

UNIVERSITY OF NOTTINGHAM

# An Exploratory Evaluation of Dramatherapy in a Key Stage 3 and 4 Pupil Referral Unit: A Multiple Case Study Design

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Psychology

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*All the world's a stage;  
And all the men and women merely players;  
They have their exits and their entrances;  
And one man in his time plays many parts...*

William Shakespeare, *As You Like It*, Act II Scene VII



# Abstract

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This thesis presents an exploratory case study evaluation of a dramatherapy intervention in a key stage three and four pupil referral unit for permanently excluded young people. Dramatherapy is a creative arts therapy concerned with the relationship between the therapist and the client using the medium of drama or theatre to make sense of life experiences (Landy, 2006). Existing literature suggests that this is a relatively under-researched topic, and there is a need for evidence-based practice to support the use of dramatherapy (Dokter, Holloway & Seebohm, 2011). Through continued engagement with the literature and subsequently the participants and dramatherapists, the research began to take more of an exploratory path, investigating whether change had occurred in dramatherapy and if so why this could have happened. This change was reflected in the research questions. The research questions focused on the perceived changes that were observed by the participants themselves, their dramatherapists or a member of school staff during the period of the intervention; if changes were perceived what within the intervention could have helped bring the changes about, and what factors external to dramatherapy could have influenced the process of the intervention.

A pragmatic, mixed-methods approach was initially adopted for this study. A pilot phase, evaluating the perceived impact of dramatherapy for five participants who were receiving dramatherapy was used to guide the development of quantitative measures in the evaluation phase.

Three young people participated in the evaluation phase of the study. A single case experimental design was used to help evaluate perceived changes during dramatherapy and in order to explore whether it was possible to measure change in a dramatherapy intervention. This aimed to support the over-riding qualitative element of the study, involving post-evaluation phase semi-structured interviews with the three participants, their dramatherapists and one or more member of school staff.

Visual analysis of the single case experimental design graphs suggested that the measures may not have been valid or reliable indicators of the participants' behaviours. This raised questions of the appropriateness of the use of quantitative measures with vulnerable young people who may have social, emotional and behavioural difficulties.

Thematic analysis of the qualitative interviews identified that the participants, their dramatherapists and/or a member of staff had observed that the participants were able to make changes within therapy, and within the pupil referral unit. Thematic analysis identified that factors of the therapeutic space, the relationship, and the use of metaphor and projective techniques were seen to have helped the young people make changes. Thematic analysis identified that the process of the dramatherapy intervention was seen to have been influenced by systemic factors.

The findings were examined with reference to the relevant literature. Strengths and limitations of the study were discussed. Potential future research and implications for practice are outlined.

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# Chapter 1 Introduction

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This thesis consists of an investigation of a dramatherapy intervention within a key stage three and four pupil referral unit (PRU) using an exploratory, mixed-methods multiple case studies design with three participants. This chapter will present the background and rationale for conducting the research, the structure of the thesis, personal and professional interests in the topic, and changes within the research journey.

## 1.1 Background and Rationale of the Study

---

After discussing potential research topics within the Educational Psychology Service, a colleague of the researcher's, who had been working with the PRU, indicated that members of the setting's Senior Management Team had shown an interest in implementing a social skills programme, which would benefit from simultaneous evaluation. The researcher therefore contacted an Assistant Head Teacher of the PRU to ask if it would be suitable for the intervention to be evaluated. However, it transpired that it would not be feasible to implement the social skills programme, due to the complex needs of the pupils, and the incompatibility of a mainstream social skills initiative. However, the Assistant Head Teacher mentioned that the setting employed an independent creative arts therapy company to work with their most vulnerable pupils. Following an Ofsted inspection in January 2012, inspectors had commented favourably on the dramatherapy intervention. However, the inspectors said they would have liked to see some outcome data to support the effectiveness of the intervention. The Assistant Head Teacher therefore asked if it would be possible to evaluate the effectiveness of dramatherapy with a small number of pupils.

The dramatherapists were initially consulted by the PRU's Assistant Head Teacher to ask whether they would be interested in having their intervention evaluated. Following their agreement, the researcher met some of the dramatherapists with the Assistant Head Teacher to discuss potential ways forward. The researcher initially met regularly with the dramatherapists in order to gain more understanding on the subject, to help guide reading and the



subsequent development of the initial measures. The dramatherapists and the Assistant Head Teacher were also involved in discussing and approving the Information Sheets and Consent Forms for both the parents and the participants. The dramatherapists' involvement will be discussed within the Methodology Chapter.

It was apparent that the setting was interested in understanding the 'value-added' impact of dramatherapy, which suggested that a quantitative element was needed within the study. Following a systematic search of the literature, the need for a qualitative investigation was identified, therefore a mixed-methods design, involving semi-structured interviews was used to answer the following three research questions:

1. Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?
2. If changes were perceived, what within the intervention could have helped bring this about?
3. What factors external to dramatherapy could have influenced the process of the intervention?

The researcher aimed to support the qualitative findings of research question one by using weekly, quantitative repeated measures. The quantitative measures were supported by an initial pilot phase with five participants who were already receiving dramatherapy.

## **1.2 Structure of the Thesis**

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Chapter 2: Literature Review will present literature exploring exclusion from school, PRUs and interventions to support vulnerable young people. A greater focus will be given to creative arts therapies, in particular dramatherapy.

Chapter 3: Systematic Literature Review will explore the existing research available concerning dramatherapy evaluations for children and young people.

Chapter 4: Methodology will start by presenting the paradigmatic and methodological considerations of the study, presenting the rationale for the use of a pragmatic approach with a mixed-methods case study. The study design section will describe the research procedures of the study, presenting details of the design strategy, the setting, the intervention, the procedures, methods of analysis and ethical considerations.

Chapter 5: Results will present the results of the pilot and evaluation phase findings. During the process of analysis it became apparent that the quantitative methodology may not have been suitable in generating valid or reliable data, therefore this was presented separately, with a consideration for the potential reason for the limitation. Thematic analysis of qualitative data will be presented to answer each of the research questions in turn for the individual participants, finishing with cross-case conclusions.

Chapter 6: The discussion will explore the findings in the results with reference to the literature reviewed in chapters 2 and 3. A critical evaluation of the current study will be presented with an exploration of possible future research and potential implications for Educational Psychology practice. Finally, the chapter will present a conclusion of the thesis, reviewing the main findings and the original contribution of the study.

### **1.3 Personal and Professional Interest**

---

I have always had an interest in the well-being of vulnerable young people permanently excluded from school. As a former Social Care Worker, within Social Services, I was aware of the implications of social exclusion on the social and emotional well-being of those individuals at the margins of society. I was therefore interested to learn more about an intervention that proposed to support permanently excluded young people.

Following a search of the literature, it became apparent that dramatherapy was a relatively under-researched intervention. I therefore considered the ethical implications of conducting interventions with a limited evidence base with such

vulnerable young people, and identified a need to evaluate the potential outcomes, processes and influences of dramatherapy.

## **1.4 Research Journey**

---

When I was initially faced with the task of conducting research into dramatherapy in the PRU I was daunted by the task of researching in an environment and with a topic in which I was relatively uninformed. This inexperience and the apparent need of the stakeholders to prove the effectiveness of their intervention within an educational environment that lends greater weight to quantitative outcomes, resulted in an initially more post-positivistic outlook to the study. The dramatherapists had mentioned their own use of the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997), and had questioned the usefulness or sensitivity of this measure. I therefore hoped to be able to develop a quantitative measure that would be able to more subtly show discrete change for the individuals, and hoped that single case experimental design (SCED) methodology could be a helpful way of achieving this goal.

Nonetheless, my understanding of the challenges involved in measuring outcomes for vulnerable young people, particularly with psychotherapy, led me to identify the need for a qualitative evaluation of dramatherapy. A mixed-methods approach was chosen, with greater weight given to the qualitative outcomes.

Subsequently, further engagement with the literature highlighted the difficulty involved in using quantitative methods for this population with this intervention. Also highlighted were the need for greater exploration of the outcomes and psychological processes involved in dramatherapy, and whether it is possible or ethical for these outcomes to be quantified.

From a research perspective this study has helped me to appreciate the difficulty involved in evaluating change in therapy, but also the difficulty for vulnerable young people to offer reliable or consistent responses, particularly through quantitative means.

I feel there is still need to explore what and how to evaluate outcomes for dramatherapy. I also feel it is essential for interventions for this vulnerable population to be evaluated in order to understand how they can appropriately and effectively be supported. However, my engagement with this research has led me to believe that in order to do this researchers and institutions need to engage more with qualitative research in order to determine how interventions are received and what processes are involved for different individuals.

I would like to illustrate this change in thinking with an experience from my practice as a trainee educational psychologist:

I was requested to complete an assessment of a boy in a primary PRU as part of a statutory assessment. I therefore came armed with my standardised assessment tools in order to identify his quantitative cognitive ability. It soon became apparent that he did not want to copy patterns or define words for me, and I was beginning to fear that I would get no “useful” information from my visit. However, the boy did want to use the blocks to represent a tower and walls, the bags to make caves and the animals from the verbal comprehension task to play knights in battle. And so, the angry and sullen boy was transformed into an imaginative and enthusiastic child, who was able to engage positively with an adult. His turn taking skills, his ability to deal with disappointment when my horse broke through his fortifications, his caring nature when he used a spell to bring my knights back to life, and his ability to stay focused on a task were all evident. Playing with the child, with a greater understanding of the developmental processes involved within play, helped me to generate a better understanding of the boy’s social, emotional and behavioural difficulties than if he continued with a task where he would eventually have reached a plateau. Sadly, however, the statement writers were inevitably more interested in the hard facts and figures, but the recommendations I was therefore able to give and my practice were greatly affected.



## **Chapter 2 Literature Review**

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### **2.1 Introduction to the Chapter**

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The aim of this chapter is to introduce the key aspects of this study. Firstly, the concept of pupil referral units (PRU) for permanently excluded children and young people will be explored. Reasons for permanent exclusion, focusing on the potential vulnerability and social, emotional and behavioural difficulties (SEBD) of these young people will be given. Potential therapeutic interventions available to support vulnerable young people will be discussed, focusing on psychodynamic arts therapies, in particular dramatherapy, as an intervention for this vulnerable population.

### **2.2 Exclusion from School and Pupil Referral Units**

---

This is a study exploring the effects of an intervention which aims to support vulnerable young people, excluded from school. In order to contextualise the investigation, this literature review will start with an exploration of the potential reasons for permanent exclusions from school, focusing on the type of young people typically excluded. This will be followed by a discussion of the settings available for permanently excluded children, focusing on PRUs.

#### **2.2.1 Reasons for Exclusion**

Exclusion from school can be considered a negative phenomenon, which may hold potentially long term correlations (Parsons, 2005). The literature points to social exclusion, where individuals are affected by a combination of individual and environmental factors such as unemployment, poor skills, high crime rates, family breakdown or poor health (Social Exclusion Unit, 2000), as contributing factors affecting school exclusion (Munn & Lloyd, 2005, Daniels & Cole, 2010, Vulliamy & Webb, 2000). Conversely school exclusion has been described as contributing to further, long-term social exclusion (Macrae, Maguire and Milbourne, 2003), therefore effective provisions for these young people should

aim to help support rehabilitation into mainstream schools, where possible (Taylor, 2012).

Department for Education (DfE) records indicate that the main cause given for permanent exclusions was “persistent, disruptive behaviours” (DfE, 2012a). However, research has explored differing attributions the parties involved may give about the factors underpinning behaviour, and in turn explored the potential impact of this on responding to behaviours.

A study investigating teachers’ perceptions of the pressures to exclude pupils highlighted that some thought within-child factors and parenting to be the cause, whereas others felt that school-based factors were to blame (Rustique-Forrester, 2001). Those teachers who attributed difficult behaviour to social background and within-child factors tended to think that they could do very little to prevent it, whereas those who attributed school-based factors tended to think they had some power over the solution. However, the study only presents teachers’ perceptions of the cause of exclusion, and attribution of the causes of disruptive behaviours can vary between teachers (Miller, 1996) parents (Miller, Ferguson & Moore, 2002) and pupils (Munn & Lloyd, 2005). It has been suggested that by focusing on within-child factors, which teachers are not able to affect, exclusion from school could be a response to the pathologisation of the young person whose difficulties are preventing them from fitting into the ideal of the inclusive system (Carlile, 2011).

It has been argued that the current policies, that appear to reward schools for high academic achievements but punish those who appear to struggle with challenging behaviour, only increase the risk of inflated exclusion rates (Macrae et al, 2003). Rustique-Forrester (2001) found that teachers felt that education policies had profound, negative effects on exclusion. In a study examining exclusion rates in English schools, accountability and pressures on curriculum outcomes were reported to be contributory factors, which led to an environment that was seen to show less tolerance of pupils with learning difficulties and SEBD, reduced variety in the curriculum, and led to the subsequent marginalisation of underperforming pupils (Rustique-Forrester, 2005). When comparing the prevalence of these factors between high- and low-excluding

schools, the higher-excluding schools had poorer internal structures and less support for teachers' and pupils' needs, and therefore suggested that organisational and policy short-comings were related to increased exclusion rates in England (Rustique-Forrester, 2005). However, the schools used for comparison in the Rustique-Forrester study were not well matched, with clear differences in school sizes, percentage of children receiving free-school meals and percentage of pupils receiving GCSE A\*-C.

Carlile (2011) suggests that an English education system that is dedicated to inclusion, but whose funding is based on academic league tables, is at odds with the notion of inclusion for children with SEBD. Although SEBD is seen as a special educational need (SEN), it is argued that it is not treated in the same way as other SEN as it does not provide the individual with the opportunity for inclusion, but increases their chances of exclusion (Jull, 2008). Jull (2008) argues that exclusion as a response to SEBD not only undermines the notion of inclusion for SEN, but also the ability of the schools to deal with these difficulties. Exclusion, it is argued, increases the likelihood of further isolation and worsening negative behavioural patterns in the future (Cooper, 2002, Munn & Lloyd, 2005).

The exclusion of children and young people from schools is then a feature of the educational landscape. The focus here is on the provision available for those young people who have been excluded, and the following section will discuss the provisions available, and attempts to conduct research in these settings.

### **2.2.2 Pupil Referral Units**

Pupils in England and Wales who have been removed from mainstream education following exclusion will frequently attend PRUs (Taylor, 2012). The term was first introduced in a DfE circular *The Education by LEAs of Children Otherwise than at School* (DfE 1994). The Coalition Government's document *Improving Alternative Provision* (Taylor, 2012) estimates that 14,000 pupils will be on role at PRUs on either a full or part-time basis.

The provisions for permanently excluded pupils can vary considerably in focus and in the needs of the pupils enrolled in the setting (Taylor, 2012). Generally, the purpose of a PRU is to support reintegration into mainstream school, or where this is not possible to support the young person to reach their educational potential within the PRU, whilst aiming to help improve their possible SEBD (Taylor, 2012).

Some have suggested that the purpose of the PRU is not necessarily aimed at providing for the referred pupil, but for the teachers and pupils of the mainstream school from which they have been removed (Galloway & Goodwin, 1987; Solomon & Rogers, 2001). Pupils in PRUs are less likely to think positively about themselves or their futures when compared to mainstream pupils (Mainwaring and Hallam, 2010); therefore to ensure the PRU is used effectively, it is suggested that pupils should be reintegrated as early as possible in order to prevent them from becoming de-motivated (Solomon & Rogers, 2001, Lawrence, 2011).

Maintaining the focus on descriptions of the experiences of the groups represented in this study the following section will discuss the demographic of PRUs, considering the vulnerability of the young people, and methods and challenges of conducting research with this population.

#### **2.2.2.1 Vulnerable Young People in Pupil Referral Units**

An investigation of young people permanently excluded from school (Daniels, Cole, Sellman, Sutton, Visser & Bedward, 2003) identified the following factors that the young people had had in common prior to exclusion:

- Many had severe social difficulties outside of school
- 40% had been reported as having committed an offence
- Many had been able to develop satisfactory relationships with members of staff in their school
- The majority of the pupils preferred sport and PE
- Over 40% had SEN, mostly learning difficulties mixed with behavioural difficulties



- Permanent exclusion was typically preceded by a lengthy period of challenging behaviour.

Taylor (2012), however, identified that at the time 79% of pupils in PRUs nationwide were classed as having a SEN. Taylor (2012) identified that many children who are referred to PRUs or alternative provisions come from very deprived backgrounds, and are twice as likely to qualify for free school meals when compared to the average mainstream pupil. Taylor (2012) stated that these young people often come from:

*“...chaotic homes in which problems such as drinking, drug taking, mental health issues, domestic violence and family breakdown are common.”*

Taylor (2012, p.4)

One could therefore suggest that pupils who attend PRUs are likely to be classed as vulnerable. Barnes, Green and Ross (2011) conducted a mixed-methods longitudinal study tracking an apparently representative cohort of 8,700 young people from the age of 14 to 20. Barnes et al (2011) identified six subgroups of young people, summarising their main disadvantages and likely outcomes at age 18. Barnes et al (2011) classed 55% as being in the Non-Vulnerable Group. The following five groups were classed as vulnerable, all of which were more likely to have lower outcomes at age 18 than the non-vulnerable group, and were divided into the following:

- Emotional health concerns group
- Substance misuse group
- Low attainment only group
- Socially excluded group
- Risky behaviours group

The groups identified as most likely to have the poorest attainments at 18 were the socially excluded and risky behaviours groups. Barnes et al (2011) identified that 15% of the total sample fit into more than one category, therefore

concluding that these multiply disadvantaged young people were unlikely to form a homogenous group. Outcomes were also different depending on gender and socio-economic status (Barnes et al, 2011).

Therefore, if we consider that researchers have suggested that children who are permanently excluded from schools are more likely to be socially excluded (Munn & Lloyd, 2005, Daniels and Cole, 2010, Vulliamy & Webb, 2000) with the suggestion that the socially excluded group are likely to have prospects of poor attainments (Barnes et al, 2011), they could therefore be classed as a highly vulnerable group.

#### **2.2.2.2 Conducting Research in Pupil Referral Units and with Vulnerable Young People**

Lawrence (2011) conducted a qualitative study investigating factors involved in successful reintegration from a PRU to a mainstream school by interviewing PRU staff, mainstream school staff and a behaviour support teacher. Supportive factors were divided into child, parent and systemic factors. Child factors included an understanding of reintegration, wanting to return to mainstream school and wanting to be successful. Parent factors included being informed, taking responsibility and ownership and being positive and supportive. The majority of supportive factors appeared to be seen as dependent on the system, and included factors such as clearly explained boundaries and timely and individualised reintegration. Lawrence (2011) identified child factors preventing successful reintegration were significant mental health difficulties or SEBD and lack of peer relationships in mainstream school. Systemic factors included informed decision making, mainstream choice not to reintegrate, negative or unrealistic expectations and lack of staff skills and knowledge.

Factors highlighted by Lawrence (2011) were defined by school staff, and were their perceptions rather than definitive reasons. When considering the child factors described, it is difficult to accept the adults' construct of what the child 'wants'; one could argue, for example, that very few children do not *want* to be successful. In addition a child's limited understanding of reintegration may be classed as a systemic factor of not adequately informing the child of the

reintegration process, not of the child's inability to understand. It would therefore have been helpful if the author had carried the investigation further by asking for the children's and parents' perceptions of successful reintegration.

Meo and Parker (2004) investigated the role of specialist behaviour support teachers in one PRU using a qualitative case study. Findings suggested the practices used by school staff appeared to enhance rather than reduce negative behaviour and disaffection. Meo and Parker (2004) called for more research to be conducted in PRUs to ensure the practitioners responsible for teaching these vulnerable young people are suitably equipped.

Pirrie and Macleod (2009) attempted to investigate what happened to 30 pupils who had been excluded from PRUs or behaviour special schools. However, the authors found considerable restrictions for conducting research with this population, particularly highlighting a difficulty in clearly defining the boundaries of SEBD in a very heterogeneous group.

In a review of interventions to support vulnerable young people, Walker and Donaldson (2011) suggested that studies frequently struggled to identify appropriate quantitative measurements to assess outcomes for interventions. In a study of 2,076 children aged 4 to 18 with SEBD in the Netherlands, Bongers, Koot, van der Ende and Verhulst (2003) identified that behaviours exhibited by girls and boys can differ. Boys were more likely to exhibit externalising behaviours, such as aggression, whereas girls were more likely to exhibit internalising behaviours such as being withdrawn or anxious. This would suggest that observable behaviours would be different between boys and girls, and therefore may make identification of behaviour changes difficult. However, since the study was conducted in the Netherlands, it is not necessarily a representative sample for the current study. Also the study assumes homogeneity in this population which others have argued is not the case (Barnes et al 2011) identifying a difficulty in using concrete measurements with the heterogeneous population (Pugh, 2010).

Vander Laenen (2009) suggested that conducting appropriate research with vulnerable young people with SEBD requires qualitative research, with

considerable effort from the researcher to build up relationships with the young people in a naturalistic environment.

In summary, reasons for school exclusion are typically attributed to persistent disruptive behaviours (DfE, 2012a), but research has suggested that school pressures (Rustique-Forrester, 2001), pathologisation of children with SEBD (Carlile, 2011) and social exclusion (Munn & Lloyd, 2005; Daniels & Cole, 2010; Vulliamy & Webb, 2000) contribute to the pressure to exclude, with excluded children and young people frequently attending PRUs (Taylor, 2012). A difficulty involved in conducting research in PRUs and with vulnerable young people has been identified (Walker & Donaldson, 2011; Pirrie & Macleod, 2009) frequently due to the heterogeneous nature of vulnerable young people (Barnes, et al, 2011). Investigations with young people with SEBD typically utilise qualitative methods (Vander Laenen, 2009), though frequently failing to acknowledge the perspective of the child themselves (Lawrence, 2011; Meo & Parker, 2004). The subsequent methodological implications of previous research with vulnerable young people in PRUs will be considered in section 2.5.

In order to put the topic of the current study into context, potential therapeutic support available for vulnerable CYP with SEBD will be discussed in the following section. Considerations will be made with reference to the suitability of the approaches for vulnerable young people permanently excluded from school.



## 2.3 Therapy for Vulnerable Children and Young People

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Cooper (2001) suggested that the most effective interventions for pupils excluded from school acknowledged a link between SEBD and potential unmet needs, and aim to combat isolation whilst promoting interpersonal relationships. Grimshaw (1996) believed that only by exploring and acknowledging the reasons behind behaviours, in a therapeutic context, could real and lasting behaviour change be possible.

Evans, Harden and Thomas (2004) identified four main areas of psychology that underpin therapeutic interventions and support for pupils with SEBD in schools. These were behavioural, cognitive-behavioural, ecosystemic and psychodynamic. The following section will focus on cognitive-behavioural, ecosystemic and psychodynamic methods, with greater emphasis given to psychodynamic arts therapies, in particular dramatherapy.

### 2.3.1 Cognitive-behavioural therapy

Cognitive-behavioural therapy (CBT) aims to help clients analyse their current ways of thinking and their emotional and behavioural responses to situations by assessing current difficulties, and monitoring and evaluating new approaches (Sheldon, 2011), combining strategies from cognitive and behavioural psychology (Rait, Monsen & Squires, 2010). CBT offers a move away from the behaviourist model that assumes behaviours can be modified by selective reinforcement by an external other, but suggests that individuals are able to make cognitive representations of behaviours, and reflect on them (Evans et al, 2004).

CBT aims to influence the way in which anxious individuals think about what they fear or feel threatened by (Kendall & Treadwell, 2007, Wood, 2006). In recent years manuals have been developed for teachers to implement CBT interventions such as *FRIENDS* for Life (Barrett, Webster and Turner, 2000) and *Think Good, Feel Good* (Stallard, 2002). Rait et al (2010) concluded that CBT was an effective method for supporting children with SEBD, but that the benefits were greater at the 'milder end of the spectrum', for example anxiety or

depression. It has been argued that reliance on scripted procedures takes away from the therapeutic skills of professionals such as educational or clinical psychologists (Pugh, 2010).

Pugh (2010) argues that the randomised control trials (RCT) used to evaluate the effectiveness of CBT do not necessarily diminish the effectiveness of other less expensive methods. When working therapeutically with a heterogeneous population like children with SEBD and children enrolled in PRUs, the most effective strategy may not necessarily be something that has been evaluated using a method that assumes homogeneity (Pugh, 2010). To ensure that children are being supported effectively it is suggested that CBT should be more closely evaluated to ascertain which of the many aspects are the most helpful and effective (Rait et al 2010).

### **2.3.2 Ecosystemic Approaches**

Ecosystemic approaches to SEBD assume that the child or young person's behaviour is caused by the interactions between and within various subsystems to which they belong (Garner & Gains, 1996). Ecosystemic approaches reject the notion of within-child models of SEBD and are influenced by Bronfenbrenner's (1979) idea that successful interactions within the systems would benefit the whole system, and help improve behaviour. Dowling and Pound (1994) suggest systemic approaches to supporting challenging behaviour in school can result in teachers and parents being seen as working cooperatively together on the child or young person's behalf. Cooper (1999) suggested that in order for support for young people with SEBD to be effective, it should be multidisciplinary whilst recognising the multidimensional interactions of the biological, psychological, social and cultural factors.

Challenges involved in ecosystemic approaches concern the commitment required to sustain inter- and intra-professional cooperation (Garner & Gains, 1996). However, Miller (2003) identified a role for educational psychologists (EPs) in supporting ecosystemic cooperation.

Dimond and Chiweda (2011) describe the use of a multidisciplinary model within a secure unit for vulnerable adolescents. As well as group and 1:1 therapies available to the young people, Dimond and Chiweda (2011) highlight the importance of developing positive relationships through ecological support for their families and school staff.

### **2.3.3 Psychodynamic Approaches**

Psychodynamic interventions are based on theories of parent-child relationships, where the complex roots of behaviour are emphasised, and lasting change is sought through the client's personal development (Evans et al, 2004).

Nurture groups are an example of a psychodynamic intervention, based on the theory of attachment (Bowlby, 1969) and originate from the work of Marjorie Boxall who adapted theories of ineffective attachment from the impaired nurturing and learning processes experienced in a child's early years. Nurture groups aim to support children labelled as aggressive, violent and disruptive in schools (Boxall 2006). Studies evaluating the effectiveness of nurture groups for children with SEBD have mainly focused on primary school settings (Binnie & Allen, 2008 and Seth-Smith, Levi, Pratt, Fonagy & Jaffey, 2010). Cooke, Yeomans & Parkes (2008) evaluated the effectiveness of a nurture group for a key-stage 3 mainstream school-based provision, and found significant improvements for group members using the Boxall Profile, measuring personal and social developments and deviant behaviours (Bennathan and Boxall, 2005).

Renwick and Spalding (2002) discussed the importance of space, similar to that of the nurture group, for therapeutic interventions for children and their families in mainstream schools. Renwick and Spalding concluded that the therapeutic environment helped engender feelings of well-being and calm for the young people, and it was seen as a considerable factor within therapy.

Malberg (2008) used clinical vignettes to investigate the effects of group psychotherapy for four adolescent pupils in a PRU in addition to systemic psychotherapeutic support for the parents and teachers. Staff evaluation



surveys indicated they felt they had a new-found capacity to think about their own moods before confronting the pupils. Malberg (2008) concluded that two of the four participants were able to access new services following group psychotherapy, which she suggested was a possible change in thinking that some adults could be helpful and think positively about them. Malberg (2008) highlighted the need for working with teachers and parents as the agents of possible change. Though a tentative evaluation of an intervention, Malberg presents an insight into an in-depth piece of work with a challenging client group; identifying a need for a combination of psychodynamic therapy with systemic support.

Harland, Kinder, Lord, Stott, Schagen and Haynes (2000) conducted a study to investigate the impact of arts education in secondary schools, and found a number of positive outcomes affecting social inclusion, such as enjoyment, psychological wellbeing and improved interpersonal skills. As part of doctoral research, Murphy (2011) investigated the impact of the arts education for permanently excluded girls in a PRU and concluded that arts had a positive effect on participants. Murphy (2011) suggested that the arts space had an impact on the positive outcomes and engagement within the intervention. It has been suggested that drama education can provide therapeutic qualities in developing social skills and empathy in pupils (Holmwood and Stavrou, 2012); however, the current research does not aim to evaluate the effects of arts education, but of an arts therapy. The differences between arts education and arts therapies in schools are as follows:

- **Intended Outcomes:** for arts therapies the intent is psychological, whereas for arts education the intent is for an aesthetic outcome;
- **Content:** for arts therapies the content has a therapeutic agenda, whereas for arts education it involves a focus on the curriculum;
- **Presence or Absence of Instruction:** unless there is a psychological need, the arts therapist will not aim to instruct the client;
- **Attention to Artistic Change:** artistic change is the main focus for arts education, whereas for arts therapy the artistic change aims to inform psychological change

(Karkou, 2010, p. 11).

The art therapist Malchiodi (2012) suggested that with traditional talking therapies adolescents may be resistant to talking to an adult about difficulties. Arts therapies are able to offer psychotherapy by communicating through a creative medium (Karkou, 2010), and differ depending on the chosen creative medium employed by the therapist. They are divided into five types:

1. Music Therapy
2. Dance Movement Therapy
3. Voice Movement Therapy
4. Art Therapy
5. Dramatherapy

In summary CBT has been suggested as a successful method of supporting children with milder forms of SEBD (Rait et al, 2010). Therefore, CBT may not be suitable for the potentially highly vulnerable young people permanently excluded in a PRU (Pugh, 2010).

An ecosystemic approach can bring together adults in cooperation to support the young people. However, there may be difficulties involved in maintaining cooperation over time. The most vulnerable and challenging young people may therefore benefit from targeted psychodynamic therapy with additional systemic support for parents and teachers (Lawrence, 2011; Dimond & Chiweda, 2011).

The literature has suggested that adolescents may be less resistant to arts therapy because they do not have to talk directly about their difficulties to an adult (Malchiodi, 2012, Karkou, 2010). The following section will discuss dramatherapy in more detail, highlighting its potential use for children with SEBD.

