improvising, or listening to music may be used to create an alternative type of communication among family members, to foster more positive relationships between them, and to strengthen their ability to function as a family unit (Jacobsen & Thompson, 2017; Oldfield, 2017; Pasiali, 2012; Smith & Hertlein, 2016). However, most therapeutic methods focus on families in which one member, identified as the “patient,” has an illness, special needs, or requires extra support. Few music therapy approaches address families without any pathology, addressing them as a holistic unit with a focus on empowering them to face the challenges of daily life and to develop as a family.

The current study reports on the development of a model of short-term music therapy for families that do not include an identified patient, but who face challenges in the functioning of the family unit and who wish to improve their relationships and develop family resilience. Family resilience is defined as a network of processes and group and individual traits that enable the functioning, survival, and prosperity of the family unit. This quality of resilience will continue to be integrated into the family dynamic after the end of the therapy, enabling their ongoing emotional, psychological, and interpersonal development and providing them with tools to deal with life’s challenges. The therapeutic model uses music therapy tools and techniques that may be particularly effective in working on communication skills and interpersonal processes.

The model is based on a collaborative and salutogenic approach to family care, which emphasizes reinforcing existing strengths and abilities and enhancing family resilience. The model draws on techniques and theories such as Community Music Therapy (CoMT) and Resource Oriented Music Therapy (ROMT).

The current study uses an action research methodology, which combines research with the clinical/professional field. This method was chosen because it enables effective change processes while yielding significant theoretical contributions (Shimoni, 2019; Zellermayer, 2016). The study followed and analyzed the stages of the model’s clinical development, and was also theoretically and conceptually grounded. As is typical in action research, this study was based on cycles that direct the model’s development process, each of which has a unique goal and method (Alpert & Kafir, 2003).

The purpose of the first research cycle, based on phenomenological research, was to assess, design, and test the emerging model’s conceptual framework. To this end, interviews were conducted with eight experts in the areas of interest: music therapy for families, therapy to develop resilience, and short-term, focused therapy. The first cycle yielded a variety of issues that are important to developing an intervention model for building family resilience. The issues raised by the eight participating experts were plotted on an axis ranging from theoretical/philosophical concepts, through therapeutic/clinical principles, to practical items such as the goals of the intervention and music therapy tools to achieve them. This enabled formulation of an outline for music therapy for families, including theoretical foundations, clinical aspects, proposed goals, recommended stages of activity, and potential interventions in the field of music therapy.

In terms of **theory**, the model was based on a collaborative, salutogenic approach to resilience, with a psychodynamic perspective in referring to family relationships and bonding. In terms of **clinical aspects** of the model, treatment will be short-term and characterized by semi-structured therapeutic work. The “patient” in the model’s therapeutic intervention is the entire family unit. The therapist will work collaboratively, using a flexible and reflective approach. A number of key aspects of promoting family resilience emerged: connection, communication, personal identity, family belonging, and expressions of love. Following the results of the first cycle, the therapeutic setting was formulated to consist of ten sessions. The proposed action stages in the model are: parent intake, meeting the family, setting goals, choosing goals to focus on, therapeutic work, conclusion with the family, and conclusion with the parents. A toolbox was compiled with music-based therapy activities aimed at achieving various goals for the family.

The goal of the second cycle, based on the outline formulated in the first cycle, was initial practical testing of the model. A pilot test was conducted with three families. The research method in this cycle is a case study. The results of the second round of research included: documentation of the three family case studies from beginning to end, analysis of each case, and a comparative analysis of the three cases.

The analysis raised four main issues:

1. The degree to which the therapeutic meetings are structured must be flexible and sensitive to the family’s various needs, which may best be served by more or less structure (i.e., order, organization, security, authenticity);
2. The tension between the resilience approach and the psychodynamic approach makes their integration particularly sensitive, and necessitates a delicate balance in the the use of each approach and the transitions between them;
3. Flexibility is needed in the intervention design and focus of the therapy, taking into account differences in families’ traits (developmental stage, children’s age range, parents’ marital status);
4. Providing training, assistance and support for the therapist must be an integral part of the model’s theoretical basis, alongside understanding the family dynamics.

Following the results of the second cycle, the third research cycle was a case study in which the model was tested on five additional families. The goal was conceptual and practical formulation of the model, so that other music therapists can apply it. The results of the third research cycle included documentation of the five case studies from beginning to end, with analysis of each and a comparative analysis of the five cases. The analysis addressed similarities and differences in the characteristics of the families and the benefit they derived from the therapeutic process.

The analysis referred to:

1. Characteristic and recurrent family dynamics, and the specific interventions in the toolbox that could address the challenges and conflicts raised by these dynamics;
2. Therapeutic goals that arose in the case studies, both those that pertain to developing family resilience, and those that address needs raised by the families during the therapy sessions;
3. The unique meanings for each family that were produced by the therapeutic model and its various components (i.e., family meetings, parent meetings, music-based techniques, the therapeutic relationship);
4. Results of the treatment; although all the families apparently made progress in terms of developing resilience and other goals that emerged during the therapeutic work, it cannot be said that they “completed the process.” This is in accordance with the concept of resilience, in which it is assumed that after initiating the process, it will continue to develop naturally within the family.

In light of the research results, a practical treatment protocol was formulated. This outline includes the stages of activity in the model, the course of meetings, typical goals, a toolbox of music therapy techniques, and the level of structure and collaboration in the clinical interventions. The clinical protocol is anchored in an integration of several theoretical approaches: resilience, psychodynamics, salutogenesis, and a collaborative approach to therapy.

The study has several limitations. Both the researcher and the therapist were involved in the study. Application of the model under the guidance of other music therapists was not tested. The model was only tested among families from one region in Israel, and with similar family structures.

Follow-up studies may address the model’s effectiveness when applied by other therapists, and assess the training processes needed to train therapists in using this model. The model should be more extensively tested among families with a wider range of compositions and situations. It may be tested in therapeutic contexts other than private practice. Finally, in light of the findings in this study, follow-up studies may address the expression of love among family members and its meaning for family resilience.