## 2.4 Dramatherapy

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Landy (2006) defines dramatherapy as an arts therapy concerned with the relationship between the therapist and the client, or clients, using the medium of drama or theatre to make sense of life experiences. However, dramatherapy is not just the application of drama to psychotherapy, but a discipline in its own right of healing through drama (Meldrum, 1994). The client exists within a triadic relationship between the therapist and the medium within a fourth factor of the therapeutic and creative opportunity of the space (Jones, 2005).

Through creative play or the mutual development of a story the client is able to work through difficult concepts or life experiences (Cattanach, 1994). The dramatherapist guides the client to make sense of their own lives, typically by helping them examine their temperaments, biases, affective styles, strengths and weaknesses, and an understanding of what they know to be true about themselves in order to find meaning (Landy, 2006). Meldrum (2012) acknowledges that support is helpful on a systemic level, but feels that one-to-one work with the child enables them to find strategies and resilience to cope with difficult lives through play and drama. The negative feelings the child typically projects onto others can be projected onto the drama, and depending on the model used, onto the dramatherapist (Domikles, 2012). The therapist is able to act as a container for the child's emotional reactions (Meldrum, 2012) and through dramatic projection developmental difficulties in the young person's over-burdened psyche can shift, and therefore changes to behaviour can be possible (Zeal, 2011). Projection onto objects such as puppets, and the use of metaphor to evaluate difficulties can help the young person achieve 'aesthetic distancing' (Landy, 1992). Distancing can help a child or young person re-experience a traumatic or difficult memory without the risk of flooding (James, Forrester & Kim, 2005).

In contrast to psychoanalytic psychotherapy, where there is an emphasis on the therapist-client relationship and working through potential conflicts within that diad, dramatherapy lays a stronger emphasis on the creative and expressive within therapy (Meldrum, 1994). By focusing on the client's creative and



expressive ability it allows for non-verbal and symbolic emotions to be expressed as well as verbal emotional disclosure (Meldrum, 1994). Holloway et al (2011) argue that where purely verbal psychotherapy relies on the narration of experiences, in dramatherapy the client is required to concurrently narrate and enact, thus helping to contain and reflect upon destructive acts within the creative process. This supports Bion's (1967) view that in order to develop secondary process thinking, which helps to make links between behaviour and consequences, action must be transferred to thought and followed by verbalisation. Stamp (2008) makes a distinction within dramatherapy of not only requiring secondary process thinking of logic and consequence by narrating, but also primary process thinking by using symbols and actions.

Domikles (2012) suggests that a benefit of 1:1 dramatherapy is that the drama can act as a medium where the child is able to work through emotions and experiences in a safe way, to create sustained change, without the need for verbal expression. Because dramatherapy is action-based and uses movement, symbol and metaphor rather than talking, it may help stimulate the brain and help develop new ways of behaving (Dix, 2012).

#### **2.4.1 Focus for Change in Dramatherapy**

The following section will present a number of perspectives driven by a psychodynamic view. Landy (1989) suggests that clients are offered dramatherapy because they have created a dysfunctional image of themselves in the world, and suggests that this dysfunctional image is the focus for change within dramatherapy. However, there are divergent theories on the causes of this dysfunction. Psychodynamic theory suggests that difficulties are a result of inappropriate parent-child relationships (Evans et al, 2004). On the other hand, human dysfunction is seen by some as an internal problem, where something is missing and needs to be righted in order for the individual to function appropriately and by others as an impasse in development (Read Johnson, 1982).

Holloway, Seebom and Dokter (2011) present "destructiveness" as the focus of change in dramatherapy. Here destructiveness is seen as an internal driver

that can be expressed outwardly in socially unacceptable ways. Holloway et al (2011) define destructiveness as an internal destructive force within the psyche and within relationships between people, rather than just the externalised act of destroying something.

The theory of destructiveness originates from Freud's (1920) instinct theory. Here Freud suggests that the human condition is driven by either the "libidinal instinct," the drive towards life, or the death instinct, the drive towards destruction. Freud (1920) suggests that mental conflict is a result of a struggle between these two drives.

De Zulueta (2006) acknowledges Freud's instinct theory, but sees it as unsound. De Zulueta (2006) sees destructiveness from an attachment perspective as derived from experiencing deprivation of basic needs in the early years of life. From this perspective destructiveness is not an innate drive as Freud suggests but the failure of the attachment figure (primary care giver) to appropriately react to frustration and aggression in a developing child, or the result of neglect or trauma inflicted on the child preventing their own amelioration of aggressive responses (De Zulueta, 2006)

Holloway et al (2011) do not see destructiveness as just an internal pathology, but existing within a relational and systemic context. The British Association of Dramatherapists (BADth, 2013) suggests that therapy is able to help clients explore difficult and painful life experiences, which could suggest that the focus for change could be interpreted as a result of external experiences that impact on the individual's internal ability to respond to the world.

Dramatherapy that takes its influence from developmental psychology has been pioneered by the dramatherapist Sue Jennings. This theory is based on the Piagetian theory of learning through play (Cattanach, 1994). In a developmental model distress is seen as a blockage or halt in a process where development stopped and got stuck (Cattanach, 1994). Therefore therapy must start with an assessment of where development was halted and then building up from that starting point with the therapist as a guide.



Although Holloway et al (2011) suggest that destructiveness is not just an internal pathology, it could be argued that the term lays too much emphasis on internal deficiency and homogeneity between clients which is unhelpful for the current study. With consideration of the dramatherapy literature and discussions of vulnerability earlier in this chapter, it might be suggested that the focus for change within dramatherapy in this study could be *vulnerability associated with difficult life experiences within a relational and systemic context*.

#### **2.4.2 Methods used in Dramatherapy**

Dramatherapy often has a focus on play, role-play or the development of a story, and within a session the dramatherapist will often use a variety of techniques when working with a child or group of children (Christensen, 2010). The methods most commonly found in a review of the literature were the dramatherapy developmental paradigm (Jennings, 1992), Dynamic Play Therapy (Harvey, 2005), the Developmental Transformation Model (DvT) (Johnson, 1991), the Six-Part Story Making Model (Lahad, 1992) and the Five-Story Self-Structure Model (Casson, 2002). Dramatherapists will often use one or more of these models within one session, typically depending on each individual case (Christensen, 2010).

The dramatherapy developmental paradigm (Jennings, 1992), Dynamic Play Therapy (Harvey, 2005) and the DvT model (Johnson, 1991) focus on the use of play and/or role-play within a session. The use of play in therapy is based on the Piagetian theory that children learn through play and that gaps in early development would prevent children from being able to move through stages of subsequent development appropriately (Cattanach, 1994). The dramatherapy developmental paradigm assumes that children have to go through three increasingly sophisticated stages of development of embodiment, projection and role (EPR) in order to support healthy social and emotional development (Jennings, 1992). In the embodiment phase the focus is on the body, working with the senses and different materials, actions, sounds and smells. In the projection phase the client projects aspects of themselves onto an object or an artefact. In the role phase a story is developed, and the client engages in dramatic play. Figure 2-1 is adapted from Jennings (1993) and shows how the

stages and methods used in the dramathery developmental paradigm relate to typical infant development.


Dramathery Developmental Paradigm		Typical Development
EPR	All ages	Ages 0-5
	Embodiment	Movement system
		Body play
		Gesture
		Sensory play
Projection	Sculpting	Projective play
	Drawing and painting	
Role	Drama games	Dramatic play
	Enactment: role play	
	Improvisation	

Figure 2-1 Dramathery Developmental Paradigm adapted from Jennings (1993)

In DvT (Johnson, 1991) the therapist aims to reveal aspects of the child's experience through complete involvement with their play, and the patterns that emerge within play. The therapist joins the client in the play space and serves as the child's play-object and therefore the therapist gives up privilege, control and self-definition within play. Where DvT differs from other dramathery methods is that the client and the therapist will make explicit comments about their relationship during the play, whereas other methods may involve stopping interactions in order for the client or therapist to comment on what is happening (Landers, 2008).

Dynamic Play Therapy (Harvey, 2005) uses interacting creative arts therapies with an underpinning belief that shared and spontaneous creative play produces intimacy, trust and mutual positive feelings.

Six-Part Story Making (6PSM) (Lahad, 1992) and the Five Story Self Structure (Casson, 2002) are more prescriptive methods used within dramatherapy. 6PSM involves the therapist asking the client to draw a story according to specific instructions, around which to develop a story, as follows:

- split a page into 6 spaces
- think of a hero (heroine) as the main character and draw a picture of them in the 1st box
- in the 2<sup>nd</sup> box draw the hero's main goal in life
- in the 3<sup>rd</sup> draw the hero's helper
- in the 4<sup>th</sup> draw obstacles the hero will face
- in the 5<sup>th</sup> draw conflict or resolution that the hero goes through whilst trying to achieve the goal
- In the 6<sup>th</sup> box draw the outcome

The story can act as a way for the client to consider others' or their own emotions and can be used independently or as a tool to inform subsequent dramatherapy sessions (Couroucli-Roberston, 2001; Zeal, 2011).

The Five-Story Self Structure (Casson, 2002) is a flexible method that uses a physical, transparent structure with five open levels in which the client can physically manipulate objects to help develop a story or dialogue. Within the structure the client uses objects that represent aspects of themselves, other people or characters in the story.

### **2.4.3 Dramatherapy in Schools**

Leigh, Dix, Dokter and Haythorne (2012) support the use of dramatherapy for pupils in schools. Leigh et al (2012) believe that in light of increased pressures on schools to support both the academic and emotional development of their pupils, dramatherapy can act as an ideal method of exploring painful topics and helping to build resilience in a safe environment. In the current educational climate, schools would be able to buy arts therapies to provide support for vulnerable young people (Gersch & Goncalves, 2006). Meldrum (2012) argues that in order to prove a school's success, they should be able to show how well



they educate pupils based on their intellectual progress and their emotional development. Meldrum (2012) suggests that dramatherapists, embedded in a school's culture, would be well placed to support pupils' emotional needs as well as supporting their learning. Dramatherapy can support pupils in developing attachments to school, by first starting with the development of an attachment within the therapeutic relationship (Christensen, 2010). Gersch (2012) suggests that EPs and dramatherapists should work together in order to improve the emotional wellbeing of children and young people.

#### **2.4.4 Dramatherapy and Research**

The majority of dramatherapy investigations appear to use either case study methodology or expert opinion rather than what is traditionally seen as good evidence-based practice (Karkou, 2010). Two British studies have attempted to evaluate group dramatherapy using quantitative methodologies; McArdle, Moseley, Quibell, Johnson, Allen, Hammal and leCouter (2002), and an educational psychology evaluation by Greene (2012).

McArdle, et al (2002) conducted an RCT with 122 children identified by teachers as at risk for behavioural or emotional problems. The pupils were randomly allocated to either a curriculum studies group or dramatherapy group consisting of 12 one hour sessions. Findings showed a significant increase for pupils in both the dramatherapy and curriculum studies groups when using self-report measures looking at self-concept, self-perception and mental health. However, teacher perceptions showed a significant increase for the dramatherapy group over the curriculum-studies group. Parent questionnaires indicated an improvement for both groups. Follow-up measures indicated that this improvement stayed consistent over a year long period. However, a number of limitations were evident in the study, for example the measures used between teachers, pupils and parents were different and it should therefore not have been possible to compare the scores, as the sensitivity of the individual measures may have varied. Dramatherapy was also not run by therapists, but by teachers with 'additional training in drama'; therefore the intervention was not necessarily therapy, but a drama intervention. Parent and pupil follow-up data was not collected. Although teacher follow-up data showed a sustained effect



for dramatherapy, the follow-up scores were dependent on new teachers, therefore scores were not matched to the original teachers, whose constructs of poor behaviour may have been different.

Greene (2012) presented a small-scale educational psychology evaluation to identify changes to children's social behaviour and adjustment to school and community following attendance at 10 weekly dramatherapy group sessions. 20 children, aged 6-10 participated, and improvements were measured using the Social Skills Improvement System rating scales (Gresham & Elliott, 2008) for pupils, parents and teachers. The findings indicated that teachers and pupils reported no significant change for social skills. Pupils reported a significant improvement in their ability to stay calm, and teachers reported no significant difference to academic competence following the intervention. Parents reported a significant improvement in the child's ability to show empathy and a significant reduction of problem behaviours, especially in externalising behaviours.

Greene (2012) acknowledged that scientific methods of evaluation may not have been suitable for the evaluation of dramatherapy, because of its creative nature. Greene (2012) suggests that more attention should be paid to extraneous variables in future research. The study design is flawed because it does not use a control group to compare the effectiveness of dramatherapy when compared to an alternative or no treatment, but still makes inferences of causality.

#### **2.4.4.1 Dramatherapy and the need for Evidence-Based Practice**

Research into dramatherapy is limited and mostly descriptive, therefore it has been suggested that it is too separate from other related professions due to its lack of an evidence base (Landy, 2006). However, difficulties arise when conducting research with any psychotherapeutic intervention due to the difficulties of identifying the mechanisms of change (Kazdin, 2007). Landy (2006) and Gersch and Goncalves (2006) believe that dramatherapists should work together with other professions to ensure that others are aware of their

roles, to ensure that arts therapies become more widely recognised and funded, and more available to those who would benefit from them.

Dokter, Holloway and Seeböhm (2011) agree that more evidence is needed to support the use of dramatherapy, but that large-scale RCTs do not lend themselves to dramatherapy for both practical and philosophical reasons. Dokter et al (2011) argue that what dramatherapy aims to help each different person with cannot be confined to one target behaviour. Therefore, replicability and generalizability will be difficult to prove because the therapy depends on the “creative improvisation between therapist and client(s)” (p. 182) acting on the clients’ diverse needs and behaviours (Dokter et al, 2011). The purpose of arts therapies is not a quantifiable behaviour change, but lays emphasis on the client experience and their internal processes (Karkou, 2010). Jindal-Snape and Vettraino (2007) argue that although there is a need for a stronger evidence base for dramatherapy, rather than assuming generalizability of the intervention, evaluations need to investigate the effectiveness of drama for the individual. Karkou (2010) argues that in order for the work of arts therapists to be promoted in schools, there is a need to engage in what can be measured and quantified in arts therapy research. However, quantitative evaluations clash with the creative and epistemological underpinnings of arts therapies (Karkou, 2010). It has been suggested that dramatherapy should be evaluated within context, using outcome-based and qualitative case study research (Dokter et al, 2011).

Jindal-Snape and Vettraino (2007) attempted to evaluate research into dramatic techniques used to support social-emotional development, but found that the studies presented had too many limitations, and that further research and reviews were needed. Jindal-Snape and Vettraino (2007) questioned whether it was ethical to continue to engage vulnerable people in interventions that were so lacking in an evidence base. The following section aims to summarise some key aspects of the literature review, with an emphasis on the subsequent methodological implications.

## **2.5 Methodological Implications of the Literature Review**

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It seems apparent that more research is needed in PRUs (Meo & Parker, 2004) and to support the use of dramatherapy (Landy, 2006; Jindal-Snape Vettraino, 2007). Previous research into dramatherapy and vulnerable young people in PRUs, has implications for the methodological choices of the current study. There seems to be some consensus that research in PRUs and/or with vulnerable young people can be challenging (Pirrie & Macleod, 2009; Walker & Donaldson, 2011). As well as difficulties in developing trusting relationships with vulnerable young people (Vander Laenen, 2009) challenges arise in developing concrete measurements (Pugh, 2010) and clearly defining the boundaries of SEBD in a heterogeneous population (Pirrie & Macleod, 2009).

Quantitative methods have been used in dramatherapy research in the past (McArdle et al, 2002; Greene, 2012). However, these studies presented with methodological limitations, and it has been argued that quantitative methods can go against the philosophical underpinnings of dramatherapy (Dokter et al, 2011). Arts therapies are interested in the changes for the individual and between the client and the therapist rather than something that can be universally measured (Karkou, 2010). It has therefore been suggested that the impact of the intervention on the individual should be investigated rather than simply using methods that assume generalizability (Jindal-Snape & Vettraino, 2007). However, in order to be taken seriously Karkou (2010) suggests that researchers need to try to engage with what can be measured in arts therapy research. This would suggest that it may be necessary for there to be an exploratory aspect to the current study, rather than simply an evaluative, one in order to understand whether changes are possible following a dramatherapy intervention, and what is seen to help bring about these changes. These implications will be discussed in further detail in the Methodology Chapter. The aim of the following Chapter is to conduct an exploration of the existing evidence-base for dramatherapy.



## Chapter 3 Systematic Literature Review

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### 3.1 Introduction to the Chapter

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The purpose of this chapter is to present a systematic literature review of studies that have evaluated dramatherapy for children and young people. The nature of a systematic literature review will be presented, outlining the method used. The chapter will conclude by presenting the available dramatherapy research, and the implications for the current evaluation.

Systematic literature reviews have their origin in medical research, where traditional narrative reviews were seen as flawed by not taking all potential evidence into account, instead focusing on narrow areas of research (Dixon-Woods, Bonas, Booth, Jones, Miller, Sutton, Shaw, Smith & Young, 2006). A systematic literature review aims to summarise all available evidence on specific questions, and reduce the potential researcher bias on a particular field or topic (White & Schmidt, 2005). Systematic reviews typically follow a specific structure, encompassing the following:

- A specific topic of discussion, aiming to answer a focused question
- A specific process for searching for relevant studies
- An evaluation of the studies to assess their scientific quality
- A specific method using a descriptive summary or meta-analysis

Dixon-Woods et al (2006).

In order to prevent medical research from being ineffectively evaluated, the Cochrane Collaboration was developed to identify and synthesise RCT studies in medicine (Dixon-Woods et al, 2006). Strict adherence to RCT methodology has been criticised in recent years (Clegg, 2005) because it fails to acknowledge the importance of context in research (Forbes & Griffiths, 2002). By only focusing on outcomes, RCTs fail to consider the processes involved by focusing on the 'what works?' question rather than asking 'what has happened?' (Clegg, 2005).



In recent years researchers have supported the inclusion of qualitative research for systematic reviews (Clegg, 2005, Dixon-Wood et al 2006 and Barnett-Page & Thomas, 2009) and have suggest that inclusion in systematic reviews should depend on the method that is most appropriate to the situation, rather than what is traditionally thought to be the gold-standard (Barnett-Page & Thomas, 2009). For a researcher aiming to study a dramatherapy intervention it will not just be important to know whether the intervention works, i.e. what the final outcomes of previous research have been, but to understand what has happened throughout. Barnett-Page and Thomas (2009) present potential methods, grounded in qualitative theory, for synthesising qualitative research for systematic reviews; these will be discussed in more detail below.

### **3.1.1 Systematic Review Question**

The systematic search aims to answer the following question:

*Can a systematic search of the literature find evidence to support the use of individual dramatherapy for children and young people with SEBD?*

It is acknowledged that the review question is relatively large, and not as focused as the literature suggests it should be (Popay, Roberts, Sowden, Petticrew, Arai, Rodgers and Britten, 2006). A more suitable question may be whether there is evidence to support the use of individual dramatherapy for adolescents who have been permanently excluded from school. However, the broader search reflects an appreciation that there may be limited research available in such an under-researched area (Karkou, 2010, Dokter et al, 2011). The literature presented above in chapter 2 has discussed the heterogeneous nature of vulnerable children with SEBD, and it will therefore not be possible to assume generalizability for the current population under study. The purpose of the following systematic review is therefore not to present evidence that individual dramatherapy is an effective method to support all young people with SEBD, but to present studies that have identified that dramatherapy has been effective for individuals with SEBD.

### 3.1.2 Method

The method that will be used for the current systematic review will be a textual narrative synthesis (Lucas, Baird, Arai, Law and Roberts, 2007). This is because it enables the concurrent synthesis of both quantitative and qualitative research if necessary, unlike some of the other methods described by Barnett-Page and Thomas (2009). Greenhalgh, Robert, Macfarlane, Bate, Kyraidou and Peacock (2005) propose meta-narrative approaches for synthesising qualitative and quantitative research; however, the method requires tracing the influence of seminal theoretical and empirical work on the research, which was not possible in such an under-researched area. The narrative synthesis was completed using the resource Guidance on the Conduct of Narrative Synthesis in Systematic Reviews (Popay et al, 2006)

### 3.1.3 Search Strategy

Systematic reviews require a clearly defined strategy to enable replicability of findings (Dixon-Woods et al, 2006). In order to find relevant articles the following databases were searched:

Google Scholar at <http://scholar.google.co.uk/>

Educational Resource Information Centre (ERIC) at <http://www.eric.ed.gov/>

PsycNET at <http://psycnet.apa.org/>

Attempts were made to search the British Education Index at, <http://www.leeds.ac.uk/bei/index.html> however this search did not provide any additional papers, and was therefore not included.

The search strategy focused on combinations of the search terms listed in Table 3-1, using the search terms in column A independently, and then cross referencing search terms for columns A and B in all of the search engines listed above. The search-terms were in-part guided by methods used by Jindal-Snape and Vettraino (2007), however, the current search focuses less on arts in

general, and therefore only included search terms that assumed therapeutic outcomes.

A	B
Dramatherapy/Drama therapy	Behavioural/behavioral development
Role play therapy	Social development
Social Drama	Emotional development
Arts therapy	EBD/SEBD/BESD
Creative therapy	Social Interaction
Therapy	Communication
	Self-esteem
	Inclusion
	Special Educational Needs
	Pupil Referral Unit
	Exclusion
	Mental health

**Table 3-1 Cross Referenced Search Terms for Systematic Search**

The limited nature of dramatherapy studies (Karkou, 2010 and Greene, 2012) made it necessary to conduct a search outside the boundaries of typical systematic reviews that support the inclusion of peer-reviewed journal articles only (Dixon-Woods et al, 2006). The search initially generated 69 journal articles and book chapters. The majority of book chapters were found through searching on ERIC, and due to their relevance to the current topic of research they were not discarded on the basis that they were not peer reviewed.

### 3.1.3.1 Exclusion Criteria

Articles and chapters were not included in the initial long-list for the following reasons:

- if they did not appear to answer the systematic review question;
- if they did not include drama as therapy;
- if they focused on dramatherapy to support specific medical or life-limiting illnesses such as cancer, as it was felt these were potentially too far removed from the population under study here;
- if they focused on dramatherapy for adults;
- if they evaluated group dramatherapy.

Group dramatherapy was not included, although the general outcomes appear to be similar to 1:1 dramatherapy, and both depend on making sense of life experiences through the medium of drama (Landy, 2006). However, the methods involved in group dramatherapy are different as they depend on group dynamic and on the audience as supporters of emotional change (Chasen, 2005).

Exclusions were applied if it was not possible to access the full journal article either on-line or in paper form. If it was not possible to access book chapters through the library, due to financial constraints only a limited number of books could be purchased, and therefore included in the review.

The articles were analysed in more detail and further exclusion was carried out to limit the number of studies. Exclusions were dependent on the following:

- A focus on adults (if not evident in initial exclusion process)
- Drama not as therapy (if not evident in initial exclusion process)
- Papers were not evaluations or studies, but discussion papers or literature reviews
- Papers evaluating professional opinion on therapists' work, without focus on individual children or young people.
- Papers evaluating family therapy
- Age of papers, all papers written before the year 1996 were removed, as it was felt that older papers would not adequately reflect the current population

#### **3.1.4 Systematic Review Synthesis**

The 60 studies that did not meet the inclusion criteria were removed, leaving the following nine articles:

Christensen, J. (2010) Making Space Inside: the experience of dramatherapy within a school-based student support unit. In Karkou, V. [Ed.] *Arts Therapies in Schools, research and practice*, London: Jessica Kingsley Publishers 85-96



Couroucli-Robertson, K. (2001). Brief drama therapy of an immigrant adolescent with a speech impediment. *The Arts in Psychotherapy*, 28, 5, 289-297.

Dix, A. (2012) Whizzing and Whirring: dramatherapy and ADHD. In Leigh, L., Gersch, I., Dix, A. & Haythorne, D. [Eds.] *Dramatherapy with Children, Young People and Schools, enabling creativity, sociability, communication and learning*, London: Routledge 51-58

Domikles, D. (2012) Violence and Laughter: how school-based dramatherapy can go beyond behaviour management for boys at risk of exclusion. In Leigh, L., Gersch, I., Dix, A. & Haythorne, D. [Eds.] *Dramatherapy with Children, Young People and Schools, enabling creativity, sociability, communication and learning*, London: Routledge 71-82

Grimshaw, D. (1996) Dramatherapy with Children in an Educational Unit, The more you look, the more you see. In Mitchell, S. [Ed.] *Dramatherapy, Clinical studies*. London: Jessica Kingsley Publishers, 50-70

Harvey, S.A. (2005). Stories from the islands: Drama therapy with bullies and their victims. In Haen, C. & Weber, A. M. [Eds.] *Clinical Applications of Drama Therapy in Child and Adolescent Treatment* New York: Routledge.245-260

James, M., Forrester, A. M. & Kim, K. C. (2005) Developmental Transformations in the Treatment of Sexually Abused Children. In Haen, C. & Weber, A. M. [Eds.] *Clinical Applications of Drama Therapy in Child and Adolescent Treatment* New York: Routledge, 67-86.

Oon, P. P. (2010) Playing with Gladys: A case study integrating drama therapy with behavioural interventions for the treatment of selective mutism, *Clinical Child Psychology and Psychiatry*, 15, 2, 215-230

Zeal, E. (2011) Chaos, Destruction and Abuse: Dramatherapy in a school for excluded adolescents. In Dokter, D., Holloway, P. & Seeböhm, H.

[Eds.] *Dramatherapy and Destructiveness, Creating the evidence base, playing with Thanatos*, London: Routledge, 66-77

Data were extracted as part of the preliminary synthesis considering the outcomes and/or processes described in the qualitative data, the authors' conclusions, and the limitations and strengths of the study (Popay et al, 2006) (Appendix 1). The term 'outcome and/or process' was used instead of 'results' in order to capture the key changes that were discussed, with the aim of focusing on the importance of what happened during therapy rather than focusing on what had happened by the end of therapy. When considering the studies' limitations it was assumed that, since all the papers presented used case study methodology, the findings were not of a traditional empirical, scientific nature and cannot assume generalizability. These methodological limitations were therefore not mentioned explicitly for each study; although a failure to acknowledge this weakness, whilst still making claims of generalizability, was highlighted.

Only one of the studies used questionnaires (Dix, 2012) and only one used semi-structured interviews with participants to assess behaviour change (Christensen, 2010). The remaining four studies that reported perceived behaviour change from others did not discuss methods of gathering opinions, but reported that others had 'noticed' a change. The three remaining studies (Harvey, 2005; Grimshaw, 1996; Couroucli-Robertson, 2001) did not report attempting to gather additional data from others, and based their findings and conclusions on their perception of the changes that they had observed. Three studies (Domikles, 2012; Christensen, 2010; Oon, 2010) used follow-up questioning with the participants, and suggested that the effects of the interventions were sustained.

Popay et al (2006) suggest presenting the preliminary synthesis data in a tabulated form. Appendix 1 presents the synthesis of results. The interrogation of the synthesis focused on exploring the relationships in the data, and assessing the robustness of the synthesis, as suggested by Popay et al (2006).

When identifying the relationships between the data, themes were identified, which were included if more than one study discussed them, and then grouped into overarching themes. The overarching themes and subthemes identified were:

- Change observed during or after dramatherapy
  - An observation of specific behaviour change
    - By the therapist (9)
    - By the participant, school staff or parents(6)
- Reasons identified for changes
  - The identification of specific therapeutic techniques (9)
  - The identification of specific dramatherapy models (8)
  - Systemic work (6)
- Additional factors that influence the process of therapy
  - The use of dramatherapy for excluded pupils or pupils at risk of exclusion (5)
  - Ecological support (3)
  - The use of dramatherapy to discuss difficult, traumatic experiences by the participant (3)

These relationships will now be discussed in more detail, below.

#### **3.1.4.1 Change Observed During or After Dramatherapy**

All of the authors indicated an observable behaviour change during dramatherapy. Behaviour changes were reported in all the studies by the therapist/researchers, and in 6 cases by school staff, parents and/or the pupils. Changes identified were as follows:

- Fewer challenging behaviour incidents (Dix, 2012; Domikles, 2012; James et al, 2005, Zeal, 2011; Harvey, 2005)
- Improvements in creative engagement in sessions (Dix, 2012; Grimshaw, 1996; Oon, 2010; Harvey, 2005; James et al, 2005)
- Improved creativity and spontaneity (Dix, 2011; Grimshaw, 1996; Oon, 2010; Harvey, 2005)

- Improved self-perception and confidence (Christensen, 2010; Dix, 2012; Zeal, 2011; Oon, 2010)
- Improved relationship with the therapist (Zeal, 2011; Domikles, 2012; Christensen, 2010)
- Improved ability to share traumatic or upsetting experiences (Grimshaw, 1996; James et al, 2005; Harvey, 2005)
- Improved ability to make friends (Harvey, 2005; Zeal, 2011; Oon, 2010)
- Calmer behaviour (Dix, 2012; James et al, 2005; Domikles, 2012)
- Reduction in self-harming behaviours and thoughts (Christensen, 2010; Harvey, 2005)
- Reduction in incidents of bullying (Harvey, 2005; Zeal, 2011)
- Improved feelings of anger (Christensen, 2010; Zeal, 2011)
- Speech and language improvements (Couroucli-Robertson, 2001; Oon, 2010)
- Improved motivation (Christensen, 2010)
- Improved ability to concentrate (Dix, 2012)
- Reduction in incidents of enuresis (James et al, 2005)

#### **3.1.4.2 Reasons Identified for Changes**

All of the authors presented potential reasons why the clients had been able to make changes within therapy. Reasons for change appeared to fall into the following themes:

- The use of projective techniques (Couroucli-Robertson, 2001; Christensen, 2010; Dix, 2012)
- The use of the creative medium to help bring out potentially traumatic memories related to vision and movement, whilst distancing the client from the event (James et al, 2005; Domikles, 2012; Harvey, 2005)
- Using metaphor to help experience being someone else (Dix, 2012) and to share the client's inner world with another safely (Grimshaw, 1996)
- The nature of the therapeutic space:
  - As a safe space with clear rules and boundaries (Christensen, 2010; Dix, 2012)



- As a controlled and relaxed environment where the client can feel nurtured and soothed (Dix, 2012; Zeal, 2011)
- As a designated 'destruction zone' where behaviours are acknowledged rather than controlled (Zeal, 2011)
- The development of the relationship between the client and the therapist:
  - By sharing humour, co-operation, respect, trust and fun (Domikles, 2012)
  - As the key to developing hopefulness that future relationships can be positive (Harvey, 2005)
- Reference was made to the benefits of dramatherapy over verbal forms of therapy (Couroucli-Robertson, 2001) for clients with limited verbal skills (Dix, 2012)

There was no single preferred method of dramatherapy identified. Eight of the studies indicated the specific use of a dramatherapy model, as follows:

- Grimshaw (1996) and Dix (2012) used the *Embodiment-Projection-Role Model (EPR)* (Jennings, 1992);
- James et al (2005) and Domikles (2012) used the *Developmental Transformations Model (DvT)* (Johnson, 1991);
- Couroucli-Robertson (2001) used the *6-Part Story Making Model (6-PSM)* (Lahad, 1992)
- Harvey (2005) used the *Dynamic Play Therapy Model* (Harvey, 2000)

Two of the authors described the use of a combination of methods such as using both EPR, DvT and 6-PSM in subsequent sessions (Zeal, 2011), or using a combination of EPR, 6-PSM and the Five Story Structure within the same sessions (Christensen, 2010). This finding indicates that dramatherapists have a number of therapeutic models at their disposal. Christensen (2010) discusses the dynamic nature of the sessions, and the need for the therapist to be able to adapt to changes within the session.

Six of the studies indicated the importance of the systemic element of therapy, for example:

- Harvey (2005), Dix (2012) and Domikles (2012) included the boys' mothers in the preliminary stages of therapy;
- Harvey (2005) invited the mother back to the final session to support further therapeutic work at the boy's request.
- James et al (2005) and Oon (2010) supported families with therapy to ensure the therapeutic benefit could be more effective.

#### **3.1.4.3 Factors that Influence the Process of Dramatherapy**

Five of the studies evaluated investigated the effects for excluded pupils (Christensen, 2010, Grimshaw, 1996; Zeal, 2011) or pupils at risk of exclusion (Domikles, 2012; Harvey, 2005). This may be because the search terms used (table 3-1) put considerable emphasis on SEBD, exclusion and PRUs. However, all the authors advocated the use of dramatherapy for these pupils, and Christensen (2010) suggests that dramatherapy was a supporting factor in the successful reintegration into mainstream school because the improved relationship with the therapist supported a feeling of belonging in school. This is supported by conclusions by Attwood, Croll and Hamilton (2003) who found that improved relationships were a key factor in enabling disaffected young people to remain in education.

All the papers discussed dramatherapy for children with SEBD, which included speech and language difficulties (Couroucli-Robertson, 2001; Oon, 2010); Attention Deficit Hyperactivity Disorder (ADHD) (Dix, 2012) and the effects of sexual abuse (James et al, 2005). The remaining four authors presented cases in support of the use of dramatherapy for a variety of difficulties.

Three of the studies made explicit reference to dramatherapy techniques supporting children to discuss traumatic experiences. Zeal (2011) discussed how at a safe distance the adolescent was able to talk about the loss of his mother and how it had upset him. James et al (2005) discussed how after nearly a year and a half of therapy, the young boy was ready to face the traumatic topic of sexual abuse within the session, by finding a middle ground between suppressing painful memories and re-experiencing hyperarousal. Harvey (2005) discussed the use of cognitive and emotional distancing as an

important tool to support a boy in being able to reappraise and discuss a traumatic experience of being attacked and nearly dying. By involving the boy's mother in this discussion, Harvey (2005) suggested that both parties were able to support each other by hearing each other's memories of the experience.

The importance of the child's wider ecology outside of therapy was discussed by three of the studies. Domikles (2012) commented on the need for wider school support and Dix (2012) suggested that for dramatherapy to be effective, the client needs wrap-around support from services and parents/carers. Grimshaw (1996) claimed that it was not the sole responsibility of the therapist to rehabilitate a young person, but that wider support is needed, with others within the child's systems being involved in order for lasting change to happen.

#### **3.1.4.4 Critique of the Studies**

As discussed above, case study methodology has been described as the weakest form of research, from the perspective of a traditionalist. At the very least, it does not aim to support generalizability of findings. Eight of the studies did not acknowledge this limitation in their designs, but still made statements of generalizability of findings, with only Christensen (2010) making reference to a weak methodology. In addition case studies presented by the therapists who were involved with the case could be argued to lack traditional objectivity. In evaluating efficacy for example, the therapist who earns a living from dramatherapy is unlikely to suggest that therapy has been unsuccessful. The use of case studies, especially the retrospective case studies used in Grimshaw (1996), would make it easier for the researcher to pick a case from many that worked well, rather than a case that failed. Considering the therapist-researchers' roles in gathering interview data from participants is also an area for question. Christensen (2010) suggests that a main purpose of dramatherapy is to start with an attachment to the therapeutic relationship within the dyad. Therefore, when interviewing the participants about their beliefs about the effectiveness of dramatherapy, the young people could be asked to evaluate the effectiveness of the one person who they have been able to trust in recent years. This could suggest that the participant may not be able to offer an



objective view of the process because they may want to say positive things with the purpose of pleasing the therapist.

#### **3.1.4.5 Implications for Future Research**

In order to support the development of optimal provision for vulnerable young people it would be helpful for future researchers to know more about whether outcomes from dramatherapy are generalizable across settings. Whilst all of the studies suggest perceived behaviour change in therapy, not all discuss behaviour change across other settings. In order to enhance the robustness of the case in support of dramatherapy, it would be helpful, too, for studies to gain the views of all participants, parents/carers and school staff, on behaviour change, since research has indicated that there are often discrepancies between these opinions (McArdle et al, 2002). Finally, the predominance of qualitative methods here suggests that some attempt to undertake more controlled investigations of effects and outcomes may be warranted, as has been attempted in other forms of 1:1 therapeutic interventions (Lawrence, 2011; Malberg, 2008) in order to support confidence in drawing causal inferences around these effects. This issue will be returned to in the development of the methodology for this study (chapter 4).

#### **3.1.4.6 Assessing the Robustness of the Synthesis**

The case study methodology used in these papers, despite the points noted above, has offered significant detail in the discussion of changes in participants' behaviours. Clegg (2005) notes the benefit of using qualitative methodology in a systematic review, in that it is possible to understand why an intervention was successful, not only looking at the outcomes of the intervention. The systematic review here has indicated that there are a number of different dramatherapy methods used by different therapists, and even within individual dramatherapy cases and sessions. This is clearer in the individual case studies, where the aim of the papers or chapters was to discuss the process undertaken by the therapists, rather than just the outcome. Therefore, it was possible to go into more detail with each case. This finding supports the inclusion of qualitative research in systematic reviews, as it enables the researcher to consider the



potential processes and their outcomes, and the need for reflection in this dynamic therapy.

The synthesis was also able to gather information for a variety of different SEBDs, for example ADHD (Dix, 2012), speech and language difficulties (Oon, 2010; Couroucli-Robertson, 2001), sexual abuse (James et al, 2005), attempted suicide (Harvey, 2005) and violent and aggressive behaviour (Grimshaw, 1996, Christensen, 2010, Domikles, 2012; Zeal, 2011). However, the author would not suggest that this is an exhaustive list, and access to a larger number of dramatherapy books or research papers may have yielded more examples.

The majority of the studies evaluated were British, five out of the total nine; therefore the practices used by the dramatherapists could be more similar to those evaluated in the current studies, since the dramatherapists involved will be trained to the same standards and will similarly be Health and Care Professions Council registered. The four remaining studies were from the USA, Canada, Greece and New Zealand, therefore these studies will be less confident representations of the population in this study. Only two of the studies came from peer-reviewed journals (Oon, 2010; Couroucli-Robertson, 2001); all the other seven studies were book chapters sourced from five books. This would suggest that these studies will not have been subjected to the same rigorous scrutiny that articles in peer review journals would receive. However, a compromise had to be made when including research within a field that has a very small existing evidence-base. Another limitation to the synthesis was the constraint of not having access to all the potential dramatherapy literature, therefore other studies of value may have been excluded from the current systematic review.

### **3.1.5 Systematic Review Conclusions**

The literature review in Chapter 2 has indicated that there is a need for children excluded from school to have access to evidence-based support. The systematic review in Chapter 3 has indicated that there is limited evidence available to support the use of individual dramatherapy for these vulnerable young people. Some of the evidence that is available uses retrospective

methods, and is often based on the perceptions of the therapist-researcher, with less focus on behaviour change that is generalised across settings. However, the practitioners involved have presented considered and often moving accounts of the life changing quality of dramatherapy. Many professionals working with these young people as dramatherapists, or in other supporting roles have called for more research to be conducted in dramatherapy in order to promote it (Dokter et al, 2011; Holloway et al, 2011; Karkou, 2010; Gersch, 2012; Greene, 2012), and for ethical reasons, to ensure that individuals are not being prescribed interventions, and schools are not paying for interventions, that might not be effective (Jindal-Snape and Vettraino, 2007; Karkou, 2010).

The systematic review has indicated that there is a need to evaluate individual dramatherapy for young people with SEBD, but that finding appropriate measures and designs will be complex, requiring triangulation of information.

The difference in outcomes for the papers supports the focus on the “why something happened” question in systematic reviews (Clegg, 2005). The in-depth evaluation of the papers has identified important factors which may not have been identifiable in quantitative research, for example the discrete changes in behaviour over time or the development of the therapeutic relationship.

#### **3.1.5.1 Research Question**

Considering the overarching themes identified in the systematic literature review, the following research questions have been developed in order to conduct a primarily exploratory study evaluating dramatherapy for young people with SEBD attending a PRU in the East Midlands:

1. Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?
2. If changes were perceived, what within the intervention could have helped bring this about?

3. What factors external to dramatherapy could have influenced the process of the intervention?

The following section will present the methodology used to answer these research questions.

1. For the participants themselves, what dramatherapy interventions or a member of staff observed changes in the participants during the period of the intervention?
2. If changes were perceived, what might the intervention could have helped bring this about?
3. What factors external to dramatherapy could have influenced the process of the intervention?

In order to answer these questions appropriately, a rigorous research methodology with a clear description of analysis made, is needed (Morton, 2016). In section 4.2 the paradigm underpinning the research will be investigated, followed by a description of the methodological considerations in section 4.3. A description of the study design will be presented in section 4.4, with an outline of the participants. The setting, the procedures and the ethical considerations of the study.

## Chapter 4 Methodology

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### 4.1 Introduction to the Chapter

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As highlighted at the end of chapter 3, the aim of this current study is to answer the three research questions:

1. Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?
2. If changes were perceived, what within the intervention could have helped bring this about?
3. What factors external to dramatherapy could have influenced the process of the intervention?

In order to answer these questions appropriately, a rigorous research methodology, with a clear description of choices made, is needed (Mertens, 2010). In section 4.2 the paradigm underpinning the research will be investigated, followed by a description of the methodological considerations in section 4.3. A description of the study design will be presented in section 4.4, with an outline of the participants, the setting, the procedures and the ethical consideration of the study.



## 4.2 The Paradigms of Applied Research

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A researcher's paradigm, or way of looking at the world, guides the choices they make when researching (Mertens, 2010). The choice of paradigm depends on basic philosophical assumptions that influence the way one thinks and acts when researching (Mertens, 2010). Lincoln, Lynham & Guba (2011) suggested that in social sciences research an individual's paradigm is directed by assumptions concerning:

- Ontology, the nature of reality;
- Epistemology, the nature of knowledge and relationship between the knower and what they hope to know;
- Methodology, how to attain the knowledge and understanding;
- And axiology, the nature of ethics

Mertens (2010) presents four major paradigms that influence educational and psychological research: post-positivist, constructivist, transformative and pragmatic. Table 4-1 summarises the ontological, epistemological, methodological and axiological assumptions of each of the four major paradigms. The following section will look at these four paradigms in more detail in order to consider the most appropriate paradigmatic stance for the current study. Consideration will also be made of the philosophical underpinnings of the research topic, and a rationale for the use of the pragmatic paradigm will be presented. The section will conclude with a discussion of the philosophical underpinnings of the current study and its influence on the decision-making process outlined in the remaining methodology chapter.

<b>Paradigm</b>	<b>Ontology</b>	<b>Epistemology</b>	<b>Methodology</b>	<b>Axiology</b>
<b>Post-positive</b>	There is one reality which can be known, but only partially apprehended (Lincoln et al, 2011).	The researcher undertakes objective and detached observations (Mertens, 2010) while assuming their findings will probably be true (Lincoln et al, 2011).	Quantitative, using experimental or quasi-experimental methods; may include qualitative methods to support findings (Lincoln et al, 2011).	The researcher can come to the correct conclusions by being a morally neutral and objective researcher (Mertens, 2010)
<b>Constructive</b>	Individuals play an active part in creating their experiences. There is not one observable form of reality, but numerous constructions and ways of making sense of life (Burr, 2003)	Knowledge cannot be achieved by an individual, but has to be subjectively gathered and co-created with the population under scrutiny (Lincoln et al, 2011)	Qualitative methods (Mertens, 2010) to scrutinise and reflect on participants' views and opinions (Crotty, 1998)	To present a balanced view whilst raising awareness of the participants being studied (Mertens, 2010)
<b>Transformative</b>	What the majority sees as reality could have been historically constructed by the more powerful majority (Mertens, Bledsoe, Sullivan & Wilson, 2010)	The researcher must establish a link and develop a deep understanding of the community, to identify the most culturally-appropriate way of undertaking the research (Mertens, 2012)	Starting with qualitative strategies, to develop a positive relationship, which can be supported by appropriate quantitative data collection (Mertens, 2012).	Research should have the potential to promote social justice (Mertens, 2012)
<b>Pragmatic</b>	The natural world is fixed, but the social and psychological world depends on culture and language (Johnson & Onwuegbuzie, 2004).	Relationships within research are dependent on what is suitable for each study in turn (Mertens, 2010).	Because the nature of reality can be measured in more than one way, the method is matched to "what works" for the researcher (Howe, 1988)	To increase knowledge from the outcomes of the research (Morgan, 2007)

**Table 4-1 Summarising the Core Characteristics of Merten's (2010) four Major Paradigms**

#### **4.2.1 Post-positivist Paradigm**

The post-positivist paradigm originates from the method of social research known as positivism. The term positivism is not derived from positive, i.e. the opposite of negative, but from the term *to posit* (Crotty, 1998), or to put forward as fact (Oxford Dictionaries, 2011). What is posited in research terms is therefore what can be observed using scientific methodology and assumes that observations of the social world can be made in the same way as those of the natural world (Crotty, 1998). Positivism assumes a well-structured and systematic world which some researchers have argued is at odds with the changing nature of the real world (Crotty, 1998). Post-positivists distanced themselves from positivism, when considering that it was not possible to observe human behaviour using scientific methodology, without concurrently considering individuals' thoughts and feelings (Mertens, 2010).

#### **4.2.2 Constructivist Paradigm**

Some researchers have questioned the assumptions underpinning post-positivism and argue that observing something affects the nature of what is being observed (Crotty, 1998). Constructivists believe individuals play an active part in creating their experiences, that there is not one observable form of reality, but numerous constructions and ways of making sense of life-events (Burr, 2003). The researcher's task is to achieve an understanding of these numerous social constructs of reality (Mertens, 2010).

#### **4.2.3 Transformative Paradigm**

The transformative paradigm is directed by a search for social change and its focus is on individuals or groups from marginalised cultures or communities, whose minority values are oppressed by the majority (Mertens, 2012). In supporting social change, transformative researchers aim for their findings to have the potential to increase social justice. These axiological assumptions are key to the transformative paradigm and guide the ontology, epistemology and methodology (Mertens, 2012).



#### **4.2.4 Pragmatic Paradigm**

Denscombe (2008), and Ercikan and Roth (2006) criticised the paradigms of post-positivism and constructivism that suggest that research is either subjective or objective. Morgan (2007) suggested that using a 'top-down' approach of starting with ontological assumptions, puts constraints on subsequent epistemological and methodological assumptions, and imposes a limit on what could be known (Morgan, 2007). The pragmatic paradigm is led by its methodological assumptions (Morgan, 2007) and rejects the 'incompatibility thesis' that qualitative and quantitative methods could not be used together due to their incompatible paradigms (Johnson & Onwuegbuzie, 2004).

Pragmatism may fall under scrutiny due to its logical rather than practical shortcomings (Johnson & Onwuegbuzie, 2004). Some researchers choose pragmatism for overly simplistic reasons (Denzin, 2012) in order to avoid the philosophical disagreements of other paradigms (Johnson and Onwuegbuzie, 2004). Johnson and Onwuegbuzie (2004) suggest that pragmatic research is more likely to promote small-step changes rather than make fundamental and structural changes to society, which could therefore diminish its credibility within the world of research.

#### **4.2.5 The Use of a Pragmatic Paradigm in the Current Study**

It has been discussed in the Literature Review Chapter that dramatherapy research should investigate the impact of the intervention on the individual (Jindal-Snape & Vettraino, 2007). Due to the potentially heterogeneous nature of participants, outcomes of dramatherapy will not necessarily be the same for each individual, and may not result in externalising behaviour, therefore dramatherapy does not necessarily lend itself to post-positivist methods (Dokter et al., 2011). Although the participants may be a marginalised group, the transformative paradigm would not be suitable as the aim of the research is not necessarily to promote social justice.

The epistemological assumptions of dramatherapy could suggest a constructivist paradigm. However, when identifying the most appropriate paradigm for the study the context of the research must also be considered. It



was apparent that the stakeholders in the setting were interested in understanding the 'value-added' impact of dramatherapy. As Johnson and Onwuegbuzie (2004) suggest, qualitative research tends to lack credibility with organisations responsible for commissioning interventions. Karkou (2010) suggested that while arts therapies are interested in the experience of the individual client rather than in the measurement of quantifiable behaviour change, in order to compete with other therapies, researchers must aim to engage with what can be quantified. This could therefore suggest that rather than focusing on an evaluative study, it may be necessary to explore what, if anything, changes as a result of a dramatherapy intervention, and whether it is possible to measure the change.

The combined requirements of the stakeholders in the research and the exploration of what, if anything, can be measured in dramatherapy, would promote a paradigm that is led by its methodological assumptions. Therefore the paradigm that underpins the current study is one of pragmatism, with the ontological assumption that although there is one reality, which is perceived as fixed, there are different ways of measuring that reality (Mertens, 2010) because the social and psychological constructs of reality will be perceived differently from different perspectives (Johnson & Onwuegbuzie, 2004). The epistemological assumption is that the relationships in research are determined by what the researcher believes is most suitable for the particular study (Mertens, 2010), which includes the methodological advantages of mixed-methods research (Denscombe, 2008). Section 4.3 will discuss the resulting methodological considerations that have been made, highlighting potential practical implications for the study design.

## 4.3 Methodological Considerations

By accepting a pragmatic paradigm the researcher is assuming that in order to answer the question most appropriately, it is necessary to use the most appropriate tools to get the job done (Robson, 2011). A researcher using a mixed-methods design would typically hold pragmatic assumptions (Denscombe, 2008); however, a pragmatic researcher does not necessarily have to use a mixed-methods design (Denzin, 2012). A discussion is presented about fixed, flexible and mixed-methods designs concluding with the presentation of the use of multiple case studies as an approach that can utilise mixed methods.

### 4.3.1 Quantitative Research

Quantitative research can enable the researcher to do the following:

- Test and validate existing theories and hypotheses;
- Have the potential for generalisation of findings;
- Test cause-and-effect relationships;
- Provide quick and precise numerical data which can be analysed relatively quickly;
- Study large populations;
- Typically has a higher standing with people responsible for funding.

Johnson and Onwuegbuzie (2004)

Criticism of some methods of quantitative research, such as RCT has been that they are not able to suggest what has worked, and are inappropriate for complex social issues (Pawson & Tilley, 1997). Quantitative outcomes and theories may not reflect those of the community, making it difficult to apply the knowledge derived from the findings appropriately (Johnson & Onwuegbuzie, 2004)

Quantitative designs have been criticised because outcomes for young people with challenging behaviour cannot be quantified as outcome-driven research

would require (Miller & Todd, 2002) and because other unique factors that affect the individual's personality, how receptive they will be to the therapeutic intervention, and the potentially heterogeneous nature of populations with mental health difficulties are neglected (Pugh, 2010). The quantitative researcher may miss subtle elements because of the focus on theory and hypothesis-testing (Johnson & Onwuegbuzie, 2004). Quantitative designs do not allow for inferences to be made about individuals or for the subtleties of individual behaviour to be captured (Robson, 2011). A method that is able to use a fixed design whilst looking at the experience of the individual is the single-case experimental design (SCED) (Robson, 2011).

#### **4.3.2 Qualitative Research**

Qualitative research typically comes under the heading of flexible designs, which aim to present multiple realities and perceives the researcher as an instrument of data collection (Robson, 2011). Researchers are required to interpret findings by gaining a deep understanding of participants (Creswell, 2003) in the naturalistic setting (Mertens, 2010). Qualitative research can involve the collection of information through open or semi-structured interviews, observations, from written documents or other visual materials (Creswell, 2003).

Qualitative research can be used to gather information on a process, in order to present individual outcomes for small groups (Johnson & Onwuegbuzie, 2004). More detailed information about a specific aspect of the research can be identified, demonstrating examples of within-group differences and shedding light on challenges involved in implementing the research, in order to be able to make appropriate changes in the future (Mertens, 2010).

Qualitative methodology can depend considerably on the researcher's interpretation of what others have said, and therefore findings could be affected by the researcher's bias (Creswell & Plano-Clark, 2011) or idiosyncrasies (Johnson & Onwuegbuzie, 2004). Qualitative findings do not lend themselves to generalizability; therefore it is difficult to make conclusions (Creswell & Plano-Clark, 2011). It is more difficult to make predictions from qualitative research, and test hypotheses and theories, and qualitative data collection and analysis

are more time consuming and often have lower credibility with programme commissioners (Johnson & Onwuegbuzie, 2004).

In the past, researchers have suggested that qualitative and quantitative methods should be undertaken in their 'pure' form (Howe, 1988). However, it has been suggested that the limitations of these *monomethod* approaches to research can be counteracted in mixed-methods research (Johnson & Onwuegbuzie, 2004).

#### **4.3.3 Mixed-methods Research**

It has been suggested that mixed-methods research can help improve the accuracy of data and produce a more complete picture (Denscombe, 2008), whilst benefitting from the strengths provided by qualitative and quantitative methods (Johnson & Onwuegbuzie, 2004). Where quantitative methods tend to be confirmatory and qualitative methods tend to be explorative, mixed-methods are able to be both (Johnson & Christensen, 2012). Mixed-methods research can avoid limitations of the monomethods by using words, pictures and narrative to add meaning to numbers, and enabling the researcher to answer a wider breadth and range of research questions (Johnson & Onwuegbuzie, 2004).

Mixed-methods research has been criticised because of the divergent nature of the paradigmatic backgrounds (Johnson and Onwuegbuzie, 2004). However, since the identification of pragmatism as a research paradigm it is not necessary to hold either a positivist/post-positivist or a constructivist epistemology (Teddle & Tashakkori, 2009). Mixed-methods approaches are guided by the research question and the requirements and resources available, rather than epistemology, whilst supporting the value of subjective and objective knowledge (Johnson & Onwuegbuzie, 2004), and are able to generate potentially more relevant findings (Patton, 1987). Mixed-methods research can come under three separate headings, depending on the purposes of the individual elements of the research:



- *Triangulation*: qualitative and quantitative approaches are used to mutually strengthen each other's findings;
- *Embedded*: one approach is used to support the over-riding approach;
- *Explorative*: an idea is initially explored using a qualitative approach, which is subsequently tested using a quantitative approach.

Gelo, Braakmann & Benetka (2008)

It has been suggested that robust mixed-methods studies should involve concurrent use of both methods throughout the research (Teddlie & Tashakkori, 2009), one method having a transformative effect on the other, helping to uncover understanding that might otherwise have been missed (Bryman, 2006).

Denzin and Lincoln (2005) argue that by using a mixed methods approach, qualitative data can be seen as less significant, and is thus not used as effectively as it would be alone. Mixed-methods research requires a high level of skill for both methods (Mertens, 2010; Teddlie & Tashakkori, 2009) and requires the researcher often commits themselves to a paradigm for practical rather than epistemological reasons (Mertens, 2010).

#### 4.3.4 Case Studies

Case studies are able to concurrently use both qualitative and quantitative methods (Willig, 2008), and can be used to ask exploratory, descriptive and explanatory questions (Stake, 2005; Yin, 2009) Yin (2009) defines a case study as:

“...an empirical enquiry that:

Investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident.”

Yin, 2009, p.18

Case study designs can cope with multiple variables of inquiry in data collection and analysis, and rely on several sources that can converge to support one another (Yin, 2009). Case studies can be used in situations where 'how' and 'why' questions are being asked, when the researcher has little control over the events and the focus is on contemporary phenomena within a real-life context (Yin, 2009) and are complemented by the flexibility of pragmatic approaches to research (Sharpe, Mobley, Hammond, Withington, Drew, Stringfield & Stipanovic, 2012). In contrast to other forms of qualitative methods such as phenomenology, which focuses only on the experience for the individual, ethnography, which focuses on cultural aspects, or grounded theory, which focuses on developing an explanatory theory, case studies can be more varied (Johnson & Christensen, 2012).

#### **4.3.4.1 Choices in Case Study Designs**

A researcher undertaking a case study design must make certain choices depending on the specific requirements of the study. Case studies can focus on single or multiple case studies. However, single-case designs are only recommended in exceptional circumstances, otherwise multiple-case studies should be used where possible, with the aim of drawing out a set of cross-case conclusions (Yin, 2009). By comparing a series of cases in multiple-case studies, it is possible to generate new theories, rather than simply testing existing theories (Willig, 2008), and increases potential generalizability (Creswell, 2007). However, using a multiple-case design can be time-consuming, and a challenge for one researcher alone (Yin, 2009).

Next, the researcher must choose whether their case study will be:

- Embedded or Holistic
- Intrinsic or Instrumental
- Descriptive or Explanatory
- Naturalistic or Pragmatic

Table 4-2 outlines some of the key choices made in case study research.

Choices	
<b>Embedded:</b> If the aim is to investigate individual elements within a wider case (Yin, 2009)	<b>Holistic:</b> If the aim is to investigate the wider nature of an organisation (Yin, 2009)
<b>Intrinsic:</b> If the aim is to elicit something specific about a particular case (Willig, 2008). The aim is not to add to theoretical understanding (Silverman, 2005) or to produce generalisation (Stake, 2005)	<b>Instrumental:</b> If the aim is to find out about a phenomenon with a more general case, guided by a research question (Stake, 2005)
<b>Descriptive:</b> The aim is to describe an issue in detail (Willig, 2008)	<b>Explanatory:</b> The aim is to describe an issue in detail, but also to explain <i>why</i> something has happened, utilising thorough and detailed evidence (Willig, 2008)
<b>Naturalistic:</b> The aim is to make observations without manipulation of the surroundings, within the natural context (Chamberlain, Carmic & Yardley, 2004), allowing theories to emerge from the data (Willig, 2008)	<b>Pragmatic:</b> The aim is to generate flexible hypotheses, which guide data collection and analysis (Willig, 2008) after having developed a robust research question during the design and preparation phases (Yin, 2009).

Table 4-2 Choices in Case Study Designs

#### 4.3.4.2 Critique of Case Studies

The limited use of a systematic process or lack of impartiality by researchers has led to the perception that case studies lack rigour (Yin, 2009). Flyvbjerg (2006) suggests that the criticism of bias is a misunderstanding directed at all qualitative research, and that quantitative research has the potential to be similarly biased. It is therefore the responsibility of all researchers to design and carry out their research impartially (Yin, 2009; Flyvbjerg, 2006) and systematically (Yin, 2009). Case studies have been criticised for their lack of generalizability when compared to experimental studies (Yin, 2009). However, it is suggested that neither case studies nor experiments are able to generalise in relation to the wider population, and that the case study researcher should aim to generalise to theoretical propositions in order to support theory development, rather than to assume statistical generalisation (Yin, 2009). Flyvbjerg (2006) suggests that, whilst generalisations should not be made from single case studies, it does not mean that they cannot be seen as valuable additions to scientific development. It has been suggested that case studies are unable to show causality, however, Yin (2009) argued that case studies are able to go



into more detail and answer 'how' and 'why' interventions have worked, which can potentially have a greater impact on the application of those interventions in the future than just saying *if* they have worked.

Case studies that rely on triangulation of data can suffer from epistemological incompatibility and may therefore struggle to generate meaningful conclusions (Willig, 2008). In-depth inquiry with a participant can have potential ethical implications because by asking the participant to reflect on their thoughts and feelings they may be affected positively or negatively (Willig, 2008). The process of regular reflection may have additional therapeutic effects, therefore potentially reducing the validity of an intended therapeutic intervention (Willig, 2008). The participant may give the psychologist, as practitioner-researchers, similar expert status as their therapist, therefore impacting on the nature of the investigative consultation (Willig, 2008).

#### **4.3.5 Methodological Choices for the Current Study**

After consideration of the paradigmatic and practical requirements, a mixed-methods design as part of an instrumental, embedded multiple-case study was seen as the most appropriate method of research for the current study. A solely quantitative method was rejected because it was deemed inappropriate for small group research (Robson, 2011) when investigating a potentially complex social issue (Pawson & Tilley, 1997) particularly for dramatherapy research (Dokter et al, 2011). A qualitative strategy was chosen because of its suitability for small group research (Johnson & Onwuegbuzie, 2004) and because it could offer an exploratory element to the research (Johnson & Christensen, 2012). Although dramatherapy could lend itself better to qualitative research (Jindal-Snape & Vettraino, 2007; Dokter et al, 2011), the requirements of the stakeholders lent towards a need for a quantitative element due to its higher credibility with those responsible for commissioning interventions (Johnson & Onwuegbuzie, 2004). In addition, Karkou (2010) suggested that in order for the work of arts therapists to be promoted in schools, researchers had to try to engage with what can be measured or quantified in arts therapy research. This therefore suggested it would be helpful to explore what could potentially be measured as an outcome of the dramatherapy intervention and how to measure



it. With this in mind an embedded approach to mixed-methods research was adopted, with the quantitative element supporting the over-riding qualitative findings, as part of an exploration of the potential outcomes, and what could be seen to have helped bring these outcomes about. The methods used will be qualitative interviews with key stakeholders and SCEDs, using repeated measures across the evaluation period, to aim to measure discreet changes over time (Robson, 2011). The implications of this design will be reviewed in detail in section 4.4, below.

The multiple case studies will focus on individual pupils receiving the dramatherapy intervention, and aim to explore potential individual- and cross-case conclusions in terms of the outcomes of dramatherapy and why these outcomes may have come about. Although the study is intrinsically interested in the unique cases themselves, the aim of the study is for an instrumental investigation of the effects of dramatherapy, guided by a review of the existing literature and pre-determined research questions. The purpose of the case study is not simply to be descriptive but also to explore whether changes were possible and if so why. Therefore a pragmatic case study model, aiming for an explanatory inquiry will be used, thus helping to answer the research questions by:

- Gathering the opinions of a range of key stakeholders within the context
- Basing the data on the participants' own categories of meaning
- Using a range of sources to help describe a complex phenomenon
- Describing the phenomenon within its local context
- Using numerical data to add precision to qualitative findings
- Helping to corroborate findings through convergence of quantitative and qualitative data
- Explore what, if anything, can be measured within dramatherapy research.

The final section of the Methodology Chapter aims to present the design for the current study, as influenced by the paradigmatic and methodological conclusions.

## **4.4 Study Design**

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This section focuses on how to appropriately answer the research questions, whilst adhering to the paradigmatic and methodological choices made in previous sections. The setting, involvement of the dramatherapists, the intervention and timeline of the study will be presented. The participants of an initial pilot phase, and the subsequent evaluation phase are described, followed by the design strategy. The embedded mixed-methods design strategy will be presented in separate quantitative and qualitative sections with a discussion of the proposed methods of data analysis. The section will conclude with ethical considerations of the study and an overall summary of the chapter.

### **4.4.1 Setting**

The following section will describe the nature of the setting in which the research took place. The setting consisted of a local authority-funded PRU, spread across a number of bases in the City. The PRU accepts pupils aged 11 to 16, excluded from mainstream and special secondary schools. In addition the PRU also accepts statemented pupils from secondary school on monitoring placements, whose main special educational need is SEBD, especially if they are seen as at risk of permanent exclusion. DfE figures from 25.11.2012 (DfE, 2012b) state that there are 159 pupils on-roll at the PRU, 54 (34%) of whom are female. 43% of pupils receive free school meals (an indication of financial deprivation); a figure dramatically above the national average for all pupils (18.2%), and above average for pupils in PRUs (36.7%) (DfE, 2012c). Each pupil on-roll in the PRU is allocated a Key Worker, with whom they regularly meet to discuss their progress.

### **4.4.2 Involvement of the Dramatherapists in the Research**

After discussion with the Assistant Head Teacher the dramatherapists agreed for their intervention to be evaluated. The researcher then met with two of the dramatherapists with the Assistant Head Teacher to discuss what they were interested in evaluating in the intervention and the potential next steps.

At the beginning of the development of the study the researcher interviewed the manager of the creative arts therapy organisation in order to develop a greater understanding of the nature of the intervention, as discussed in section 4.4.3.

The parameters of the research were largely formed by the dramatherapists and the needs of the intervention. For example, as discussed elsewhere, the participants were chosen depending on the dramatherapists waiting lists, and subsequently the time-frames of the individual case studies were guided by this. Similarly the time allowed for the baseline phase of the quantitative element of the evaluation phase, see section 4.4.9, was guided by the dramatherapists' perceived need to start the intervention as soon as possible for these vulnerable young people. In addition to the time restriction of the doctoral research, the timing of the qualitative element of the evaluation phase was guided by the requirements of the dramatherapists and their clients.

The dramatherapists discussed their limited experience of conducting research and initially requested "an evaluation" of the intervention, particularly in light comments from Ofsted regarding the need for evidence to prove the value of the intervention for the young people. The dramatherapists had previously used the SDQ (Goodman, 1997), which they saw as too blunt a measure to show change for this population. Therefore it was discussed whether a quantitative measure, that can assess individual change over time, would be a viable alternative. The dramatherapists discussed that this could be helpful, but it was agreed that a qualitative element was needed in order to investigate the individual experiences of the intervention from the perspective of the participants and those around them. The measures were developed in collaboration with the dramatherapists, in terms of the broader topics of the quantitative questions, based their experience and knowledge. On request, quantitative questionnaires were shared and discussed with the dramatherapists before the start of the intervention.

The researcher remained in regular contact with the dramatherapists throughout the intervention period, discussing the ethical requirements of the study, practical implications of the measures, as well as questions pertaining to dramatherapy literature.

#### **4.4.3 The Intervention**

Pupils can be referred for dramatherapy in the following ways:

- Self-referral, by the pupil
- Parent referral
- Referral by school staff
- Referral from the Youth Offending Team

Pupils are referred for dramatherapy for a variety of reasons, amongst others if they have issues with aggressive behaviour, vulnerability or a history of self-harm. This covers a relatively large percentage of the PRU's intake, and subsequently the waiting lists are long.

All dramatherapists working with the PRU are fully qualified and employed by a creative arts therapy organisation based in the City. Observations of the dramatherapy sessions by the researcher would have supported the fidelity of the research, and the nature of the intervention could have been reported in detail. However, this was not possible because the triadic relationship of the dramatherapist, the client and the creative medium are essential in the therapeutic process (Jones, 2005); therefore adding a fourth dimension may have considerable effects on the process. Recording the sessions would have had similar effects on the session dynamic.

In discussions with the manager of the creative arts therapy organisation, the following key points were identified for the dramatherapy intervention the pupils at the PRU would be receiving:

- All dramatherapists working for the organisation have qualifications in dramatherapy and are registered with the Health and Care Professions Council.
- The method of dramatherapy used is underpinned by psychodynamic psychology
- All dramatherapists receive regular supervision



- Pupils are able to receive dramatherapy if spaces become available on a waiting list
- The dramatherapists are required to gather opt-out, parent/guardian consent before undertaking therapy with pupils
- Once pupils have been identified the dramatherapists meet with them to ask if they would like to have dramatherapy
- Pupils are made aware that they are under no obligation to go to dramatherapy sessions, and can opt-out whenever they like
- After participants have agreed to take part in dramatherapy sessions the therapist begins a 6-week assessment phase. The assessment phase assesses the participant's dramatic engagement, and their ability according to the embodiment-projection-role criteria developed by Jennings (1992)
- The assessment period guides subsequent sessions, but still has a therapeutic element
- Dramatherapy sessions take place in the pupils' school setting, in specially adapted dramatherapy rooms, where possible.
- Pupils typically receive dramatherapy once per week, for one hour.

There is no limit to the length of time pupils can continue to receive dramatherapy. For the pupils at the PRU, sessions have continued for between 6 months and 2 years.

#### **4.4.4 Timeline**

Robson (2011) suggests that applied research should typically start with a pilot phase, in order to inform the design of the final study. Some research into dramatherapy exists; however, this evidence is sparse and limited. Subsequently, an initial pilot phase was necessary in order to inform the evaluation phase. The current study was therefore divided into:

- A Pilot Phase, comprised of five participants, who were already receiving dramatherapy

- An Evaluation Phase, comprised of multiple-case studies of three participants who would be receiving dramatherapy as part of the research intervention

Table 4.3 presents an overview of the timeline involved in undertaking the research in the pilot and the evaluation phases. The term ‘evaluation phase’ is used instead of ‘intervention phase’ to denote that this is only the period of evaluation, and that the intervention will potentially continue when the researcher is no longer involved. Individual timelines for each participant will be presented in section 4.4.5 below. The following section will discuss the participants in the pilot and evaluation phases.

Start Date	Activity	Individuals	Purpose	Duration
<b>Pilot Phase</b>				
<b>April 2012</b>	Interviews	Young people already receiving dramatherapy	To inform measures, and improve internal validity	One-off (one interview of roughly 30minutes to 1 hour)
<b>Evaluation Phase</b>				
<b>June-November 2012 (depending on participant*)</b>	Evaluation Phase: Consent Collection	Researcher with participants' parents/carers Researcher with participants	To gather informed consent	One-off (discussion per individual)
	Interview	Researcher with participants	To introduce researcher's role To strengthen internal validity of repeated measures	One-off (pre-intervention discussion, roughly 30minutes to 1 hour)
	Baseline SCED data collection	Key Workers and participants	To establish a baseline level of participants' feelings pre-intervention	Two weeks x2 per week
	Meeting between therapists and participants	Dramatherapists and participants	For dramatherapist to introduce themselves, and to receive consent	One-off (before start of intervention)
	Dramatherapy assessment period	Dramatherapists and participants	For therapists to assess creative engagement and individual requirements of participant	On-going for up to 6 sessions
	SCED data collection starts	Dramatherapists and participants	To measure changes in participants feelings during intervention to help answer RQ1	On-going throughout assessment and intervention periods
<b>September 2012-January 2013*</b>	Intervention period	Dramatherapists and participants	To start intervention	On-going (to continue past 'intervention' period)
<b>February-March 2013*</b>	Post intervention period interviews	Researcher with participants Researcher with Dramatherapists Researcher with Key Workers	To help answer research questions	One-off
<b>*For further details of individual participants' timelines, please see results section below.</b>				

Table 4-3 Study Timeline

4.4.5 Participants

Separate groups of young people participated in the pilot and evaluation phases. The following sections present the core characteristics of the young people who participated in the study. Pen portraits of participants involved in the evaluation phase will be presented, with individual timelines of the procedures undertaken for each participant.

4.4.5.1 **Participants in the Pilot Phase**

Five participants were identified by the dramatherapists to take part in the pilot phase. The selection criteria for participants were as follows:

- On roll at the PRU;
- Receiving dramatherapy for at least six months;
- Clients from a range of therapists.

The core characteristics of the participants in the pilot phase, the length of time they had already received dramatherapy and their dramatherapist (therapist ID) can be found in Table 4-4.

Participant	Age	Gender	Length of time receiving dramatherapy	Therapist ID
P1	15	Male	2 years	1
P2	13	Female	9 months	2
P3	13	Female	6 months	3
P4	13	Male	6 months	2
P5	12	Male	7 months	3

Table 4-4 Core Characteristics of Participants in Pilot Phase

Pilot phase participants are labelled P to distinguish them from participants in the evaluation phase of the study. Participants P1-P4 were white-British, whereas participant P5 was white-Hungarian. All five participants spoke English as their first language, were from low-income backgrounds, and received free school meals. All participants had been permanently excluded from mainstream secondary schools in the City. None of the participants had a statement of



special educational needs, and none had received any educational psychology involvement in the past, according to service records.

#### **4.4.5.2 Participants in the Evaluation Phase**

In discussion with the Assistant Head Teacher and the manager of the independent creative arts therapy organisation it was decided that the most appropriate age group for the study would be pupils who would be in either years 9 or 10 when starting the intervention. The Assistant Head Teacher did not think it was appropriate for students in year 11 to take part because pupils of that age would rarely start a lengthy dramatherapy intervention considering their additional commitments. Pupils in years 7 and 8 were typically more likely to be reintegrated into mainstream schools, and therefore would often stay at the PRU for a limited time. In addition, findings from a study investigating the effects of preventative interventions found that pupils excluded in years 9 and above were more likely to have negative outcomes, and later disaffection (Steer, 2009). Therefore this age group was determined to be the most at risk, and therefore the most in need of therapeutic support.

Five participants were initially identified to make up the case studies within the multiple case studies design; however, two of the participants stopped attending dramatherapy sessions after their first few visits, and were therefore not included. All three case studies were white-British, came from low-income backgrounds, received free school meals, and had been permanently excluded from mainstream secondary schools within the City. None of the participants had a statement of special educational needs, and none had received any previous educational psychology involvement, according to service records. Their three case studies all had different dramatherapist. Pen portraits of the three case-studies will be presented, with a timeline for their involvement in the evaluation.

#### **4.4.5.3 Case Study 1 “Eve”**

Case study 1, under the pseudonym “Eve,” was a 14 year old girl in year 9 when she started the dramatherapy intervention. She joined the PRU during

year 7, in 2009, following permanent exclusion from secondary school. On joining the PRU Eve attended lessons in a small group. Attempts were made to reintegrate Eve into mainstream school, however, it was determined that Eve could not be taught in large groups. Eve was subsequently absent from school for a considerable time, and nearing the end of year 8, in 2011, she started to receive her education on a 1:1 basis for 5 hours per week. Eve was referred for dramatherapy in year 9 by her keyworker, who was concerned about her high levels of vulnerability, anxiety and fears of potential sexual exploitation.

Eve began dramatherapy on 21<sup>st</sup> June 2012; however, she stopped attending after on two sessions on 2<sup>nd</sup> July 2012, and did not start again until 1<sup>st</sup> October 2012 due to poor attendance and the summer holidays. After 1<sup>st</sup> October 2012 Eve continued to attend regularly throughout the evaluation phase. Table 4-5 presents a timeline of Eve's dramatherapy involvement, and data collection dates.

Event	Date(s)
Parental Consent	14.06.2012
Young Person Consent	18.06.2012
Baseline Phase Repeated Measures	18.06, 19.06, 21.06.2012
Dramatherapy Start Date	21.06.2012
Evaluation Phase Repeated Measures	02.07.2012-25.02.2013 (18 sessions)
Dramatherapist Post-evaluation Phase Interview	01.03.2013
Keyworker Post-evaluation Phase Interview	28.03.2013
Young Person Post-evaluation Phase Interview	28.03.2013
End of Evaluation Phase	28.03.2013*
* End of evaluation phase determined by last post-evaluation phase interview, although date of last repeated measure and interview date may vary.	

Table 4-5: Eve's Evaluation Timeline

4.4.5.4 Case Study 2: “Phil”

Case study 2, under the pseudonym “Phil”, was a 13 year old boy in year 9, who joined the PRU at the end of year 7, in July 2011, following permanent

exclusion from mainstream school. When he first joined the PRU, Phil was taught within a mixed-gender group of 7 other pupils with the same teacher and Lead Personal Support Assistant attending core subjects in ability groups. Phil was referred for dramatherapy by his class teacher following limited engagement with education, frequent truanting and wider social care concerns within the family.

Phil began dramatherapy in October 2012. In January 2013 the PRU base, in which Phil was being taught, and his dramatherapy sessions moved to the new base. Table 4-6 presents a timeline of Phil's dramatherapy involvement, and data collection dates.

Event	Date(s)
Parental Consent	01.10.2012
Young Person Consent	10.10.2012
Baseline Phase Repeated Measures	10.10., 12.10., 16.10.2012
Dramatherapy Start Date	16.10.2012
Evaluation Phase Repeated Measures	29.10.2012-24.01.2013 (11 sessions)
Dramatherapist Post-evaluation Phase Interview	14.02.2013
Keyworker Post-evaluation Phase Interview	25.03.2013
Young Person Post-evaluation Phase Interview	25.03.2013
End of Evaluation Phase	25.03.2013*
* End of evaluation phase determined by last post-evaluation phase interview, although date of last repeated measure and interview date may vary.	

Table 4-6 Phil's Evaluation Timeline

4.4.5.5 Case Study 3: “Veronica”

Veronica was a 14 year old girl in year 9, who had joined the PRU at the end of year 7, in June 2011, following permanent exclusion from a mainstream school. When she first joined the PRU, Veronica was taught on a 2:1 basis with one other pupil until the end of the school year. On starting year 8, Veronica was placed in a small group for typically very vulnerable pupils in a nurturing environment with two members of staff.

Veronica was referred for dramatherapy by her class teacher, after being at the PRU for a few weeks, due to her vulnerability, heightened emotions, and difficulties related to eating.

In discussion with Veronica's key worker, he suggested that he was not necessarily in the best position to answer all of the interview questions, as he had become less involved with her. He therefore suggested that Veronica's teacher should also be interviewed. Interviews were therefore conducted with Veronica, her teacher, dramatherapist and keyworker.

Veronica began dramatherapy in October 2012. In January 2012 the PRU base, and subsequently Veronica's dramatherapy sessions moved to a new base. Table 4-7 presents a timeline of Veronica's dramatherapy involvement, and data collection dates.

Event	Date(s)
Parental Consent	10.10.2012
Young Person Consent	10.10.2012
Baseline Phase Repeated Measures	10.10., 12.10., 18.10.2012
Dramatherapy Start Date	18.10.2012
Evaluation Phase Repeated Measures	23.10.2012-27.11.2012 (8 sessions)
Dramatherapist Post-evaluation Phase Interview	26.03.2013
Keyworker Post-evaluation Phase Interview	25.03.2013
Teacher Post-evaluation Phase Interview	25.03.2013
Young Person Post-evaluation Phase Interview	25.03.2013
End of Evaluation Phase	26.03.2013*
* End of evaluation phase determined by last post-evaluation phase interview, although date of last repeated measure and interview date may vary.	

Table 4-7 Veronica's Evaluation Timeline



The following section will present the design strategy, indentifying the purposes and practical implications of the separate quantitative and qualitative elements of the mixed-methods evaluation.

#### **4.4.6 Design Strategy**

Due to the complexity of the topic, and potentially diverse nature of the participants, an embedded mixed-methods case study design was adopted in order to explore whether potential changes came about. The aim was for the quantitative data to support qualitative findings in a previously under-researched area. Table 4-8 outlines the strategies used in relation to all three research questions. The following section will discuss the quantitative design strategy used in relation to the first research question.

#### **4.4.7 Quantitative Strategy**

The purpose of the quantitative strategy was to help answer the first research question, of whether participants perceived changes in themselves during the dramatherapy intervention. The quantitative strategy was divided into a pilot and evaluation phase. Methods used in the quantitative element of the evaluation phase were influenced by the findings of the pilot phase. The quantitative procedures used in both phases will be discussed in the following sections.

#### **4.4.8 Pilot Phase**

The pilot phase was conducted in April 2012 in order to explore the perceived outcomes of dramatherapy from the perspective of pupils who had already received dramatherapy. Lewis (2005) suggests that the worlds inhabited by pupils with SEBD and a researcher can potentially be very alien to one another, and questioning in the evaluation phase should be as culturally appropriate as possible in order to elicit the appropriate responses. Therefore it was necessary to gain an improved understanding of dramatherapy from the perspective of pupils with SEBD, in the same setting, who had already received dramatherapy, in order to guide appropriate questioning

Research Question	Method(s)	Time Frame	Who with?	Measures	Analysis
<b>Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?</b>	Repeated measures using scaling	Baseline and intervention phases (on-going)	Young Person	Appendix 2	Visual Analysis
	Interview questions	Post-intervention period	Young Person	Appendix 3 questions 1, 2, 5	Thematic Analysis
			Dramatherapist	Appendix 4 question 1	Thematic Analysis
			School Staff	Appendix 5 question 1	Thematic Analysis
<b>If changes were perceived, what within the intervention could have helped bring this about ?</b>	Interview questions	Post-intervention period	Young Person	Appendix 3 questions 3, 7, 8, 9	Thematic Analysis
		Post-intervention period	Dramatherapist	Appendix 4 questions 2, 3, 4, 5	Thematic Analysis
		Post-intervention period	School Staff	Appendix 5 question 2	Thematic Analysis
<b>What factors external to dramatherapy could have influenced the process of the intervention?</b>	Interview questions	Post-intervention period	Young Person	Appendix 3 questions 2, 3, 4, 8, 9	Thematic Analysis
		Post-intervention period	Dramatherapist	Appendix 4 questions 3a, 4, 5,	Thematic Analysis

Table 4-8 Procedure for Evaluation Phase

#### **4.4.8.1 Procedure of the Pilot Phase**

After participants agreed to speak to the researcher about their experiences of dramatherapy, they were interviewed individually. It was not seen as necessary to gather consent at this stage, because participants would not be receiving any treatment as a result of their involvement with the researcher, and only the overall findings would be included in the study and not individual scores.

The individual sessions consisted of a scaling exercise (Appendix 6), where participants rated how they perceived their feelings or abilities in a number of areas before starting dramatherapy (BD) and at present, i.e. during dramatherapy (DD). Participants were asked to rate themselves on a scale of 1 to 10. The areas participants rated themselves on were guided by factors identified in section 3.1.4.1, as follows:

- Improved happiness
- Reduced feelings of anger
- Reduced anxiety
- Improved ability to talk to others
- Improved ability to trust others

Discussion with two of the dramatherapists confirmed dramatherapy was typically associated with helping with these areas. The dramatherapists highlighted that reduced anxiety and improved ability to trust others were particularly important areas. Participants were asked to offer two additional factors that they thought had been improved by their experience of dramatherapy, for which they were also asked to give BD and DD ratings. The researcher asked the participants questions about their perception of dramatherapy (Appendix 3) in order to ascertain if they thought anything else had changed following dramatherapy.

#### **4.4.9 Quantitative Element of the Evaluation Phase**

SCEDs are able to measure discreet changes (Robson, 2011) and are versions of interrupted time series designs which can evaluate intervention-effects using the repeated and systematic measurement of a dependent variable, usually

before, during and after the implementation of an independent variable (Kratochwill, Hitchcock, Horner, Levin, Odom, Rindskopf & Shadish, 2010). SCEDs have the following features in common:

- One case is used as the unit of intervention and data analysis (Kratochwill & Levin, 2010)
- The case acts as its own control, by taking at least three, stable pre-intervention data points, known as the baseline phase (Kratochwill et al, 2010)
- Outcome measures are used repeatedly across different phases of the implementation of the independent variable (Kratochwill et al, 2010)

Group designs do not lend themselves well to measuring outcomes for heterogeneous or underrepresented populations due to diminished statistical power (Odom, Brantlinger, Gersten, Horner, Thompson & Harris, 2005). With SCEDs it is possible to determine the individual differences of participants who have or have not responded to an intervention, which would be unclear, or go unrecognised within group designs (Horner, Carr, Halle, McGee, Odom & Wolery, 2005). SCEDs can help answer research questions asking causal relationships, changes in multi-component studies or the difference in effect between variables (Horner et al, 2005).

Horner et al (2005) suggest that in order for SCEDs to establish experimental control for most threats to internal validity they have to use one of three types of SCED methodology:

- *ABAB Design*: introduction and withdrawal of the independent variable where experimental effect is established over at least three points (A denotes the baseline and B the intervention phase)
- *Multiple Baselines Design*: Staggering the introduction of the independent variable for different participants;
- *Alternating Treatments Design*: Manipulation of the independent variable across the intervention period.



Studies only providing measures for a baseline and intervention phase (AB) cannot generate suitable levels of experimental control, and can therefore not be termed as single subject research, but are still able to provide useful information (Horner et al 2005).

It has not been possible to adhere to these levels of experimental control, due to the nature of the intervention because it was not practical or ethical to remove treatment. Variations to start times for different participants would render a multiple baselines design too difficult and withholding treatment would not have been ethical. An alternating treatments design is not possible because changes to the independent variable could not be made. In these circumstances Mertens (2010) suggests that an AB design could be used.

It is difficult to assume causality in an AB design because it is not possible to suggest that the observed effect is due only to the dependent variable (Kratochwill & Levin, 2010), which would not be reduced by conducting multiple AB designs (Kratochwill et al, 2010).

However, the researcher feels that measuring potential changes in the participants' behaviours throughout the baseline and evaluation periods can still offer useful information of potential processes of change. The researcher would therefore not suppose generalizability or causality of findings based on the repeated measures data alone, but would suggest that the SCED data can be used to strengthen the overriding qualitative findings as part of an embedded mixed-methods design.

#### **4.4.9.1 Procedure of the Quantitative Element of the Evaluation Phase**

Throughout the evaluation phase participants completed weekly repeated measures, following an initial baseline phase before starting dramatherapy. In the spring term 2013 post-evaluation phase interviews were conducted. The following section will discuss the implementation of the SCEDs.

SCEDs depend upon the use of highly reliable and consistent measures across time (Kratochwill et al, 2010). Self-report measures have been used elsewhere

in SCED research evaluating the effects of psychodynamic and CBT interventions (Kellet, Beail, Bush, Dyson & Wilbram, 2009). Self-report data, giving views of young people, has been called for in relation to the experience of excluded young people (Cooper, 2001). The SCED measures employed here (Appendix 2) were developed from the responses of the pilot phase participants (see Results Chapter). Pilot phase students identified a range of areas where they felt dramatherapy had supported change for them. Subsequently, at the beginning of the evaluation phase each young person was asked to rate how they had felt in the last week about six questions, using a 1-10 rating scale aiming to measure:

- How happy they felt
- How angry they felt
- How they felt about their school work
- Whether they wanted to be on their own
- Whether they felt they could trust others
- How stressed they felt

Each participant completed their first SCED measures with the researcher, at which stage all participants would have the same six questions. The researcher then asked the participants the following question:

“Is there anything else that you would like help with?”

This was to ensure that the measures included an individual question aimed at specific difficulties for the individual. This question highlighted the following additional factors for the participants:

- Participant 1 indicated that she got easily distracted
- Both Participants 2 and 3 indicated that they felt they had problems with their attitude.

Two further baseline scores were gathered over a week before the start of dramatherapy. These three sets of scores would be compared to data points collected during the evaluation phase. Unfortunately the three measures across

one week would not necessarily give a representative baseline, when compared with measures that would be taken once a week. In SCED designs, stability of the baseline is a key feature, needed to ensure that the subject is able to act as their own control (Barlow, Nock & Hersen, 2009). Although stable baselines could not always be gathered it was felt to be of greater importance for the participants to start the dramatherapy sessions as soon as possible, for ethical reasons.

The first two baseline measures were gathered by the researcher and the third by the dramatherapists. The researcher shared the measures with the dramatherapists, and explained that they should be used as follows:

- Each measure should have the participant number at the top, not their name
- The date the measures were completed should be included
- The participant should be allowed a few minutes to complete the measures on their own, and answers should not be seen or discussed with the adult gathering the measure
- During the evaluation phase the measures would be gathered by the dramatherapist before the sessions, in order to avoid the effect of having had a therapeutic session
- All measures should be put in a sealed envelope and left in a locked cupboard at the PRU for the researcher to collect.

#### **4.4.9.2 Quantitative Analysis**

In order to analyse the SCED data visual analysis was used. Kratochwill et al (2010) suggest a four-step method of visual analysis, with six variables. The four steps are as follows:

1. Gathering a consistent pattern of baseline data
2. Examining whether there is an intervention-phase pattern
3. Examining whether there is a difference between the pattern of baseline data and the intervention-phase data

4. Examining whether there are at least three demonstrations of effect across different time points.

Kratochwill et al (2010, p. 18)

As the current study uses an AB design, it will not be possible to conduct the fourth step. The six variables that Kratochwill et al (2010) recommend to assess the effects of the intervention are used to examine patterns between within- and between-phase data, and are as follows:

1. Level
2. Trend
3. Variability
4. Immediacy of the effect
5. Overlap
6. Consistency

Kratochwill et al (2010, p.18)

The aim of dramatherapy is not to have an immediate intervention effect; therefore “immediacy of effect” was not measured. Overlap and consistency are only suitable in ABA or ABAB designs, therefore the current analysis only included measurements of level, the average score for each phase; trend, the direction of the line of best fit; and variability, the distribution of data points around the trend line (Kratochwill et al, 2010). Variability in terms of standard deviation from the mean will also be presented, in order to identify changes in variability across the phases.

If visual analysis of the SCEDs shows strong or moderate evidence for an effect, Kratochwill et al (2010) recommend conducting effect-size estimation, using statistical analysis in order to enhance validity (Nourbakhsh & Ottenbacher, 1994). Kazdin (1982) suggests that effect-size could be used to support visual analysis if a stable baseline has not been established; if it is difficult to predict treatment effects, and with extraneous factors. However, a limitation of effect-size analysis is a lack of standardisation in methods of



analysis. For example, Nourbakhsh and Ottenbacher (1994) found that three different statistical methods, which claimed to establish effect-size, came out with very different results from the same data. The researcher therefore concluded that due to the lack of a definitive method of calculating effect-size, it would be unwise to use just one method, before a well-established and reliable method has been identified. A more detailed description of the quantitative analysis used for each case study will be discussed in the Results Chapter.

Interrater agreement measures the accuracy of judgements made during visual analysis (Harbst, Ottenbacher & Harris, 1991). The initial aim was to conduct interrater reliability checks, however, due to challenges identified in the potential reliability and validity of the measures (see Results Chapter) this stage was not completed.

#### **4.4.10 Qualitative Strategy**

The purpose of the qualitative strategy was to answer all three of the following research questions:

1. Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?
2. If changes were perceived, what within the intervention could have helped bring this about?
3. What factors external to dramatherapy could have influenced the process of the intervention?

Yin (2009) recommends using multiple interviews in case study research. Therefore interviews were conducted with the young people, a member of school staff who knew the participant well and the dramatherapist in order to enhance the rigour of the case study.

Semi-structured interviews can be guided by interviewee's responses, giving the researcher the chance to explore answers in more detail (Robson, 2011). Robson (2011) suggests that interviews should be audio-recorded, where possible, whilst taking notes in order to avoid potential technological difficulties.

Lewis (2005) suggests that young people with SEBD tend to respond better to open ended questioning, rather than questions that require yes or no answers. Closed questioning also runs to risk of resulting in biased answers, as children and young people are likely to confirm what is put to them (Lewis, 2005).

In interviewing young people with potential emotional or psychological difficulties it should be acknowledged that they are less likely to recognise negative feelings than other children, because they are unable to associate the way they have felt or acted with negative emotions (Armstrong, Hill & Secker, 1998). For this reason a range of people should be asked about potential changes to behaviour, to ensure that their findings are more valid.

#### **4.4.10.1 Interviews**

All participants were interviewed at the end of the evaluation period. The semi-structured interview schedules were designed according to the structure outlined by Robson (2011) with guidance from Lewis (2005) when designing the questions for the young people. In addition, findings from the pilot phase were used to guide the areas and styles of questions, particularly for the young people.

The three research questions were split into further categories to guide development of the interview questions, as demonstrated in Appendix 7. For example, research question 1, "Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?," was further divided into:

- Have there been any changes?
- What changes?
- Who noticed?
- Would the young people recommend dramatherapy to anyone else?

After all three research questions had been split into subdivisions; these were sorted into who, out of the interviewees would be able to answer these questions (Appendix 8). For example, it was suggested that all three

interviewees, the young people, the dramatherapists and the member of staff, would be able to answer the three sub-questions of research question 1.

After all sub-categories had been allocated to at least one of the three interviewees, appropriate interview questions were devised to help answer these questions. Semi-structured interview schedules for each interviewee can be found in Appendix 3 (young people) Appendix 4 (dramatherapists) and Appendix 5 (staff).

Although it was acknowledged that parents would be well placed to answer questions about the young people's behaviour outside of school, it was decided not to include their views in the research. The researcher had been advised by PRU staff that it may not be safe to be alone with some of the participants' parents, and for this reason individual interviews would not be advisable.

#### **4.4.10.2 Thematic Analysis**

Thematic analysis is a flexible method of qualitative analysis, and is not attached to a particular paradigm, unlike grounded theory or interpretative phenomenological analysis (Braun & Clarke, 2006). Thematic analysis is compatible with a pragmatic paradigm, as it aims to develop a representation of participants' experiences of a phenomenon, whilst potentially identifying a detailed account of the data (Braun & Clarke, 2006).

Braun and Clarke (2006) felt that thematic analysis had been poorly defined in the past, and therefore identified a six-phase process to guide researchers. The following sections will describe the steps taken to identify key themes, following Braun and Clarke's (2006) process of :

- Familiarisation
- Identifying initial codes
- Searching for themes
- Reviewing themes
- Defining and naming themes
- Reporting

The researcher transcribed interviews (Appendix 9) and read and reread the transcripts (Braun & Clarke, 2006). The transcription software, *Express Scribe* was used in order to slow the interviews down without distorting the pitch, to allow for more fluent typing. The researcher listened to interviews at least twice more to ensure that transcripts were accurate, and that meanings from tone, speed or inflection were not lost. After transcription the interviews were read at least twice, noting down key features of interest, which were highlighted on the paper copy.

Highlighted features of interest were labelled into codes, according to similarities in the data. Features were numbered and corresponding codes written on post-it notes, which were attached to the paper copy (Appendix 10).

Braun and Clarke (2006) make a distinction between inductive and theoretical theme generation. Theoretical themes are identified through pre-determined codes, based on previous research and research questions. Inductive themes allow for a bottom-up method of identifying codes based on the data. An inductive method was used because of the limited previous research, and the exploratory nature of the current study and to minimise potential features from being missed.

Codes were grouped into themes according to similarities. The codes for each interview were typed and numbered, according to topics of interests. These lists were printed and stuck on a wall and thematic maps (Appendix 11) created by identifying themes, ranging from clearly defined themes such as 'behaviour change' to less obvious themes which only became apparent through rereading the codes.

Codes relating to each theme, and corresponding data-extracts were read in order to ensure that the themes worked. More concise thematic maps were generated in order to review potentially over-lapping themes.

Themes were defined by identifying key pieces of data relating to each theme, and appropriate names identified. At this stage identified themes were still specific to each interviewee, due to the divergent nature of the interviewees.



Over-arching themes were then identified between interviewees for each case study ensuring that similarly named themes matched, putting themes such as 'environment' and 'setting' together under the one heading 'school environment.'

Themes were weighted according to the level of convergence between interviews. Some themes had lower levels of convergence, but were still seen as relevant if they strongly helped answer a research question. Individual themes were not discarded, but kept in order to generate potential between-participant themes at a later stage.

Themes were grouped according to each research question. Results from the thematic analysis are reported in the Results Chapter for each case study. Themes are presented with supporting evidence from the transcriptions as data extracts.

#### **4.4.11 Ethical Considerations**

This final section of the methodology chapter will discuss the ethical considerations made before embarking on the current study.

A number of ethical considerations have guided and formed the study, particularly considering the vulnerability of the young people involved. The researcher received ethical clearance from the School of Psychology's ethics committee at the University of Nottingham. The British Psychological Society (BPS) has developed ethical guidelines for research practice (BPS, 2009). Table 4-9 outlines the ethical issues of the study, and the methods used to control for them.

Ethical Issue	Method Used to Control for Ethical Issues
<b>Gathering Informed Consent</b>	<p>Participants (Appendix 12), parents (Appendix 13) and the school staff (Appendix 14) were given written information about data collection procedures and the intervention.</p> <p>The researcher met with participants, parents and relevant school staff to discuss data collection procedures and the intervention, and to answer questions.</p> <p>Participants (Appendix 15) and parents (Appendix 16) gave signed, opt-in consent for participation.</p>
<b>The Right to Withdraw</b>	<p>All participants and parents were told verbally and in writing of the right to withdraw at any time, without giving a reason. And that their withdrawal from the research project would not affect their participation in therapy.</p>
<b>Deception</b>	<p>During consent collection the participants and their parents were informed of the purpose of the project. Details were given in the written and verbal debrief of the intervention.</p> <p>Dramatherapists met with participants and parents to give further details of the nature of the intervention.</p>
<b>Anonymity of Participants</b>	<p>All information gathered and reported was anonymised.</p> <p>Where confidential information was stored electronically, password protection ensured that only the researcher could access the information. Where hard-copies of confidential information existed, they were stored in a locked cabinet.</p>
<b>Debriefing</b>	<p>Following completion of the study a report of findings will be shared with the school and dramatherapists. The school and dramatherapists will also have the opportunity for a feedback session to discuss findings.</p> <p>Parents and participants were informed that they could receive feedback if requested. A parent and pupil report will also be shared with the school to issue where necessary.</p>

Table 4-9 Ethical Issues and Methods to Control for Them

## 4.5 Summary of the Methodology Chapter

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In Chapter 4 the researcher aimed to present a rationale for the methodological choices made in the current study. It was concluded that considering the researcher's paradigmatic stance, as well as the theoretical underpinnings of dramatherapy and the context of the study, that a pragmatic paradigm would be most suitable.

In evaluating the subsequent methodological considerations, and their suitability in the pragmatic research, the researcher adopted an embedded mixed-methods approach. The approach consisted of an over-arching qualitative design, with a supporting quantitative element within multiple case studies. Individual semi-structured interviews for the young people, their dramatherapist and a member of staff would be used to answer all three research questions, with SCED measures for the young people to help measure research question one.

The following section will present the results of the study. Results will be presented as individual cases, with subsequent cross-case findings.

# Chapter 5    Results

## 5.1        Introduction to Chapter

This chapter will present results from the quantitative and qualitative strategies. The procedure used to help answer the research questions in the evaluation phase, has been represented in Table 5-1. Due to some difficulties that emerged during data collection it was questioned whether the repeated measures were reliable or valid measurements for this population. The quantitative data will therefore be presented separately, to illuminate the development of this aspect, and the researcher's evaluation of it. The quantitative strategy will be presented with the pilot phase findings, their implications for the quantitative element of the evaluation phase and the subsequent quantitative design element.

The results for the qualitative strategy will be presented for each case study in turn, followed by cross-case conclusions to bring together findings for the multiple case studies, with a summary and reflection of overall findings.



Research Question	Method(s)	Time Frame	Who with?	Measures	Analysis
<b>Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?</b>	Repeated measures using scaling	Baseline and intervention phases (on-going)	Young Person	Appendix 2	Visual Analysis
	Interview questions	Post-intervention period	Young Person	Appendix 3 questions 1, 2, 5	Thematic Analysis
			Dramatherapist	Appendix 4 question 1	Thematic Analysis
			School Staff	Appendix 5 question 1	Thematic Analysis
<b>If changes were perceived, what within the intervention could have helped bring this about ?</b>	Interview questions	Post-intervention period	Young Person	Appendix 3 questions 3, 7, 8, 9	Thematic Analysis
		Post-intervention period	Dramatherapist	Appendix 4 questions 2, 3, 4, 5	Thematic Analysis
		Post-intervention period	School Staff	Appendix 5 question 2	Thematic Analysis
<b>What factors external to dramatherapy could have influenced the process of the intervention ?</b>	Interview questions	Post-intervention period	Young Person	Appendix 3 questions 2, 3, 4, 8, 9	Thematic Analysis
		Post-intervention period	Dramatherapist	Appendix 4 questions 3a, 4, 5,	Thematic Analysis

Table 5-1 Procedure for Evaluation Phase

# 5.2 Pilot Phase

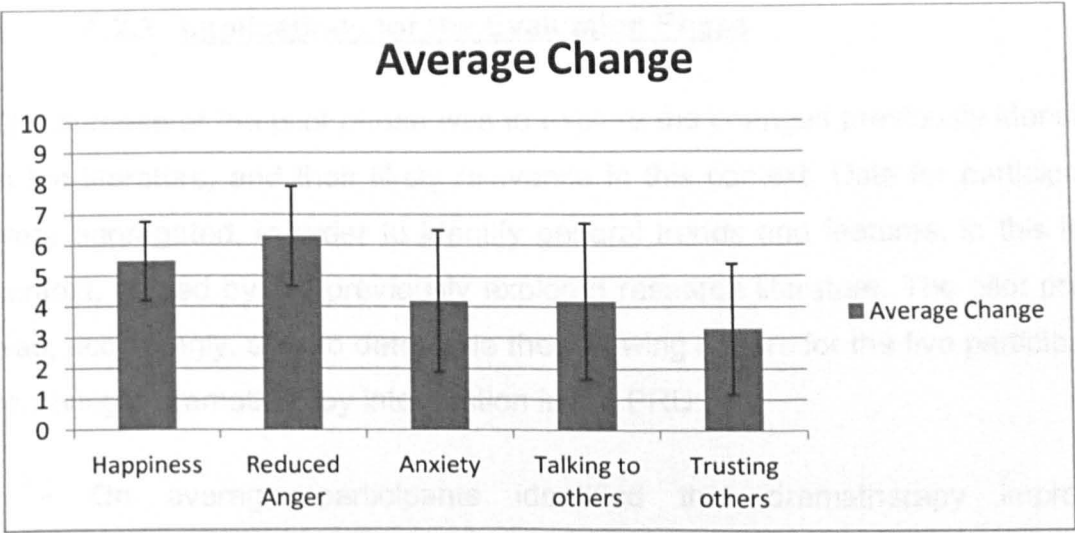
The pilot phase aimed to:

- a. explore perceived outcomes of dramatherapy from the perspective of pupils receiving dramatherapy and
- b. ensure that questions asked could be appropriately comprehended and therefore answered by the participants in the evaluation phase.

An understanding of the intervention from the perspective of pupils with SEBD, already receiving dramatherapy, in the same setting was gathered, in order to guide sensitive and culturally appropriate questioning to help elicit the appropriate responses (Lewis, 2005), and to help enhance cultural validity.

## 5.2.1 Outcomes of the Pilot Phase

Participants in the pilot phase gave before dramatherapy (BD) and during dramatherapy (DD) scores for five questions (Appendix 6) based on their perceived behaviours and feelings for all 5 statements. As a pilot phase, it was considered appropriate here to aggregate data, in order to gather overall indications of the programme's potential for promoting change. Participants identified an average positive trend in their responses to the measure. Figure 5-1 shows the average combined change for all five participants in the five areas, with standard deviations presented to identify the variations between ratings of perceived improvements.



**Figure 5-1 Average reported changes in perceived variables from before and during dramatherapy for the pilot phase**

‘Reduced anger’ (+6.3) and ‘happiness’ (+5.5) were perceived to be the biggest changes, with the smallest standard deviations (1.6 and 1.27 respectively), after at least 6 months of dramatherapy.

Participants were asked to offer two additional factors they thought had been improved by dramatherapy, and identified the following factors:

- School work (2 participants)
- Attitude (2 participants)
- Swearing (1 participant)
- Helping others (1 participant)
- Confidence (1 participant)
- Mood swings (1 participant)
- Walking away from confrontation (1 participant)

Pilot phase findings suggested that in addition to the average perceived improvements following dramatherapy, all five participants appeared able to use the method of scaling well and independently. However, all five participants had difficulty understanding the meaning of the word ‘anxiety’, which the researcher changed, following discussion with pupils, to ‘feeling stressed out.’ The researcher acknowledges this as a qualitative shift, but that participants showed understanding of the phrase ‘stressed out’ as a concept. This was an important adaptation in the development of the evaluation phase.

### 5.2.2 Implications for the Evaluation Phase

The purpose of the pilot phase was to explore the changes previously identified in the literature, and their likely relevance in this context. Data for participants were aggregated, in order to identify general trends and features, in this local context, guided by the previously explored research literature. The pilot phase was, accordingly, able to determine the following factors for the five participants receiving a dramatherapy intervention in the PRU:

- On average participants identified that dramatherapy improved happiness, ability to talk to and trust others, and feelings of anger and stress;
- No participants understood the term 'anxiety' but understood the term to feel 'stressed out';
- Participants appeared able to use the scaling method independently.

These factors have influenced the development of the measures used in the evaluation phase of the study. It was felt that these factors suggested that the participants in the evaluation phase would be able to use the scaling method to answer questions about perceived behaviours and feelings. However, the participants in the evaluation phase would be individually questioned to ensure that these conclusions were also suitable to them. The following section will present quantitative data of the evaluation phase.



### 5.3 Quantitative Data of the Evaluation Phase

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The initial purpose of the quantitative data collection was to help answer research question 1 of whether the participants had observed a change in themselves during the intervention period. In accordance with SCED methodology, repeated measures were sought. The participants completed a weekly questionnaire, rating how they had felt or behaved over the last week about seven questions (Appendix 2) on a scale of 1 to 10, 1 being 'never' and 10 'very often.' All three participants completed the questionnaire three times during the baseline phase, before the intervention. However, all three participants differed in the amount of times they completed the questionnaire throughout the evaluation phase, as follows:

- Eve: 16 times
- Phil: 10 times
- Veronica: 5 times

Differences in length of evaluation phases are due to varied start times for the participants. Veronica also stopped completing the questions in November 2012; therefore only five evaluation data points are available for her. Analysis of the SCED graphs was conducted using Kratochwill et al's (2010) variables of level, trend and variability (Appendix 17).

The following section will present the findings for each dependent variable in turn, and discuss the subsequent conclusion that it was not possible to generate a reliable measure at this time.

#### 5.3.1 Happiness

Participants were asked to rate the following question on a scale of 1 to 10:

**"I felt happy"**

Figure 5-2 shows Eve's weekly ratings out of 10 across the baseline (blue) and evaluation phase (red).



Figure 5-2 Graph Showing Eve's Weekly Rating for Happiness

An average reduction in ratings of happiness appeared to occur gradually for Eve, with some variability for both phases. Since a stable baseline was not gathered, and baseline and evaluation phase levels are very similar, the researcher would suggest that no substantial change in ratings of happiness occurred across phases for Eve.

Figure 5-3 shows Phil's weekly ratings out of 10 across phases.



Figure 5-3 Graph Showing Phil's Weekly Rating for Happiness

An average rating of increased happiness for Phil appears to have occurred gradually, with very little variability between both phases. Although the expected baseline trend reaches the evaluation phase level, evaluation phase data points remain consistently above baseline levels. Arguably, there is an increase evident for happiness across phases for Phil.

Figure 5-4 shows Veronica's weekly ratings out of 10 across phases.



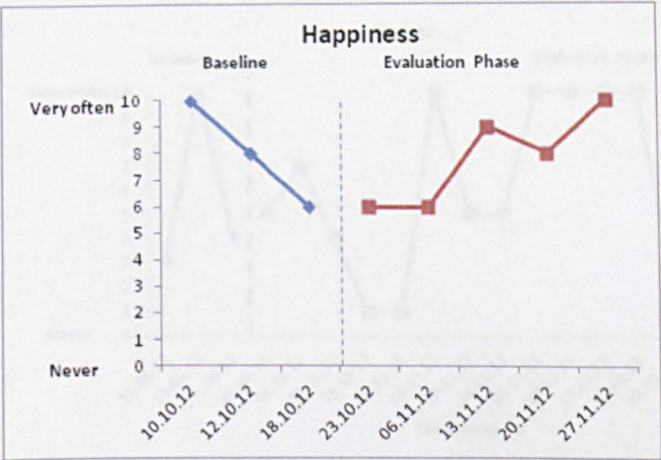


Figure 5-4 Graph Showing Veronica's Weekly Rating for Happiness

Veronica's ratings of happiness reduced during the baseline phase and increased at a similar rate, but with greater variability in the evaluation phase, with similar levels for both phases. No stable baseline was gathered, and the researcher concluded that there appeared to be no substantial change in ratings of happiness across phases for Veronica.

5.3.1.1 Summary of Happiness across phases.

Out of the three participants, only Phil showed a small increase in ratings of happiness from the baseline to the evaluation phase. Baselines were not stable for either Veronica, Phil or Eve. Questions will be evaluated in the Discussion Chapter of whether this data represents the young people's experience of dramatherapy or reflects the presence of various threats to validity of this measure. Overall, the absence of reliable patterns in trend or level, suggest that there was either no effect of dramatherapy upon the young people's happiness, or that it could not be measured reliably through these means.

5.3.2 Anger

Participants were asked to rate the following question on a scale of 1 to 10:

“I felt angry”

Figure 5-5 shows Eve's weekly ratings out of 10 across the phases.

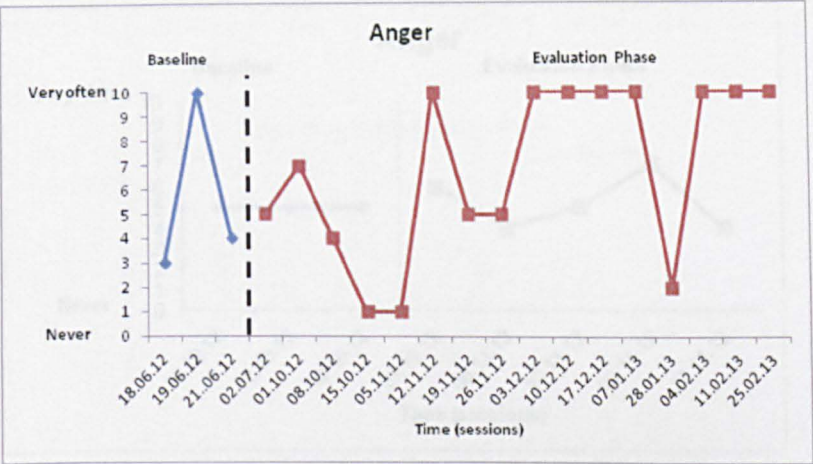


Figure 5-5 Graph Showing Eve's Weekly Rating for Anger

A stable baseline was not gathered, and there is variability evident in both phases. Whilst variability increases, this may reflect the greater number of data points. There appears to have been a gradual increase in anger, with some variability for both phases. Arguably, there is an increase evident for anger across phases for Eve.

Figure 5-6 shows Phil's weekly ratings out of 10 across phases.

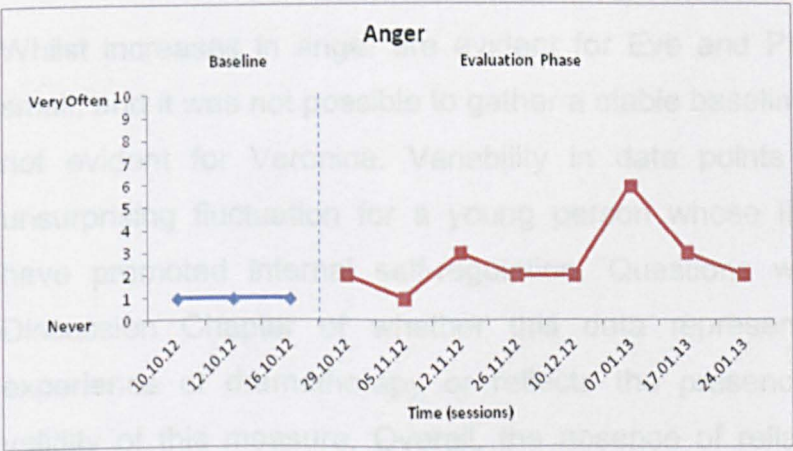


Figure 5-6 Graph Showing Phil's Weekly Rating for Anger

A stable baseline was gathered, and average ratings of increased anger appear to have occurred gradually, with some variability within the evaluation phases. Arguably, there is a slight increase evident for anger across phases for Phil.

Figure 5-7 shows Veronica's weekly ratings out of 10 across phases.



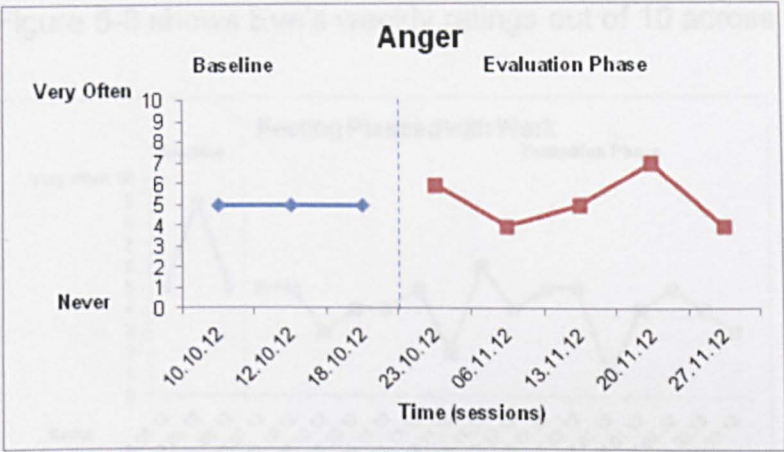


Figure 5-7 Graph Showing Veronica's Weekly Rating for Anger

A stable baseline was gathered, with a slight reduction in anger in the evaluation phase, with some variability. However, baseline and evaluation phase levels are very similar, therefore there does not appear to be an evident change in ratings of anger across phases for Veronica.

5.3.2.1 Summary of Anger

Whilst increases in anger are evident for Eve and Phil, Phil's appears to be small, and it was not possible to gather a stable baseline for Eve. A change was not evident for Veronica. Variability in data points might be seen as an unsurprising fluctuation for a young person whose life-experiences may not have promoted internal self-regulation. Questions will be evaluated in the Discussion Chapter of whether this data represents the young people's experience of dramatherapy or reflects the presence of various threats to validity of this measure. Overall, the absence of reliable patterns in trend or level, suggest that there was either no effect of dramatherapy upon the young people's anger, or that it could not be measured reliably through these means.

5.3.3 Being Pleased with Work

Participants were asked to rate the following questions on a scale of 1 to 10:

**“I have felt pleased with my work”**

Figure 5-8 shows Eve's weekly ratings out of 10 across phases.



Figure 5-8 Graph Showing Eve's Weekly Rating for Being Pleased with Work

A stable baseline was not gathered, but the average rating of being pleased with her work decreased between phases, with some variability within both phases. Therefore there is an evident reduction in feeling pleased with work for Eve.

Figure 5-9 shows Phil's weekly ratings out of 10 across phases.



Figure 5-9 Graph Showing Phil's Weekly Rating for Being Pleased with Work

Although the evaluation phase level is below that of the baseline phase, ratings returned to baseline level by the end of the evaluation phase. Therefore a change in ratings of feeling pleased with work was not evident for Phil.





Figure 5-10 shows Veronica's weekly ratings out of 10 across phases.



Figure 5-10 Graph Showing Veronica's Weekly Rating for Being Pleased with Work

A stable baseline was not gathered, but an average reduction in being pleased with work occurred gradually, with some considerable variability for both phases. Because of similar levels in variation, but an overall reduction in the evaluation phase level a reduction in ratings of being pleased with work across phases was evident for Veronica. However, there are limited data points available, because Veronica left the final questionnaire blank for this question.

5.3.3.1 Summary of Being Pleased with Work

Veronica and Eve showed reductions in feeling pleased with work. However, neither demonstrated a stable baseline. Questions will be evaluated in the Discussion Chapter of whether this data represents the young people's

experience of dramatherapy or reflects the presence of various threats to validity of this measure. Overall, the absence of reliable patterns in trend or level, suggest that there was either no effect of dramatherapy upon the young people’s perceptions of their work, or that it could not be measured reliably through these means.

5.3.4 Wanting to be Alone

Participants were asked to answer the following question on a scale of 1 to 10:

**“I wanted to be on my own”**

Figure 5-11 shows Eve’s weekly ratings out of 10 across phases.

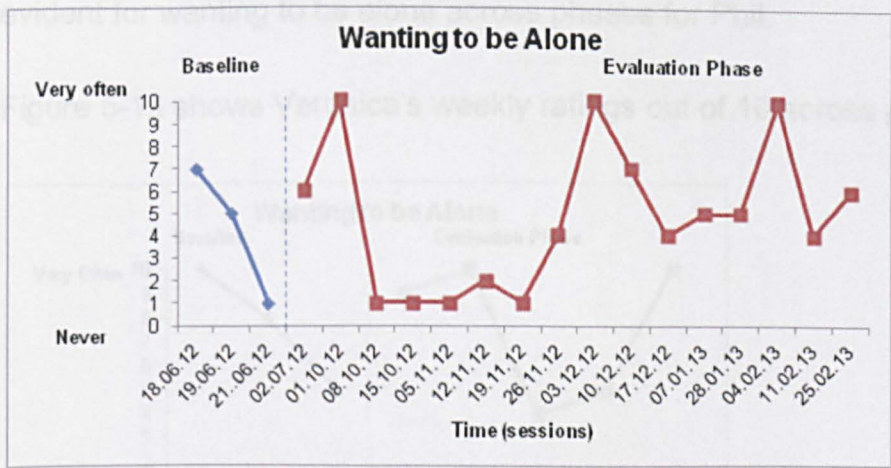


Figure 5-11 Graph Showing Eve's Weekly Rating for Wanting to be Alone

After a sharp dip in the baseline phase there was a gradual increase in wanting to be alone, with a lot of variation. Therefore a change in wanting to be alone, across phases was not evident for Eve.

Figure 5-12 shows Phil’s weekly ratings out of 10 across phases.



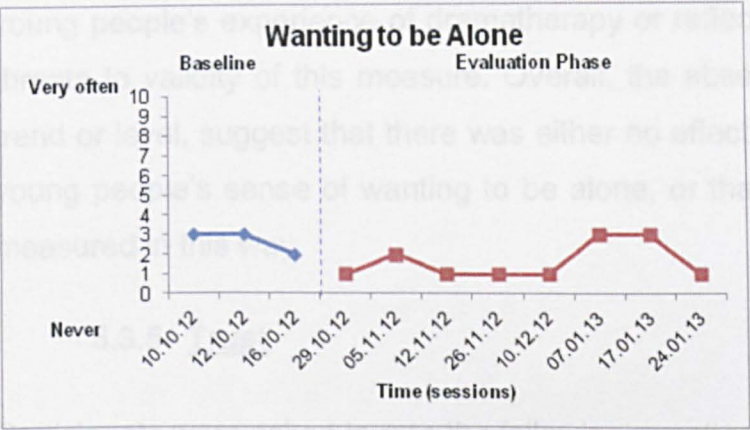


Figure 5-12 Graph Showing Phil's Weekly Rating for Wanting to be Alone

An average reduction in ratings of wanting to be alone appears to have occurred immediately with more variability in the evaluation than the baseline phase, reaching above average baseline levels. Arguably, there is no change evident for wanting to be alone across phases for Phil.

Figure 5-13 shows Veronica's weekly ratings out of 10 across phases.

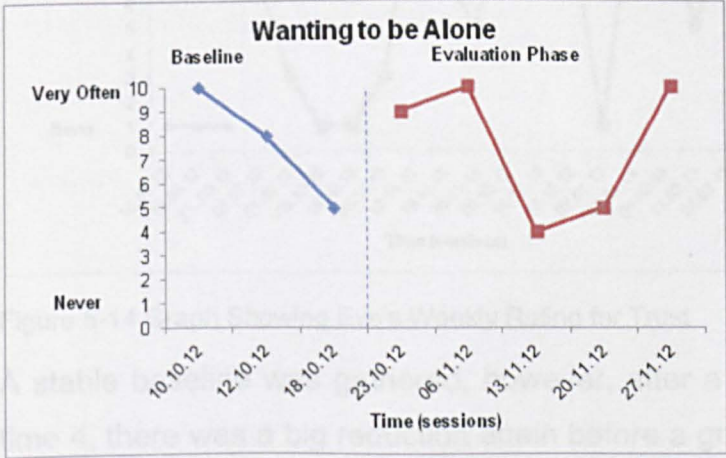


Figure 5-13 Graph Showing Veronica's Weekly Rating for Wanting to be Alone

A stable baseline was not gathered and baseline and evaluation levels are almost the same, with some considerable variability for both phases. Therefore a change across phases in wanting to be alone was not evident for Veronica.

5.3.4.1 Summary of Wanting to be Alone

None of the participants showed evidence of change across phases, with considerable variability in the baseline phases for Eve and Veronica. Questions will be evaluated in the Discussion Chapter of whether this data represents the

young people’s experience of dramatherapy or reflects the presence of various threats to validity of this measure. Overall, the absence of reliable patterns in trend or level, suggest that there was either no effect of dramatherapy upon the young people’s sense of wanting to be alone, or that this could not be reliably measured in this way.

5.3.5 Trust

Participants were asked to rate the following question on a scale of 1 to 10:

“I felt like I didn’t trust anyone”

Figure 5-14 shows Eve’s weekly ratings out of 10 across phases.

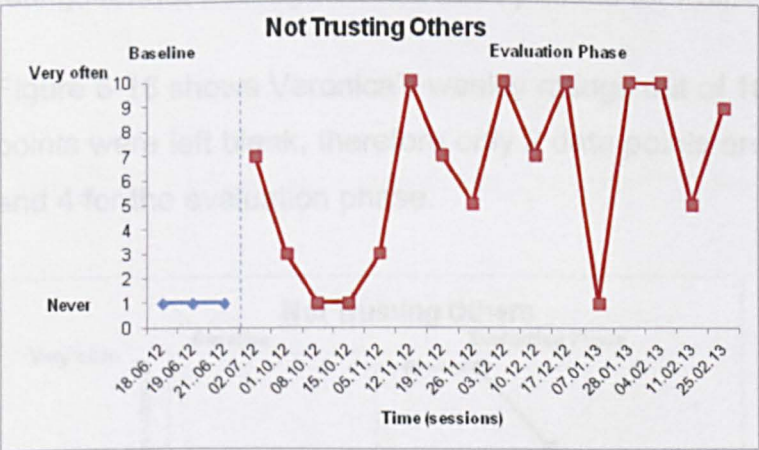


Figure 5-14 Graph Showing Eve’s Weekly Rating for Trust

A stable baseline was gathered, however, after a big increase, from time 3 to time 4, there was a big reduction again before a gradual increase in not trusting others with a lot of variability in the evaluation phase. Arguably, there is an increase evident for not trusting others across phases for Eve.

Figure 5-15 shows Phil’s weekly ratings out of 10 across phases.



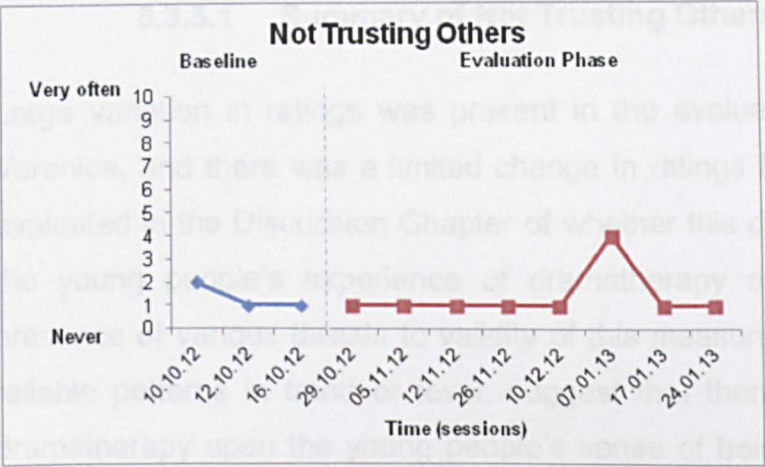


Figure 5-15 Graph Showing Phil's Weekly Rating for Trust

A stable baseline was not gathered, but evaluation phase ratings stayed relatively consistent with the baseline level. Therefore there was no change in ratings for not trusting others across phases for Phil.

Figure 5-16 shows Veronica's weekly ratings out of 10 across phases. Two time points were left blank; therefore only 2 data points are available for the baseline and 4 for the evaluation phase.

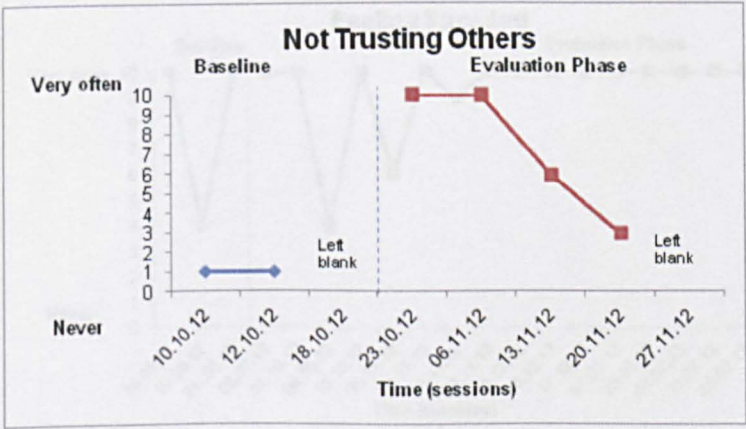


Figure 5-16 Graph Showing Veronica's Weekly Rating for Trust

A steep increase in not being able to trust others occurred immediately, with a sharp reduction with some variability for the evaluation phase. Despite Veronica not completing all data points there still appears to be an increase in ratings for not trusting others across phases.



#### 5.3.5.1 Summary of Not Trusting Others

Large variation in ratings was present in the evaluation phases for Eve and Veronica, and there was a limited change in ratings for Phil. Questions will be evaluated in the Discussion Chapter of whether this data was able to represent the young people's experience of dramatherapy or whether it reflects the presence of various threats to validity of this measure. Overall, the absence of reliable patterns in trend or level, suggest that there was either no effect of dramatherapy upon the young people's sense of being able to trust others, or that this could not be reliably measured in this way.

### 5.3.6 Stress

Participants were asked to rate the following question on a scale of 1 to 10:

### "I have felt stressed out"

Figure 5-17 shows Eve's weekly ratings out of 10 across phases.

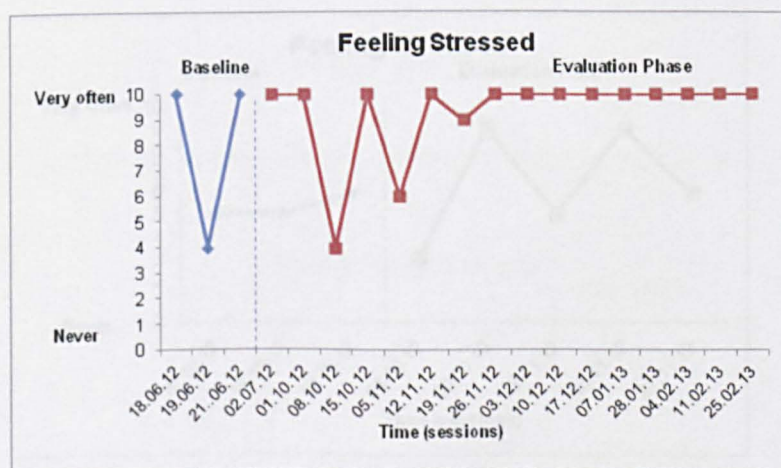


Figure 5-17 Graph Showing Eve's Weekly Rating for Stress

A stable baseline was not gathered; however, stable feelings of high levels of stress increased gradually, with some variability for both phases. Despite variability within the baseline phase, there is arguably an increase evident for feeling stressed across phases for Eve.

Figure 5-18 shows Phil's weekly ratings out of 10 across phases.

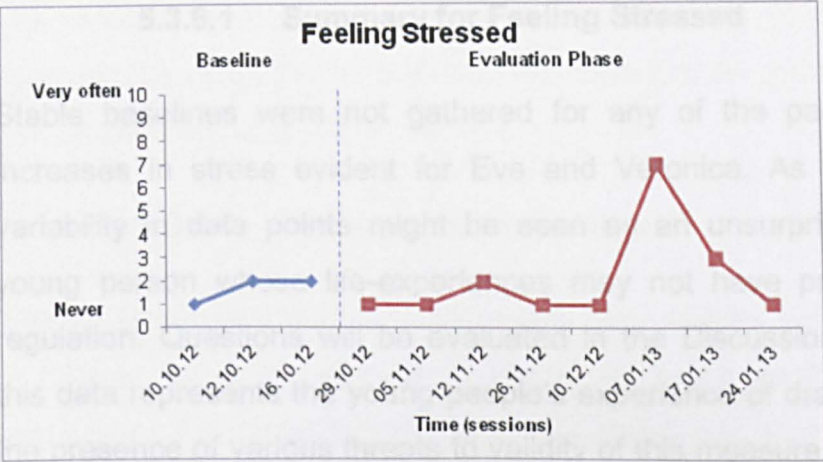


Figure 5-18 Graph Showing Phil's Weekly Rating for Stress

A stable baseline was not gathered, but the average ratings of increased feelings of stress occurred gradually, with greater variability in the evaluation phase. Although there is a slight increase in level in the evaluation phase, ratings reverted to below baseline levels, therefore, no change in ratings for feeling stressed across phases was evident for Phil.

Figure 5-19 shows Veronica's weekly ratings out of 10 across phases.

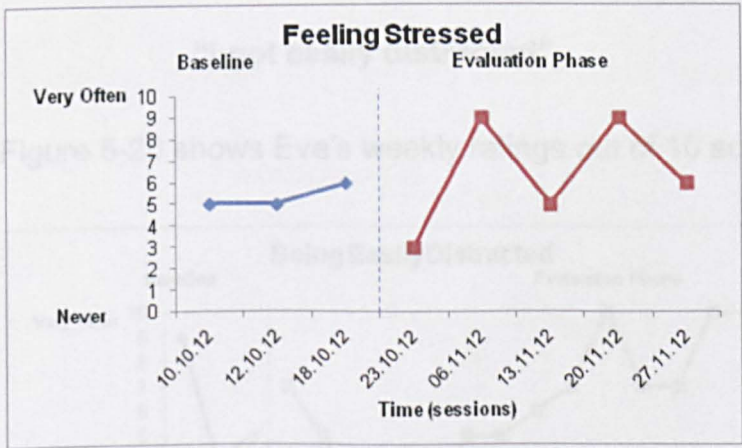


Figure 5-19 Graph Showing Veronica's Weekly Rating for Stress

A stable baseline was not gathered, with high variability in the evaluation phase. An increase in feeling stressed occurred gradually, with more variability in the evaluation phase. However, it appears evident that there was an increase in ratings of feeling stressed across phases for Veronica.



5.3.6.1 Summary for Feeling Stressed

Stable baselines were not gathered for any of the participants, with some increases in stress evident for Eve and Veronica. As for feelings of anger variability in data points might be seen as an unsurprising fluctuation for a young person whose life-experiences may not have promoted internal self-regulation. Questions will be evaluated in the Discussion Chapter of whether this data represents the young people’s experience of dramatherapy or reflects the presence of various threats to validity of this measure. Overall, the absence of reliable patterns in trend or level, suggest that there was either no effect of dramatherapy upon the young people’s stress levels, or that it was not possible to reliably measure this in this way.

5.3.7 Distraction (Eve only)

Eve commented in the first stage of data collection that she would like to improve how easily distracted she was. Therefore she was also asked to rate the following question on a scale of 1 to 10:

“I got easily distracted”

Figure 5-20 shows Eve’s weekly ratings out of 10 across phases.

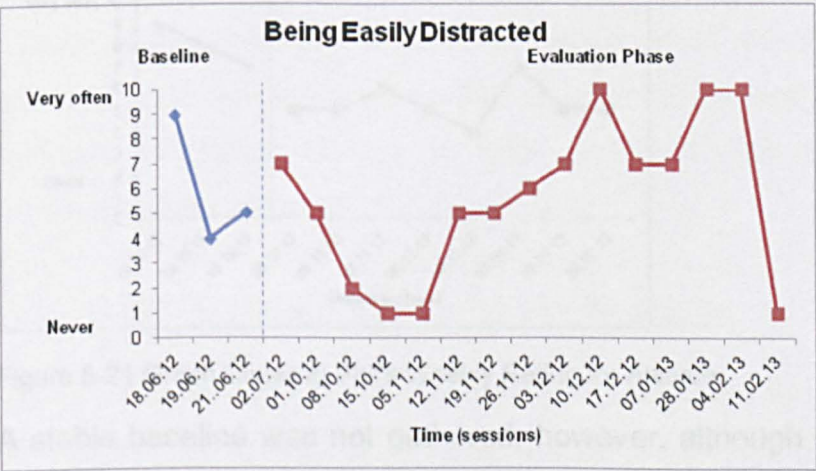


Figure 5-20 Graph Showing Eve's Weekly Rating for Distraction



The average reduction in getting easily distracted occurred gradually, with considerable variability for both phases; therefore no change in ratings of being easily distracted was evident for Eve.

### 5.3.7.1 Summary of Distraction

There was considerable variability within both phases, with no apparent change in ratings within the evaluation phase for being easily distracted. As with conclusions for measurements of stress and anger, variability in ratings could be understandable for a vulnerable young person with poor emotional regulation.

### 5.3.8 Attitude (Phil and Veronica only)

Phil and Veronica commented in the first stage of data collection that they would like to improve their attitude. Therefore they were also asked to rate the following on a scale of 1 to 10:

**“I have had a problem with my attitude”**

Figure 5-21 shows Phil's weekly ratings out of 10 across phases.

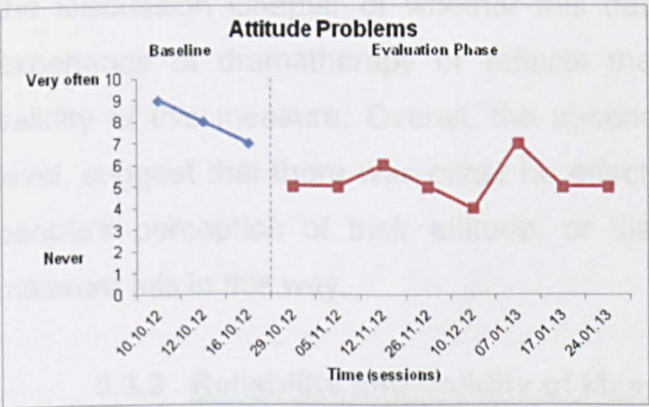


Figure 5-21 Graph Showing Phil's Weekly Rating for Attitude

A stable baseline was not gathered, however, although the baseline trend line appears to go down, the change in level is relatively large for the evaluation phase, and stays lower than the baseline level. Arguably, there appears to have been a reduction in ratings for having an attitude problem across phases for Phil.



Figure 5-22 shows Veronica's weekly ratings out of 10 across phases.

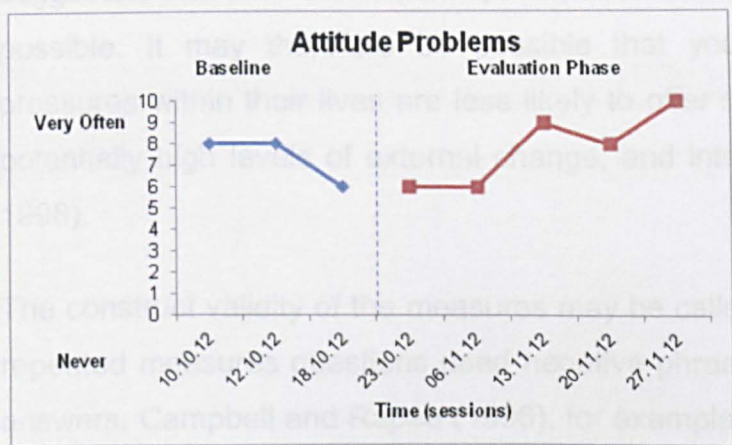


Figure 5-22 Graph Showing Veronica's Weekly Rating for Attitude

A stable baseline was not gathered; with a subsequent increase in thinking she has an attitude problem, with some variability for both phases. However there is little difference in baseline and evaluation phase levels. Therefore there was no change in ratings for having an attitude problem across phases for Veronica.

5.3.8.1 Summary of Attitude

Stable baselines were not gathered for either Phil or Veronica, with fluctuations within the evaluation phases for both participants. Questions will be evaluated in the Discussion Chapter of whether this data represents the young people's experience of dramatherapy or reflects the presence of various threats to validity of this measure. Overall, the absence of reliable patterns in trend or level, suggest that there was either no effect of dramatherapy upon the young people's perception of their attitude, or that it was not possible to reliably measure this in this way.

5.3.9 Reliability and Validity of Measures

Quantitative data in the current study has raised questions about the design and measures used to explore changes across phases for the three participants; in particular regarding the validity and reliability of measures. The high variability of data points is what would be anticipated where there are potential multiple threats to the reliability and validity of the data. SCEDs depend upon highly reliable measurements being taken, often in contexts where the interference of

other variables can be eliminated (Kratochwill et al, 2010). The data gathered suggested that with these participants, in this context this reliability was not possible. It may therefore be possible that young people with significant pressures within their lives are less likely to offer stable perceptions, reflecting potentially high levels of external change, and internal need (Armstrong et al, 1998).

The construct validity of the measures may be called into question. Many of the repeated measures questions used negative phrasing, which may have biased answers. Campbell and Rapee (1996), for example, found that anxious children scored higher on negatively rather than positively worded questions than non-anxious children. Borgers, Hox and Sikkels (2004) found no influence of negative wording on a typical population, but found an influence of the number of scale items on reliability. With above seven response options, scale response reliability appeared to decrease (Borgers et al, 2004). These factors will be considered further in the Discussion Chapter.

There was limited cross-over in findings, and where changes were evident; they mostly showed a negative trend. The large difference between the numbers of data points collected for each participant also indicates difficulties for the reliability of the measures. Veronica said that she did not want to continue with the repeated measures questionnaires at the end of November 2012, therefore this data is incomplete. This therefore poses questions for the ethical suitability of the questionnaire, if a participant felt that she no longer wanted to continue. Anecdotal evidence from a discussion with Phil's dramatherapist indicated that she questioned the use of the quantitative measures, as she felt asking him very personal questions before the start of the therapy session, where he would be again asked how he was feeling could have potentially interrupted the flow of the sessions.

**5.3.10 Analysis of SCED Data**

Table 5-2, Table 5-3 and Table 5-4 presents dependent variables and the factors used to examine patterns in data, showing scores for baseline and



evaluation phases for the three participants. For details on how the factors were calculated, see section 4.4.9.2 in the Methodology Chapter.

Dependent Variable	SCED Variables for Eve					
	Level		Trend		Variability	
	Baseline	Evaluation	Baseline	Evaluation	Baseline	Evaluation
Happiness	6.33	5.75	Down	Down	2.08	1.53
Anger	5.67	6.88	Up	Up	3.79	3.56
Work	6.33	4.06	Straight	Down	2.31	1.29
Own	4.33	4.81	Down	Up	3.06	3.23
Trust	1	6.19	Stable	Up	0	3.53
Stress	8	9.31	Straight	Up	3.46	1.74
Distraction	6	5.31	Down	Up	2.65	3.30

Table 5-2 Analysis of level, trend and variability between experimental phases for Eve

Dependent Variable	SCED Variables for Phil					
	Level		Trend		Variability	
	Baseline	Evaluation	Baseline	Evaluation	Baseline	Evaluation
Happiness	8.33	9.63	Up	Up	0.58	0.52
Anger	1	2.63	Stable	Up	0	1.51
Work	10	9.5	Stable	Up	0	1.07
Own	2.67	1.63	Down	Up	0.58	0.92
Trust	1.33	1.36	Down	Up	0.58	0.92
Stress	1.67	2.13	Up	Up	0.58	2.10
Attitude	8	5.25	Down	Up	1	0.89

Table 5-3 Analysis of level, trend and variability between experimental phases for Phil

Dependent Variable	SCED Variables for Veronica					
	Level		Trend		Variability	
	Baseline	Evaluation	Baseline	Evaluation	Baseline	Evaluation
Happiness	8	7.8	Down	Up	2	1.79
Anger	5	5.2	Stable	Down	0	1.30
Work	7.67	6.25	Down	Down	2.52	2.75
Own	7.67	7.6	Down	Down	2.52	3.20
Trust	1	7.25	Stable	Down	0	3.40
Stress	5.33	6.4	Up	Up	0.57	2.61
Attitude	7.33	7.8	Down	Up	1.15	1.79

Table 5-4 Analysis of level, trend and variability between experimental phases for Veronica

Variability, identified in tables as standard deviation from the mean indicate that it was not possible to gather stable baselines for the majority of the dependent variables. In total only five out of 21 of the baselines were stable. This would

indicate that the measures were not necessarily valid indicators of the participants' behaviours or feelings before starting the intervention.

### **5.3.11 Summary of Quantitative Findings**

The repeated measures data, showing fluctuation and variability indicated the difficulty involved in attempting to measure quantitative outcomes for vulnerable young people with SEBD receiving dramatherapy. This finding possibly suggests that research which attempts to control and pattern experience in a way which will allow for causal inferences to be drawn between the key variables is likely to be subject to multiple threats. In turn, this leads the researcher to confirm their position of requiring a qualitative investigation, where account can be taken of the multiple variables which impact upon the experiences of vulnerable participants. Ethical implications of the use of the measures and other points raised about the suitability of the quantitative element of the study will be reviewed further in the Discussion Chapter. The following section will present the qualitative data for each case study in turn.

## 5.4 Qualitative Strategy

---

The following sections will present the three evaluation phase case studies, presenting qualitative data that helped answer each research question. Qualitative data will be presented as themes with supporting data extracts, referenced with line numbers from the transcribed interviews to enable the reader to link extracts with the transcripts (Appendix 9). Extracts will be referenced as follows, depending on interviewee:

- Dramatherapist=DT
- Teacher=T
- Keyworker=KW
- Young Person=YP

The qualitative results for individual case studies will be followed by cross-case conclusions and an overall summary of the results.



## 5.5 Case Study 1: “Eve”

The following section will present qualitative data gathered for Eve to help answer the research questions. Each of the following sections will present qualitative findings in themes and/or subthemes with supporting data extracts. Reflective summaries of the qualitative findings will be presented for each research questions, followed by an overall summary of the case.

### 5.5.1 Research Question One

The following section will discuss whether changes were observed during the evaluation phase for Eve. Qualitative themes will be presented to help answer research question 1, followed by a summary and reflections of findings. Based on interview data, observed changes appeared to fall into two themes (Figure 5-23).

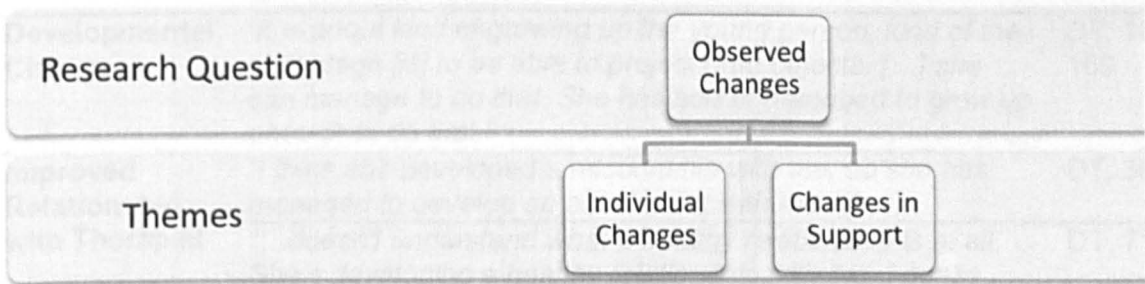


Figure 5-23 Themes for Observed Changes for Eve

#### 5.5.1.1 Individual Changes

Individual changes were divided into four subthemes (Figure 5-24), with supporting data extracts (Table 5-5).

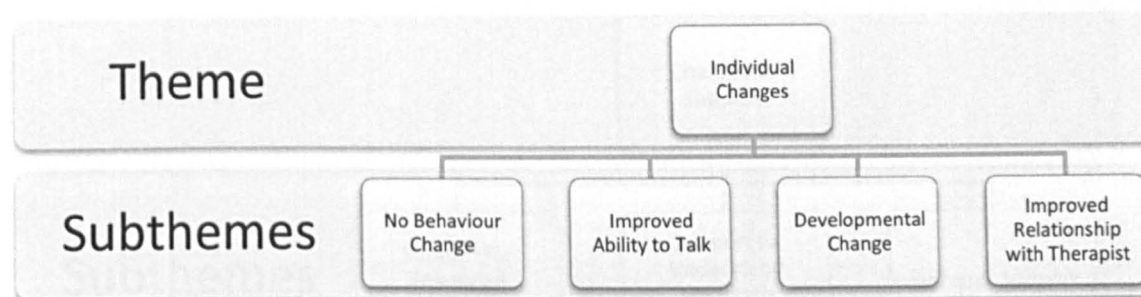


Figure 5-24: Subthemes for Individual Changes

Theme: Individual Changes		
Subtheme	Data Extract	Source
No Behaviour Change	Interviewer: "Do you think that Eve's behaviour has changed [...] since she started dramatherapy [...]?" Keyworker: "No."	KW, 3-6
	"I don't think Eve's behaviour has changed"	DT, 5
Improved Ability to Talk	"...actually Eve was more likely to, disclose almost inappropriately to start off with. [...]. So what I worked on initially was just encouraging her to find a way of being safe with those disclosures."	DT, 33-36
Developmental Change	"It is about kind of growing up the young person, kind of the next stage [is] to be able to project onto objects. [...] she can manage to do that. She has sort of managed to grow up enough to do that."	DT, 166-169
Improved Relationship with Therapist	"I think she developed a relationship with me, so she has managed to develop an attachment with me..."	DT, 36-38
	"...doesn't understand what a healthy relationship is at all. She's developing a healthy relationship with me. I guess that maybe one of her first healthy relationships."	DT, 71-72

Table 5-5: Subthemes and Data Extracts for Individual Changes

### 5.5.1.2 Changes in Support

Changes in support were divided into three subthemes (Figure 5-25), with supporting data extracts (Table 5-6).

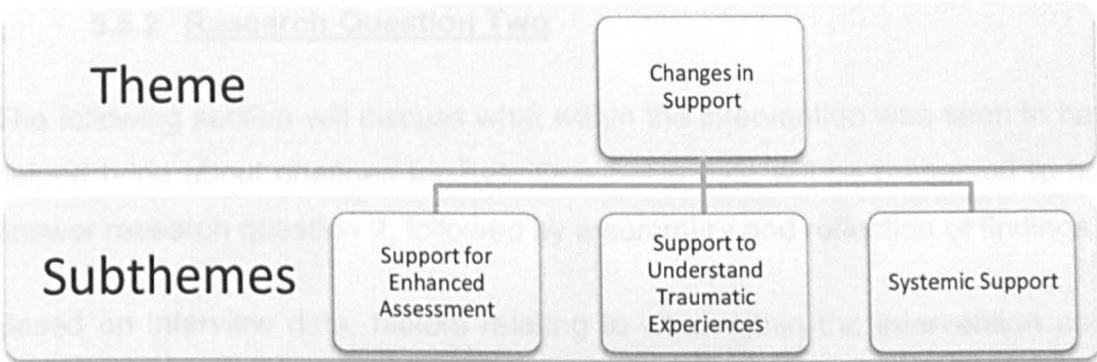


Figure 5-25: Subthemes for Changes in Support

Theme: Changes in Support		
Subtheme	Data Extract	Source
Support for Enhanced Assessment	<i>"...what therapy has allowed is for an assessment and to look at possible diagnoses, for her mental health."</i>	DT, 8-9
Support to Understand Traumatic Experiences	<i>"...she has recently been raped by her boyfriend. [...] she didn't know it was rape. She described to me what happened and I was able to tell her what had happened."</i>	DT, 224-226
	<i>"...she listens and she explains stuff to me so I understand them..."</i>	YP, 83
Systemic Support	<i>"... I have referred Eve on to CAMHS and to be assessed, and I'm concerned about her mental health..."</i>	DT, 234-237
	<i>"...as a team we're working with [...] the family to try to help mum be able to help Eve..."</i>	DT, 245-247

Table 5-6: Subthemes and Data Extracts for Changes in Support

5.5.1.3 Summary of Research Question One

The qualitative subthemes for individual changes appear to indicate that since starting dramatherapy Eve was not seen to have made changes to her behaviour. However, improvements in the therapeutic context were observed by the dramatherapist, who indicated improvements in Eve's ability to share information in a safe way, in Eve's ability to make developmental changes, according to the stages of the dramatherapy developmental paradigm (Jennings, 1992) and in improvements in the therapeutic relationship. Disclosures in dramatherapy and concerns raised by the therapist appeared to have led to external changes in the support Eve was able to receive.



5.5.2 Research Question Two

The following section will discuss what within the intervention was seen to have helped bring about changes for Eve. Qualitative data will be presented to help answer research question 2, followed by a summary and reflection of findings.

Based on interview data, factors relating to what within the intervention could have helped bring about the improvements fell into five separate themes (Figure 5-26); with supporting data extracts (Table 5-7).

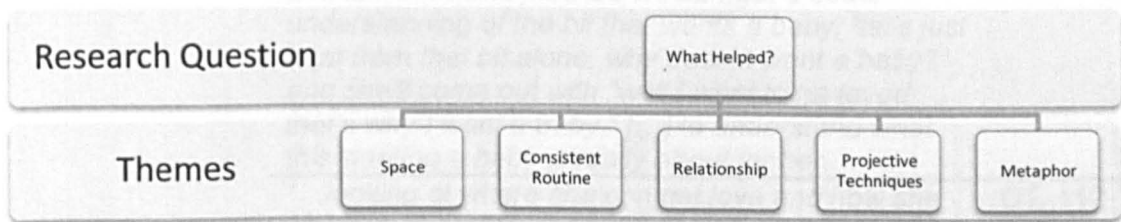


Figure 5-26: Themes for What Within the Intervention Could Have Helped Bring about the Changes for Eve

Theme: What Could have Helped?		
Subtheme	Data Extract	Source
Space	<i>"...she's for the first time had a space that is just for her, that's private for her [...] Where she gets her needs met. I have created a very nurturing space for Eve because she's very developmentally young, very."</i>	DT, 40-42
	<i>"I like it cuz it's comfy and she listens to me..."</i>	YP, 79
	<i>"And so, the kind of model of dramatherapy that I'm using is very, kind of gentle, very safe and a nurturing space for her."</i>	DT, 44-45
	<i>"...so she does need the space to be young, [...] what dramatherapy allows is for somebody to be young, and then we work creatively to help grow somebody up again."</i>	DT, 59-60
Consistent Routine	<i>"I think that's what's been useful for her. That the one person and the one place that is consistent. Where she knows her needs can be met is in therapy."</i>	DT, 244-245
	<i>"I do think she will come to see that [her dramatherapist] is that stability for her. And it might be the break through. It might take a while for her."</i>	KW, 180-181
	<i>"...I think that adds another layer of safety, you know. I wouldn't want Eve going out of the session</i>	DT, 128-131

	<i>on her own, she's too vulnerable, so she goes to gran, gran picks her up and takes her to lunch. And so in that way she can have a change of setting again, and come out of that."</i>	
<b>Therapeutic Relationship</b>	<i>"I think she developed a relationship with me, so she has managed to develop an attachment with me..."</i>	DT, 36-38
	<i>"She has worked creatively in the sessions. But she's worked with talking a lot more."</i>	DT, 31-32
	<i>"I talk about things, like how I am..."</i>	YP, 113
<b>Metaphor</b>	<i>"She's been obsessed with wanting to have a baby [...] we will explore what that's about [...] I ask her to role-reverse with those different parts of herself, so we lay out different chairs, and she can sit in a chair and talk from that part. So we can get a better understanding of the bit that wants a baby, "let's just hear from that bit alone, why does it want a baby?" and she'll come out with "well I want to be loved, that's why I want a baby." [...] to understand what this wanting a baby is really about for her."</i>	DT, 101-108
	<i>"...looking at where she can get love and how she can love herself. [...] what I kind of call 'inner child work' where she's looking after herself, her "inner baby"...because that's the bit she doesn't look after..."</i>	DT, 112-115
<b>Projective Techniques</b>	<i>"...we're using objects and puppets [...] to help her understand some of the things that she's talking about."</i>	DT, 62-63

Table 5-7 Themes for What within the Intervention could Have Helped Bring about the Changes for Eve

### 5.5.2.1 Summary of Research Question Two

Themes to answer research question 2 appeared to fall into five themes related to the processes and strategies used within the dramatherapy session. Factors of the nurturing space were reported as helping Eve to feel more comfortable in order to support her apparent developmental immaturity. Eve’s dramatherapist thought that Eve benefitted from a consistent environment and relationship to help have her needs met. The dramatherapist discussed the use of metaphor and projective techniques to help Eve understand difficult situations and thoughts.

Themes for research questions 2 were derived through the thematic analysis process described in section 4.4.10.2; however, following a reappraisal of the literature the contextually more appropriate terms of “metaphor” and “projective techniques” were used in retrospect.

5.5.3 Research Question Three

The following section will discuss the factors external to dramatherapy that could have influenced the process of the intervention, highlighting potential difficulties and challenges faced when undertaking dramatherapy with Eve. Qualitative themes will be presented to help answer research question 3, followed by a summary and reflection of findings.

Based on interview data, factors which influence the process of a dramatherapy intervention for Eve appeared to fall into three distinct themes (Figure 5-27) with supporting data extracts (Table 5-8).

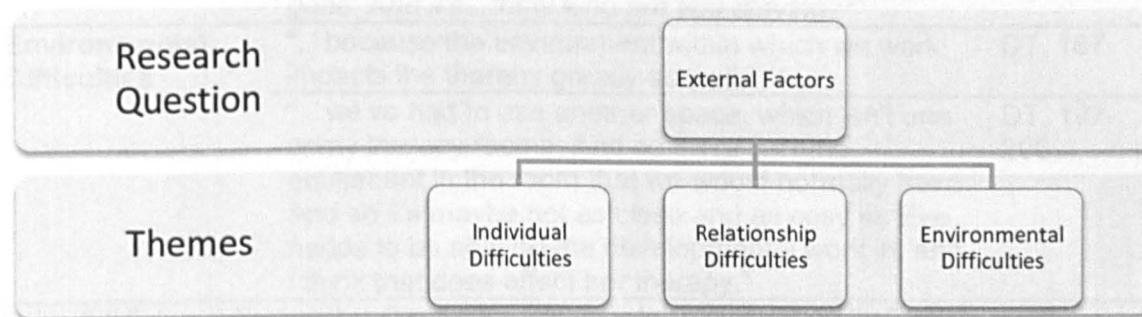


Figure 5-27: Themes for External Factors which Could Have Influenced the Process of Dramatherapy for Eve

Theme: External Factors		
Subtheme	Data Extract	Source
Individual Difficulties	<i>"I think really what Eve wants to do is to play with dolls and mud, she's really that developmentally young."</i>	DT, 50-51
	<i>"I think she does really struggle to regulate her emotions..."</i>	DT, 139
	<i>"...I think Eve's risk-taking behaviour has meant that she has engaged with much older peers [...], even though she looks older, and developmentally probably 1 or 2, so very easily influenced by older peers who are going encourage her to engage in drug taking, sex."</i>	DT, 217-220
	<i>"If I had longer to work with 101 then I would hope to kind of come out of constantly being in this kind of chaotic space to be able to do some younger, more developmental work with her. But certainly where we are right now with her in therapy we're kind of fire fighting."</i>	DT, 77-80
	<i>"So I think she could trust any...or feel that she</i>	KW, 124



	<i>could trust people."</i>	
	<i>"... and she runs away from home consistently [...] picked up by the police at 2 o'clock in the morning in the middle of nowhere on some park bench with some boy."</i>	DT, 228-230
<b>Relationship Difficulties</b>	<i>"Mum had Eve when she was very young [...] she had post natal depression. Grandma looked after Eve from very young. So there's a real lack of attachment with her mum, and a very volatile relationship."</i>	DT, 231-233
	<i>"...her basic needs are not being met."</i>	DT, 238
	<i>"...my family do my head in..."</i>	YP, 153
	<i>"In therapy she has also disclosed that she has recently been raped by her boyfriend."</i>	DT, 224
	<i>"... she did make a relationship with [her previous 1:1 teacher] that she [...] left, [...] I think she's had that other let-down. Somebody else has been and gone. And it's..."how long are you staying?"</i>	KW, 148-152
<b>Environmental Difficulties</b>	<i>"...because the environment within which we work impacts the therapy greatly as well."</i>	DT, 187
	<i>"...we've had to use another space, which isn't one of my therapy rooms. And so there isn't the equipment in the room that we would normally have. And so it's maybe not as close and as cosy as Eve needs to be able to do the developmental work in, and I think that does affect her therapy."</i>	DT, 197-200

Table 5-8 External Factors that Could have Influenced the Intervention for Eve

### 5.5.3.1 Summary of Research Question Three

Themes to help answer research question 3 fell into three categories of individual difficulties, relationship difficulties and environmental difficulties. The individual difficulties theme indicated that Eve brought some considerable challenges to dramatherapy. The dramatherapist highlighted that she thought Eve was emotionally very young and struggled to regulate her emotions. Eve's vulnerability and challenging behaviour appeared to be a factor that affected the nature of her dramatherapy intervention and meant the therapeutic focus had to be on supporting her vulnerability and subsequent disclosures.

The data extracts indicate that Eve appears to have had difficult relationships with a number of key adults and peers. These difficult relationships may have had a considerable effect on Eve's ability to engage with all aspects of dramatherapy, and this would have had implications for the focus of the

sessions. The data extracts appear to indicate that the therapeutic environment has not necessarily been ideal for Eve, because it has not been as nurturing as it could have been, indicating the potential impact of the therapeutic space on therapeutic outcomes.

5.5.4 Summary of Case Study One

Eve appeared to be able to make some small changes in dramatherapy, most notably in developing a healthy relationship and attachment to the therapist, and in being able to start to make creative progress, indicating improved emotional development. Dramatherapy also appeared to have helped Eve to access support due to disclosures and mental health concerns that came up in therapy.

Within the intervention, factors that were seen to have helped bring about changes appear to be due to the consistent and nurturing space and relationship necessary to ensure that Eve’s needs were met, as well as the use of projective techniques and metaphor that supported Eve to be able to understand difficult concepts.

Research question three highlighted a number of on-going issues for Eve external to dramatherapy, that could have influenced the focus of the intervention, on answers to research question one, and potentially on her ability to benefit from the dramatherapy intervention due to on-going wider difficulties.

Figure 7-22: Themes for Question 4: Change for Paul

Theme	Data Extract	Source
Calmer	...and now he's really settled and yeah he's happy because he's not down, it's a change	DT, 18-19
Relationship with Therapist	I definitely see that he's become more relaxed now he was very nervous at the start of his sessions with me	DT, 14-15
Ability to share of self	...what has been sharing more recently with me he's more open, so he's been able to share a lot more and he's got more about what's actually going on in the house He's opened up a bit more. He's doing a bit more social with me and with people	DT, 8-9 DT, 10-11

## 5.6 Case Study 2 “Phil”

The following section will present qualitative data gathered for Phil to help answer the research questions. Each of the following sections will present qualitative findings in themes and/or subthemes with supporting data extracts. Reflective summaries of the qualitative findings will be presented for each research questions, followed by an overall summary of the case.

### 5.6.1 Research Question One

The following section will discuss whether changes were observed during the evaluation phase for Phil. Qualitative themes will be presented to help answer research question 1, followed by a summary and reflections of findings.

Based on interview data, the perceived changes appeared to fall into four separate themes (Figure 5-28). Data extracts for the themes have been identified (Table 5-9)

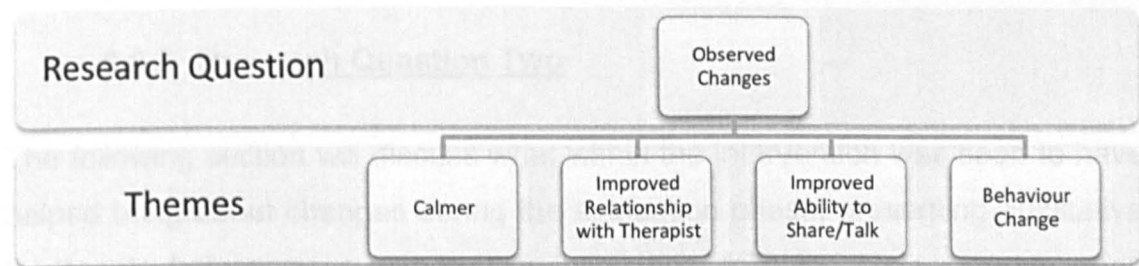


Figure 5-28: Themes for Observed Changes for Phil

Theme: Observed Changes		
Subtheme	Data Extract	Source
Calmer	"...and now he's really settled, and yeah I'm getting laughs. He's just calm, he's calmer."	DT, 16-17
Improved Relationship with Therapist	"I certainly see that he's become more settled I mean he was very nervous at the start of his sessions with me."	DT, 14-15
Ability to Share/Talk	"...what he's been sharing more recently has been a lot more direct. So he's been able to own a lot more and be a lot more direct about what's actually going on in the house."	DT, 64-66
	"He's opened up a bit more. He's being a bit more vocal with staff and with pupils."	KW, 10-11



<b>Behaviour Change</b>	<i>"His attendance has been... Since we've been here [at the new site] I can't remember him having a day off. So that's pretty good. And I mean, it's not a case where he comes in late either."</i>	KW, 34-35
	<i>"Like, I haven't been shouting that much, not been swearing..."</i>	YP, 48-52
	<i>"They've said like, you're not what you used to be like. You used to be annoying, but you're not anymore."</i>	YP, 59

Table 5-9 Subthemes and Data Extracts for Observed Changes for Phil

5.6.1.1 Summary of Research Question One

Interview data indicates that Phil was observed to become calmer during the evaluation phase. Phil's dramatherapist commented that Phil's relationship with her had improved. Phil's keyworker suggested that he had opened up, and made improvements to his attendance and his manner towards members of staff within the PRU. Phil said he thought he had stopped swearing and shouting as much at teachers and at his mum, and that others commented on improvements to his behaviour.

5.6.2 Research Question Two

The following section will discuss what within the intervention was seen to have helped bring about changes during the evaluation phase; presenting qualitative themes to help answer research question two, followed by a summary and reflections of findings. Factors relating to what within the intervention could have helped bring about the improvements for Phil were categorised into five themes (Figure 5-29), with supporting data extracts (Table 5-10).

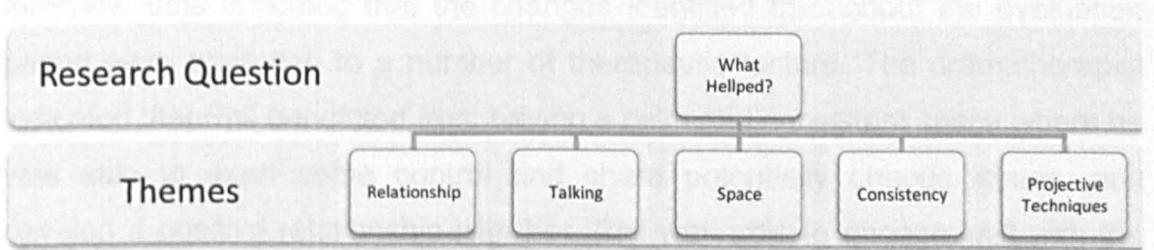


Figure 5-29: Themes for What within the Intervention could have Helped Bring about Changes for Phil

Theme: What Helped?		
Subtheme	Data Extract	Source
Therapeutic Relationship	<i>"I think it has very much been about the relationship."</i>	DT, 166
	<i>"... a lot of his issues are around trust and trusting adults. And so I think he's taken time to kind of suss me out. Who am I, and what am I offering?"</i>	DT, 143-144
Talking	Interviewer: <i>"So what do you think has helped the most in your dramatherapy sessions?"</i> Phil: <i>"Like...I've been talking more"</i>	YP, 80-81
	<i>"He's been able to share that they're more chaotic, so actually picking him up on a Wednesday has been better for him because he's got a space to kinda share what's actually happened..."</i>	DT, 68-70
Space	<i>"I think it has very much been about [...] the consistency of the room, the consistency of the space."</i>	DT, 166-167
	<i>"I think the quietness and the calmness; I think that that has been a big thing for him...where he's in control."</i>	DT, 167-169
Consistency	<i>"...just the consistency for him. The same time same place has been really important."</i>	DT, 21
	<i>"...the steadiness, the reliability, I think the more he's had that the more he's starting to use it. And know that it's gonna be there."</i>	DT, 34-35
Projective Techniques	<i>"And then as the games starts it's like he'll kind of relax, and ease into the session. His body's a lot more relaxed, he's a lot more relaxed, and then at that point when we get into a game, that's when he'll talk about how his week's actually been and what's been going on."</i>	DT, 43-47
	<i>"...we're involved and interacting, through some other media, that's the point when he'll open up most..."</i>	DT, 51-52

Table 5-10: Subthemes and Data Extracts for What within the Intervention could have Helped

### 5.6.2.1 Summary of Research Question Two

Interview data indicated that the changes identified throughout the evaluation period were attributed to a number of therapeutic factors. The dramatherapist indicated that Phil benefitted from having a calm and consistent space where he was able to exert some control and share potentially chaotic issues, and develop a positive relationship with her. Phil was able to engage well with the dramatherapist, and share things by using projective techniques to help interact through another medium.

Themes for research questions 2 were derived through the thematic analysis process described in section 4.4.10.2; however, following a reappraisal of the literature, the contextually more appropriate term of “projective techniques” was used in retrospect.

**5.6.3 Research Question Three**

The following section will discuss the external factors to dramatherapy that could have influenced the process of the intervention for Phil. Qualitative themes will be presented to help answer research question three, followed by a summary and reflections of findings. Factors relating to what could have influenced the process of dramatherapy for Phil were divided into two themes of supportive systemic factors and potential challenges (Figure 5-30).

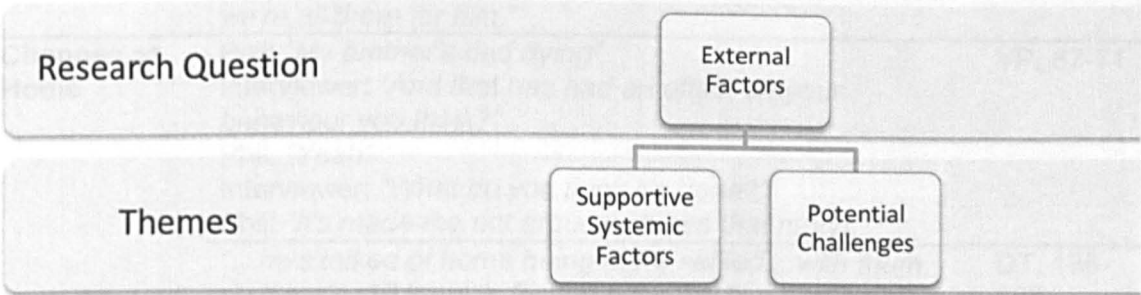


Figure 5-30: Themes for Factors External to Dramatherapy which Could Have Influenced the Process of the Intervention for Phil

**5.6.3.1 Supportive Systemic Factors**

The theme of supportive systemic factors was further divided into two further subthemes (Figure 5-31) with supporting data extracts (Table 5-11).



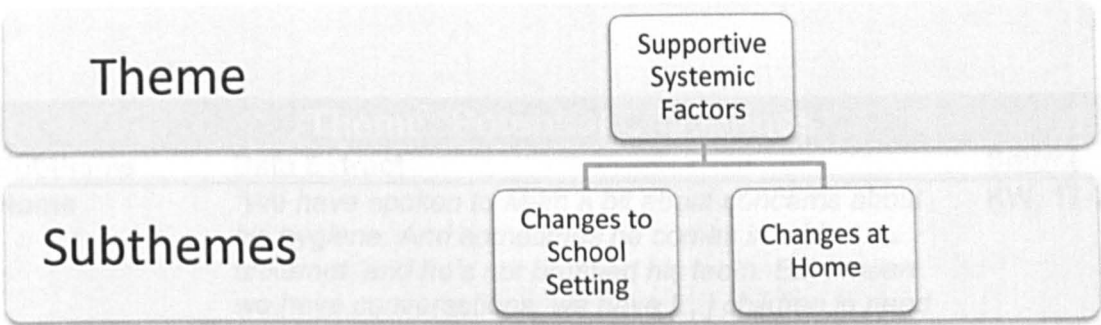


Figure 5-31: Subthemes for Supportive Systemic Factors

Theme: Supportive Systemic Factors		
Subtheme	Data Extract	Source
Changes in School	<i>"...because our sessions have changed from a Monday to a Thursday that's had a huge impact..."</i>	DT, 66-67
	<i>"...coming in here, and because of that atmosphere, and how we are, and the nature of the school he sees that we're all there for him."</i>	KW, 26-27
Changes at Home	Phil: <i>"My brother's dad dying"</i> Interviewer: <i>"And that has had an effect on your behaviour you think?"</i> Phil: <i>"Yeah"</i> Interviewer: <i>"What do you think it's done?"</i> Phil: <i>"It's made me not argue with him that much."</i>	YP, 67-71
	<i>"...he's talked of home being more settled....with mum, so there's still there is friction between him and his brother, but mum [...] He reports that she's more settled. [...] one of his siblings has been removed from the house, [...] there's been a period of time for them all to get used to that as much as they can get used to it. I think that they know that she's not coming back..."</i>	DT, 186-190

Table 5-11: Subthemes and Data Extracts for Supportive Systemic Factors

The theme of potential challenging factors was further divided into two further subthemes (Figure 5-32) with supporting data extracts (Table 5-12).

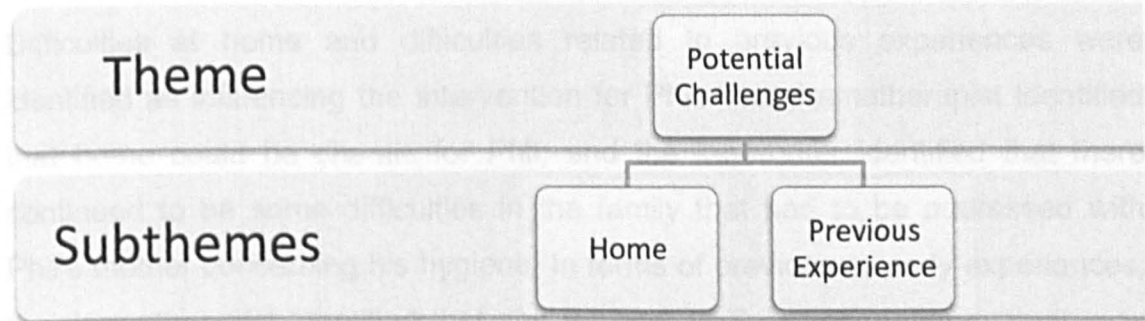


Figure 5-32 Subthemes for Potential Challenging Factors

Theme: Potential Challenges		
Subtheme	Data Extract	Source
Home	<i>"We have spoken to Mum a bit about concerns about his hygiene. And sometimes he comes in a bit unkempt, and he's not brushed his teeth. But I mean we have conversations, we have [...] children in need meetings, and that gets brought up there, with mum there."</i>	KW, 17-20
	<i>"...because I think Tuesday and Wednesday are more chaotic days in the house..."</i>	DT, 67
Previous Experience	<i>"... it feels like there's areas that he's really missed, where he's had to grow up really quickly, where he's had to do and witness some very adult things, so for him it's about, yeah allowing him a more child-like space where he can actually be younger."</i>	DT, 106-109
	<i>"...I mean he was very nervous at the start of his sessions with me. [...] just quite hyper-sensitive, just you know alert."</i>	DT, 14-15
	<i>"...he's quite sensitive around what information he shares. I think he's had some experiences with other professional services, where he's really seen them as interfering and not always done the best thing in his eyes."</i>	DT, 144-147

Table 5-12 Subthemes and Data Extracts for Potential Challenges for Dramatherapy for Phil

### 5.6.3.2 Summary of Research Question Three

Themes identified for research question three indicate that environmental changes such as the new school environment were identified as helping bring about changes for Phil, by the dramatherapist and keyworker. Phil and the dramatherapist suggested that changes in his home life, such as increased stability and the death of his brother’s father, had also helped him respond differently to others.

Difficulties at home and difficulties related to previous experiences were identified as influencing the intervention for Phil. The dramatherapist identified that home could be chaotic for Phil, and the keyworker identified that there continued to be some difficulties in the family that had to be addressed with Phil’s mother concerning his hygiene. In terms of previous or early experiences, the dramatherapist identified that she felt that Phil’s emotional immaturity was

related to witnessing adult things that he had appeared to be nervous in the beginning, and had had negative experiences with professionals in the past.

**5.6.4 Summary of Case Study Two**

Qualitative data for changes that were perceived during dramatherapy indicate that Phil appeared to make some changes, most notably in improved behaviour in school and at home, improved ability to talk about difficulties in school and in therapy, and being calmer and more relaxed in therapy.

Within the dramatherapy intervention factors that were seen to have helped bring about changes were reported as therapeutic factors such as developing a trusting relationship with the dramatherapist, and being able to talk about issues by projecting through the creative medium with therapy. Factors of the therapeutic space and the consistency of the space and the relationship were also seen to have helped Phil make improvements.

Research question three indicated that externally to the dramatherapy intervention, environmental factors within the school and at home were identified as also having helped, which would indicate that whilst dramatherapy was reported as having helped Phil make changes, the wider environmental and systemic changes also appear to have helped make change possible. Challenges at home and Phil's previous and early experiences also appeared to have influenced the process of the dramatherapy intervention.



5.7 Case Study 3: “Veronica”

The following section will present qualitative data gathered for Veronica to help answer the research questions. Each of the following sections will present qualitative findings in themes and/or subthemes with supporting data extracts. Reflective summaries of the qualitative findings will be presented for each research question, followed by an overall summary of the case.

5.7.1 Research Question One

The following section will discuss whether changes were observed during the evaluation phase for Veronica. Qualitative themes will be presented to help answer research question 1, followed by a summary and reflections of findings.

Based on interviews, five themes emerged for observed changes made during dramatherapy (Figure 5-33), with supporting data extracts for each theme (Table 5-13).

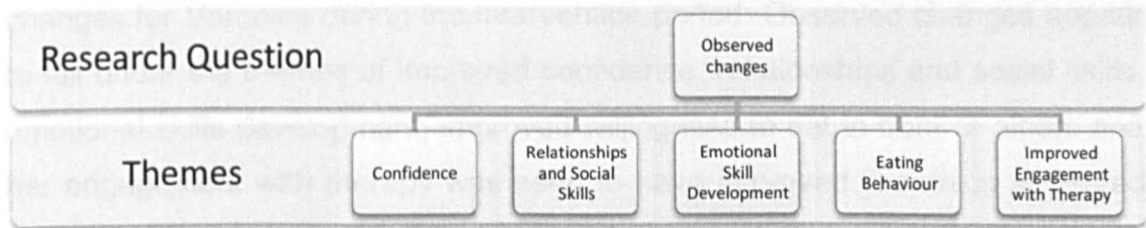


Figure 5-33: Themes for Observed Changes for Veronica

Theme: Observed Changes		
Subtheme	Data Extract	Source
Confidence	<i>“...she’s really grown in confidence.”</i>	DT, 9
	<i>“She’s more confident. She’s definitely more confident.”</i>	KW, 6
Relationships and Social Skills	<i>“...her relationship with me has really evolved and really changed a lot...”</i>	DT, 10
	<i>“...I think she’s a lot more accepting, and she doesn’t close up as much.”</i>	T, 63
Emotional Skills Development	<i>“...she used to be quite isolated, she actually isolated herself; she doesn’t anymore.”</i>	KW, 6
	<i>“...she has a better idea now of how to place dad, and</i>	DT, 220-

	<i>how to feel about him."</i>	221
	<i>"Like when the boys say stuff, I don't say stuff back. I just ignore them."</i>	YP, 68
	<i>"So she'd be really upset, and you'd have to go out and speak to her during lesson times. But she's gotten a lot better at that. She's actually said... "yeah, I think it's dramatherapy"."</i>	T, 9-13
<b>Eating Behaviour</b>	<i>"...she didn't like to see people see her eating...She's very, very happy to enjoy food with groups of people now, and she's not ashamed about food."</i>	DT, 232-235
<b>Engagement with Therapy</b>	<i>"I think she's surprised herself in what she's able to do in the sessions as well. Which has been very nice, because she's very shy and very vulnerable."</i>	DT, 17-18
	<i>"...her creativity as well and how much she feels she can engage. That's come a really long way."</i>	DT, 12
	<i>"She uses the time and space really well"</i>	DT, 14
	<i>"...yeah, she's initiating ideas, and she's really grown in confidence and creativity."</i>	DT, 16

Table 5-13: Subthemes and Data Extracts for Observed Changes for Veronica

### 5.7.1.1 Summary of Research Question One

Themes for research question 1 indicate that all four interviewees identified changes for Veronica during the intervention period. Observed changes appear to fall under the themes of improved confidence, relationships and social skills, emotional skills development, improved willingness to eat in front of others and her engagement with therapy was seen to have improved. Veronica appeared to make some improvements to her emotional regulation, as she seemed less afraid of eating in front of people, she developed an understanding of her relationships with others, such as her father, and she developed an improved trusting relationship with the dramatherapist. Her teacher said that Veronica had appeared to become less tearful and was able to cope with difficult situations more appropriately. The dramatherapist identified that Veronica had started to engage more in sessions, and has become more confident and grew creatively.

### 5.7.2 Research Question Two

The following section will discuss what within the intervention was seen to have helped bring about any changes during the evaluation phase for Veronica. Qualitative themes will be presented to help answer research question two,

followed by a summary and reflections on findings. Factors related to what within the intervention could have helped bring about the improvements were categorised into five distinct themes (Figure 5-34). Themes and supporting data extracts have been presented in (Table 5-14).

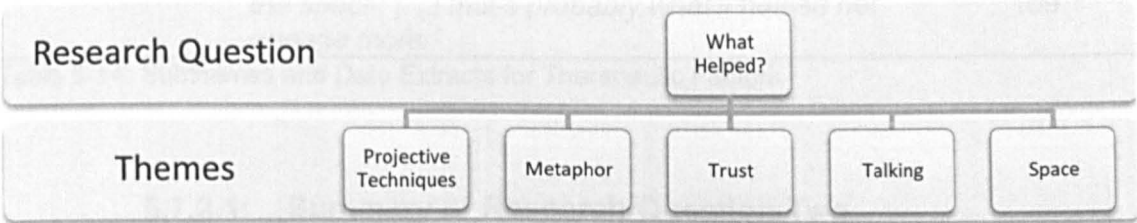


Figure 5-34: Themes for What within the Intervention could have Helped Bring about Changes for Veronica

Theme: Therapeutic Factors		
Subtheme	Data Extract	Source
Projective Techniques	<i>"She wasn't allowed games in the house...so she's sort of had to learn how to play...we do go back to those embodiment stages"</i>	DT, 167-169
	<i>"...I use some psychodrama techniques of doubling, when [...] I might have some ideas what's going on for her, [...] I'll take her position. And I'll speak what she might not be expressing. And if it's right I'll see her release a little bit and she'll nod her head."</i>	DT, 105-110
	<i>"...we've been doing some work on it, because Veronica is so confused by everything that's happening in her life. There are lots of professionals involved with her family. And we've had to look at them in objects to see if she knows what their jobs...and...roles are."</i>	DT, 181-183
Metaphor	<i>"An interesting strategy in particular is using role theory and role reversal when she's thinking about other members of her family."</i>	DT, 102-103
	<i>"...she might want to know what they're thinking. So we've worked up to her getting a chance to ask them, or feed the questions to me to ask her, as mum."</i>	DT, 103-105
Trust	Interviewer: <i>"Do you feel like you can trust her then?"</i> Veronica: <i>"Yeah."</i> Interviewer: <i>"Do you feel like you can trust her more than your other teachers?"</i> Veronica: <i>"Yeah."</i>	YP, 113-116
Talking	<i>"...she would want to talk about things at inappropriate times. And didn't have a release. So now she knows that every Tuesday she's going to get that release."</i>	T, 5-6
	<i>"...I can talk to her, and she doesn't tell like [the teacher] or [teaching assistant]"</i>	YP, 105



Space	<i>"...I think it's the consistency that she can rely upon because she's got something very turbulent happening outside of her life. And to have something very calm and consistent that is just for her, and it's just her time and space."</i>	DT, 40-43
	<i>"So whatever's come up doesn't go out of the door as well. So it's all kept within the room."</i>	DT, 76-77
	<i>"...she's learnt to [...] trust the space and trust herself in the space; [...] that's probably what's helped her engage more."</i>	DT, 157-159

Table 5-14: Subthemes and Data Extracts for Therapeutic Factors

5.7.2.1 Summary of Research Question Two

Within the intervention, factors relating to what could have helped bring about the changes for Veronica fell into therapeutic themes of the use of projective techniques and metaphor to help understand difficult situations and emotions. Within therapy Veronica also appeared to benefit from talking within a trusting relationship with the therapist, in a consistent and calm space.

5.7.3 Research Question Three

The following section will discuss the factors external to dramatherapy which could have influenced the process of the intervention. Qualitative themes will be presented to help answer research question 3, followed by a summary and reflections of findings. Factors relating to influences on the process of dramatherapy for Veronica were divided into two themes of supporting systemic factors and potential challenges (Figure 5-35).

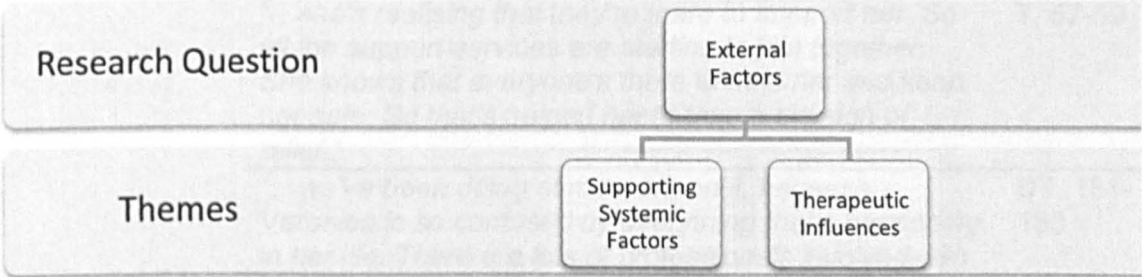


Figure 5-35: Themes for External Factors that Could have Influenced the Process of Dramatherapy for Veronica

5.7.3.1 Supportive Systemic Factors

Supporting systemic factors were categorised into three further subthemes (Figure 5-36), with supporting data extracts (Table 5-15).

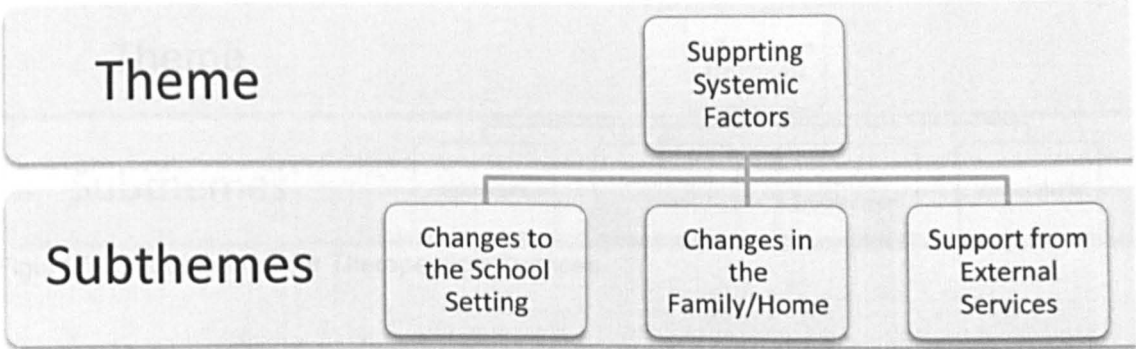


Figure 5-36: Subthemes for Supporting Systemic Factors

Theme: Supporting Systemic Factors		
Subtheme	Data Extract	Source
School Changes	<i>"She quite likes it at the base because it's smaller. There's not so much noise, and she's got a few more friends there. And it's a sort of less intimidating place."</i>	DT 24-26
	<i>Interviewer: "How do you feel about the two [bases]?" Veronica: "This one's better"... "Cuz there's not loads of people."</i>	YP, 91-95
	<i>"...school changing and being a different environment...has been of benefit to her, and it's been a lot safer place."</i>	DT, 214-215
Family/Home Changes	<i>"...I think dad moved away...I don't think he's having much contact, and I think he was the problem."</i>	KW, 35-36
Support Services	<i>"...she's [the Family Intervention Project (FIP) Worker] is getting mum on board with putting boundaries in place. ...I think it's added a bit more consistency and a bit of structure."</i>	KW, 37-38
	<i>"...she's realising that they're there to support her. So all the support services are starting to join together. She knows that everyone's there to help her and keep her safe. So that's helped her to take a big sigh of relief."</i>	T, 57-59
	<i>"...we've been doing some work on it, because Veronica is so confused by everything that's happening in her life. There are lots of professionals involved with her family. And we've had to look at them in objects to see if she knows what their jobs...and...roles are."</i>	DT, 181-183

Table 5-15: Subthemes and Data Extracts for External Factors

5.7.3.2 Influences for the Therapeutic Process

The researcher categorised the wider theme into four further subthemes (Figure 5-37), with supporting data extracts (Table 5-16).

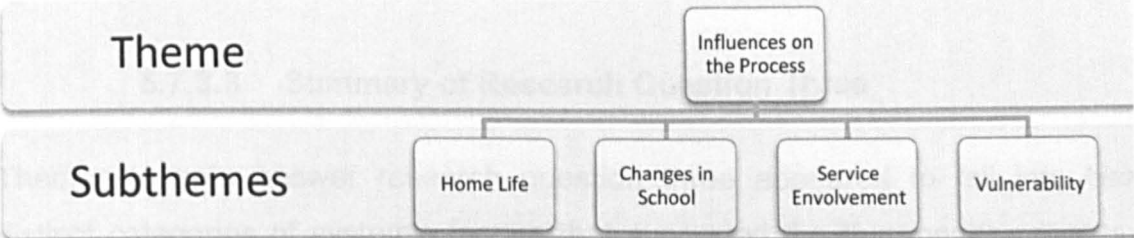


Figure 5-37: Subthemes for Therapeutic Influences

Theme: Therapeutic Influences		
Subtheme	Data Extract	Source
Home Life	<i>"...her engagement is sort of paralleled by what's going on in her life."</i>	DT, 142
	<i>"She wasn't allowed games in the house...so she's sort of had to learn how to play...we do go back to those embodiment stages"</i>	DT, 167-169
	<i>"...she said "actually, I don't want to do it [dramatherapy] anymore...later on in the day...she said "I do want to do it" because she was just really confused about what's right for her. And she's been given a lot of that [hand over mouth] at home, you know? "Don't say anything"..."</i>	DT 150-154
	<i>"Home life, the situation with dad isn't brilliant... that has been quite turbulent..."</i>	DT, 219-221
	<i>"...mum who appears to be very stressed and has a lot of anxiety. And steps out of the mum role, she sort of gets cared for by her big sister."</i>	DT, 222-223
Changes in School	<i>"...she moved about half a term ago...so we sort of started again in terms of making the room safe, and exploring the room a bit."</i>	DT, 22-24
Service Involvement	<i>"...we've been doing some work on it, because Veronica is so confused by everything that's happening in her life. There are lots of professionals involved with her family. And we've had to look at them in objects to see if she knows what their jobs...and...roles are."</i>	DT, 181-183
	<i>"We always acknowledge this wider network and talk about how confusing it can be, and what everyone's doing."</i>	DT, 195-196
Vulnerability	<i>"...I follow her lead when she does lead, which is quite nice, because it's quite rare with Veronica."</i>	DT, 95
	<i>"I work quite integratively with her. Especially in the assessment process. I used the embodiment-projection and role model, because developmental she's quite young."</i>	DT, 100-101



<i>“...dominant people are very attracted to her vulnerability... So it has brought some issues up that we’ve had work with there.”</i>	DT, 217
<i>“...her self-care and her looking after herself has been a big theme in our work.”</i>	DT, 241

Table 5-16: Subthemes and Data Extracts for Therapeutic Influences

### 5.7.3.3 Summary of Research Question Three

Themes to help answer research question three appeared to fall into two distinct categories of systemic factors that supported the therapeutic process, and experiences or factors that could have directly influenced the therapeutic process.

Systemic factors appeared to help support the changes that occurred during the dramatherapy intervention. Veronica, her teacher and keyworker identified that the change in the school environment, where key stage 3 had moved to a smaller base had been beneficial, because it felt safer and less intimidating to her. The keyworker identified that Veronica’s father had recently left the home, which he thought had a positive influence of her. With support from external services, the family had now become better supported, and the environment was safer and more structured.

In addition to the supportive systemic factors, thematic analysis of the interviews also identified emotional and environmental factors that could have influenced the process of the intervention. The dramatherapist identified that Veronica’s home life had an impact on her therapeutic engagement which appeared to be connected to difficulties at home. The dramatherapist identified the importance of the space for Veronica, and how it was necessary to start again with the space after she had moved to the new base. The dramatherapist identified that Veronica had never played games at home before, and that this would have had an effect on her development. Veronica’s vulnerability could have influenced the therapeutic focus, and her home life appears to have guided a lot of the therapeutic work, because she has had difficulty making sense of relationships and services involved with the family.

### 5.7.4 Summary of Case Study Three

Overall Veronica was observed to have been able to make some gradual changes such as improvements to her emotional regulation, creative engagement and relationship with her therapist.

Factors within the intervention that were seen to have helped bring about changes appear to be therapeutic factors, such as projective techniques and the use of metaphor, the trusting relationship and the consistent therapeutic space.

Research question three, exploring the factors external to dramatherapy which influence the process of the intervention, highlighted that factors external to therapy appeared to support Veronica's progress within therapy, such as the involvement of additional support services and changes in the school setting. Veronica's previous experience at home appeared to affect the therapeutic focus, because she had not been able to play games in the past, and had not been encouraged to say anything. The therapist needed to be aware of Veronica's engagement within therapy, and she was not directive in the process taken within the session. Veronica's self-care issues and vulnerability directed the focus of therapy, as well as environmental considerations of external service involvement and changes in the school setting.

## 5.8 Cross-Case Conclusions

The following section will present cross-case conclusions from the individual case studies for each of the research questions. Cross-case conclusions have been determined by over-lapping themes for the three participants, which have been weighted according to the frequency in which they appear across the cases. Initial codes have been reconsidered across the cases to ensure that no further aspects have been missed. The following sections will present the cross-case conclusions, which will be referenced according to each participant. Data extracts will not be included for existing themes, but the reader is referred to the relevant data extracts for the individual cases. The section will conclude with a summary and reflections of overall findings.

### 5.8.1 Research Question One

After cross-referencing the themes from the three case studies, six cross-case themes emerged for changes that occurred during dramatherapy. Case study numbers where the themes were present have been included (Figure 5-38).

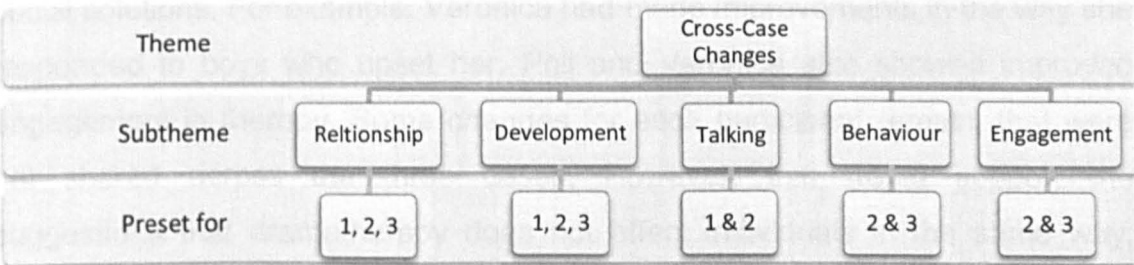


Figure 5-38: Cross-Case Themes for Changes that were Observed during the Period of Intervention, with Between-Participant Corroborations

Overall there appear to be six cross-case changes. All three participants were reported as having improved relationships with their therapist, and as making some developmental changes. Although not initially identified as individual changes, when going through initial codes for the cross-case conclusions, the researcher identified that the dramatherapists had all identified that the young people had made some progress through Jennings' (1992) dramatherapy developmental paradigm, by progressing through the stages of embodiment,



projection and role. Table 5-17 contains data extracts from all three participants' dramatherapists to support this cross-case conclusion.

Theme: Developmental Progress		
Participant	Data Extract	Source
Eve	<i>"She has sort of managed to grow up enough to do that. The next developmental phase is to be able to take on role. She's not really there yet. She's not; she's kind of still in with playing with projection."</i>	DT, 168-170
Phil	<i>"The more if I stick with this client the more I'm seeing him ease and relax. The more open and the more spontaneous he's going to be with me. Creativity is just about spontaneity really."</i>	DT, 97-99
Veronica	<i>"...she's sort of had to learn how to play kind of. And but we do go back to those embodiment stages... by exploring their environment and touching things...they can move on from those early stages of embodiment. They might be with the sandpit for weeks."</i>	DT, 168-174

Table 5-17 Data Extracts for Developmental Progress in Cross-Case Conclusions

Two out of three of the participants were described as making improvements in the way they were able to talk and share difficulties in therapy. Phil and Veronica were both described as making improvements to their behaviour, which was divided into observable changes in behaviour and improved pro-social solutions. For example, Veronica had made improvements in the way she responded to boys who upset her. Phil and Veronica also showed improved engagement in therapy. Some changes for each participant remain, that were not shared across the three cases. However, this would support the suggestions that dramatherapy does not affect individuals in the same way, therefore minimising the validity of outcome-driven research.

5.8.2 Research Question Two

The following section will discuss cross-case similarities for what within the intervention could have helped bring about changes during the evaluation phase. Qualitative themes will be presented that help answer the research question.

Four themes were identified for factors within the intervention that helped bring about changes (Figure 5-39) with case study numbers where subthemes were present included.

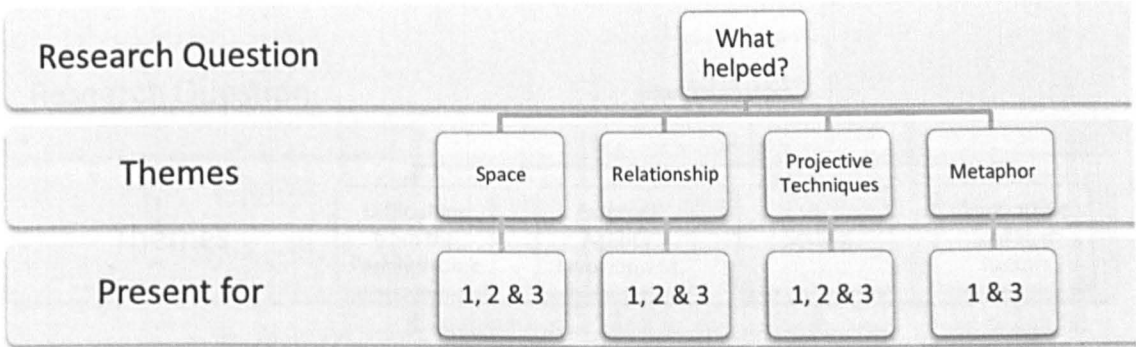


Figure 5-39: Subthemes for What within the Intervention could have Helped?

The overall findings for what within the intervention could have helped bring about the changes suggested that the importance of the space, the relationship with the therapist and the use of projective techniques were present for all three cases. Eve and Veronica were reported as also benefitting from the use of metaphor to help understand difficult concepts and emotions.

5.8.3 Research Question Three

The following section will discuss cross-case similarities for factors external to dramatherapy which could have influenced the process of the intervention. Qualitative themes will be presented that help answer the research question, followed by a summary and reflections of the findings. Four wider themes were identified for what factors external to dramatherapy could have helped bring about changes (Figure 5-40).

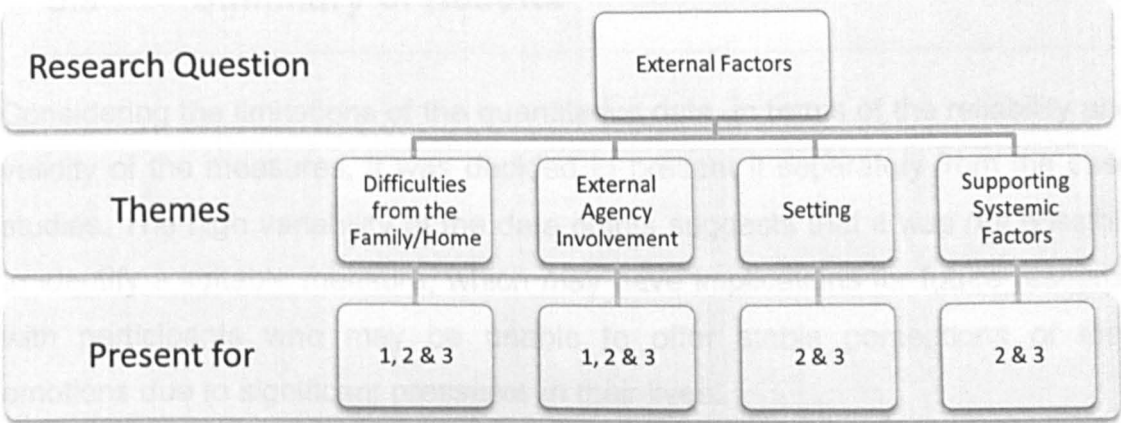


Figure 5-40: Cross-Case Themes for Factors External to Dramatherapy which could have Influenced the Process of the Intervention

The cross-case themes for factors external to dramatherapy which could have influenced the process of the intervention highlighted difficulties in the home life for all three participants. This would suggest that the effects of difficult family experiences could be key areas supported by dramatherapy for these three young people. All three participants had external agency involvement, and for Eve and Veronica this involvement had implications for the nature of the intervention. For Eve, external agencies became involved with the family due to disclosures in dramatherapy, which had greatly influenced the focus of the sessions. For Veronica dramatherapy helped her to make sense of external agency involvement and their role in supporting her and her family. Systemic factors were also identified as supporting changes made in dramatherapy for Phil and Veronica. These findings would indicate that, while it was seen that dramatherapy helped bring about some changes, these changes could be supported by ecosystemic factors involving the family and the school.



## 5.9 Summary of Results

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Considering the limitations of the quantitative data, in terms of the reliability and validity of the measures, it was decided to present it separately from the case studies. The high variability of the data points suggests that it was not possible to identify a suitable measure, which may have implications for future research with participants who may be unable to offer stable perceptions of their emotions due to significant pressures in their lives.

Potential ethical concerns exist with the repeated high ratings given by Eve, especially towards the end of the evaluation period. For example, high ratings for levels of stress would suggest that the researcher would be required to inform a member of staff, as Eve may have been in danger. Subsequently, the researcher contacted the dramatherapist who discussed recent disclosures that Eve had made during dramatherapy. The dramatherapist discusses the steps that had been taken following the disclosures and in discussion with a Senior EP it was agreed that no further action would need to be taken by the researcher, at that stage. Limitations and potential implications for further research will be focused on in more detail in the Discussion Chapter.

Whilst engaging with the qualitative results it became apparent that due to the openness of the answers and the breadth and depth of the subject it was necessary for the research to take on a more exploratory path.

Overall the qualitative data for research question one *Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?*, indicated that all three participants in the evaluation phase of the study made some changes during the evaluation period, with some similarities evident between participants in improved therapeutic relationships, improved therapeutic engagement, behaviour changes and developmental changes.

Qualitative findings for research question two, *If changes were perceived, what within the intervention could have helped bring this about?*, indicated that

therapeutic factors of the space, relationship, the creative techniques of projection and metaphor, and being able to talk within therapy were beneficial.

Qualitative findings for research question three, *What factors external to dramatherapy could have influenced the process of the intervention?* indicated systemic factors could have helped support the benefits derived by the dramatherapy intervention. The interview data suggested that systemic changes and support, such as changes in the home and school, also helped improvements made during the evaluation phase. Since Eve did not appear to make the same level of improvements as the others, it is possible that on-going difficulties at home, risk taking behaviours and potential sexual exploitation indicate that the dramatherapy intervention may not be suitable without additional systemic change and support to minimise external damaging factors. Therefore, it is not possible to say that perceived changes are necessarily due to the dramatherapy intervention alone, which therefore implies weak internal validity for any possible causal inferences. The status of the level of explanation achieved in this evaluation will be reviewed further in the following Discussion Chapter.

The interview data indicated factors identified for all three participants that could have influenced the processes within dramatherapy. Difficulties related to members of the family or other relationship difficulties seemed to be the main area of focus in dramatherapy sessions. Experience with external agencies was also seen to be a consideration for the intervention, as well as changes and challenges involved in the suitability of the therapeutic space.

Additional themes for dramatherapy were identified for all three participants, which would indicate that the challenges faced were varied, as there was no further cross-over in themes. This supports the notion that dramatherapy is an intervention aimed at a heterogeneous population, with different needs and difficulties. The following chapter will discuss the considerations highlighted within this chapter, with reference to the literature review, focusing on potential methodological and theoretical limitations of the study and potential implications for practice and future research.

## Chapter 6 Discussion

### 6.1 Introduction to the Chapter

The purpose of this chapter is on the one hand to discuss the findings of the study, with reference to the literature reviewed in Chapters 2 and 3; and on the other, to evaluate the contribution of the methods used within this study. The discussion will first focus on the quantitative findings of the pilot and evaluation phase findings, considering the difficulty involved in evaluating outcomes for vulnerable children and young people with SEBD. The appropriateness of the use of quantitative measures with this population will be highlighted, presenting potential implications for future research.

The discussion will then focus on the qualitative findings related to each research question for the multiple case studies with reference to the literature. A critical evaluation of methodological strengths and limitations of the study will be discussed in order to judge the conclusions that can be drawn from the available evidence.

Future implications of the study will be discussed, with reference to potential future research and professional practice. Considerations for the role of EPs in supporting and acknowledging the work of dramatherapists with vulnerable young people will be highlighted, as well as the potential use of creative techniques within EP practice.

#### 6.1.1 Quantitative Findings in the Evaluation Phase

The high reliability in the data points in the quantitative measures would suggest that I was able to identify a stable measure. The literature states a finding of what is referred to as 'stability' or 'reliability' is a necessary condition for the use of quantitative measures. The literature also states that it is difficult for the young people in the study to give a valid response to the questions due to potential difficulties in understanding the questions and the complexity of the measures. The literature also states that the use of quantitative measures with this population is problematic. The literature also states that the use of quantitative measures with this population is problematic. The literature also states that the use of quantitative measures with this population is problematic.



## **6.2 Quantitative Findings**

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Initially the aim of the quantitative element of the research had been to help support the qualitative findings, as part of an embedded mixed-methods design and to explore whether it would be possible to measure change in dramatherapy research. However, due to the potential threats to reliability and validity evident in the SCEDs, for all three participants identified in section 5.3.9, it was concluded that the quantitative findings would be reported separately.

The following section will review the quantitative results from the pilot and evaluation phases. The pilot phase findings will be discussed with reference to their implications for the quantitative element of the evaluation phase. Challenges involved in the reliability, validity and practical and ethical appropriateness of quantitative measures with vulnerable young people will be discussed.

### **6.2.1 Pilot Phase Findings**

Pilot phase findings indicated that pupils who were receiving dramatherapy reported that on average dramatherapy had helped improve their levels of happiness, their ability to talk to people, and to trust others, and had reduced feelings of anger and stress. The participants also all appeared able to use the scaling measures independently. These factors influenced the development of the measures used in the quantitative element of the evaluation phase of the study, and it was felt that participants in the evaluation phase would therefore be able to use the scaling method to answer questions about perceived behaviours and feelings.

### **6.2.2 Quantitative Findings in the Evaluation Phase**

The high variability of the data points in the quantitative measures would suggest that it was not possible at this time to identify a stable measure. This could have been due to a difficulty for the young people in the study to offer stable perception of their emotions due to potentially significant pressures in their lives. Limitations of the quantitative measures will be discussed below.

### **6.2.2.1 Reliability**

A requirement of SCED measures is that they are highly reliable measurements that can be repeated often, where the interference of other variables can be eliminated (Kratochwill et al, 2010). However, since it was not possible to gather stable baselines for the majority of the measures, a possible explanation for this variance could be the low reliability of the self-report measures used. A potential reason for this could be because it may not be possible for young people with significant pressures and challenges to give stable perceptions.

At this stage the measurements could have been stopped, continuing with the qualitative data alone. However, the researcher hoped to explore whether dramatherapy helped stabilise fluctuations in the measures, which could have been attributed to enhanced emotional regulation. Ultimately, it was apparent that this did not occur.

### **6.2.2.2 Construct Validity**

Construct validity is whether something measures what it says it does (Robson, 2011). Threats to construct validity within the current study are focused on the wording and the number of questions used for the measures. The majority of the questions were negatively worded, which could have caused a potential bias in the answers given by the young people (Campbell & Rapee, 1996). Bias may also have occurred due to the number of questions in each questionnaire. Borgers et al (2004) found that reliability of measures diminished if there were seven or more questions. Therefore, if questions had been more positively worded and fewer questions used, scores may have been more representative of the participants actual feelings.

### **6.2.2.3 Ethical Considerations**

Negative wording may also have had ethical implications. If as Campbell and Rapee (1996) suggest, anxious children score higher on negatively rather than positively worded questions than non-anxious children, this could have been because anxious children may be more likely to think negatively about themselves. Participants could therefore have had their potentially negative

constructs about themselves reinforced on a weekly basis, which could have had detrimental effects on their self-esteem and feelings of self-worth. Veronica stopped completing the questionnaire after only five evaluation phase data points, which could suggest that she was beginning to feel unhappy with the measures. Ethically it was appropriate to allow Veronica to stop completing the measures, and she was not required to give a reason. Fortunately, Veronica consented to her previous scores being used, and to continuing with the qualitative aspect of the study. This would support conclusions drawn by Zeal (2011), who felt that the use of the SDQ (Goodman, 1997), to evaluate change after dramatherapy was too negative and therefore poorly received by the young person.

### **6.2.3 Quantitative Research in Dramatherapy**

The researcher would suggest that the current study was not able to identify a suitable quantitative method for evaluating what changed in dramatherapy. This has led the researcher to question the following:

1. Is it suitable to use quantitative methodology for vulnerable young people receiving dramatherapy?
2. How else would it be possible to determine that change had occurred?

Many authors have questioned the use of quantitative methodology with heterogeneous populations, such as vulnerable young people (Pugh, 2010, Walker & Donaldson, 2011; Vander Laenen, 2009). Similarly, the literature suggests that quantitative methodologies may be incompatible with the epistemological underpinnings of dramatherapy (Karkou, 2010; Dokter et al, 2011).

There is a difficulty associated with measuring change for therapeutic interventions. This could be because of the challenges of measuring internal states and capturing pertinent variables and ascribing cause and affect explanations in interventions that are designed to promote dynamic change in an individual.



Holloway et al (2011) suggest that the potential change is not necessarily exhibited by externalised acts, but by an internal force within the psyche and within relationships between people. This would suggest that change may not necessarily be something that can be observed as an externalised act, but may be a more subtle internal change. Some existing dramatherapy literature has discussed the use of quantitative measures, but questions of the appropriateness (Greene, 2012) and the ethical implications of the measures (Zeal, 2011) have been raised. In addition, dramatherapy is not a standardised intervention, therefore the outcomes of dramatherapy are not standardised, and may change throughout the course of therapy (Dokter et al, 2011).

The typically heterogeneous nature of vulnerable young people (Barnes et al, 2011) makes quantitative evaluations for this population very difficult (Walker & Donaldson, 2011). This begs the question whether quantitative methods should be used at all with these young people. Instead, as suggested by Vander Laenen (2009), researchers attempting to understand phenomena related to young people with SEBD should become embedded in the research environment in order to be able to conduct ethical and appropriate qualitative research. Potential alternative methods of conducting dramatherapy research will be discussed in more detail in section 6.5.

## 6.2.4 Summary of the Quantitative Measures

In summary, the quantitative measures used in the current study may not be representative of the young people's experience of dramatherapy and may reflect the presence of various threats to validity. Ethical considerations and limitations have been discussed, and future implications for conducting research with vulnerable young people will be presented in more detail, below.

## 6.3 Qualitative Findings

The following section will present the qualitative findings of the evaluation phase and how they helped answer the research questions within the multiple case studies design. Reference will be made to the relevant literature, focusing mostly on the cross-case conclusions drawn in section 5.8 of the Results Chapter. The section will conclude with a summary and reflections for all three research questions.

### 6.3.1 Research Question One

This section will consider qualitative findings collected in post-evaluation phase interviews to answer the research question:

**Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?**

Following a discussion of the changes identified, a summary of key findings will be presented.

The qualitative data presented in the Results Chapter indicated that changes were observed. Key themes across the three cases were as follows:

- Improved relationship with the dramatherapist
- Developmental changes
- Improved ability to talk about experiences and difficulties
- Changes in behaviour
- The development of pro-social solutions
- Improved engagement in therapy
- Changes in self-perception and confidence

#### 6.3.1.1 Improved Relationship with the Dramatherapist

All three participants were reported as being able to develop positive relationships with their dramatherapists. This is described in the literature as a key aspect of dramatherapy, where young people with insecure attachments are able to develop relationships with the therapist by sharing humour, co-

operation, respect, trust and fun (Domikles, 2012) which can act as a blue-print for future relationships (Harvey, 2005). The trusting relationship within therapy appeared to be important for Veronica as it impacted on her engagement in therapy.

Christensen (2010) reflects that an improved relationship within therapy for a child or young person with previously insecure attachments can help improve attachments to other adults and young people in their school, and subsequently improve school connectedness. Christensen (2010) sees this improved relationship as a key tool for supporting a feeling of belonging in school and consequently improved chances of reintegration into mainstream school for excluded young people. This is reflected in the conclusions of Attwood et al (2003), who suggested that good relationships in school were a key factor in enabling disaffected young people to remain in education.

#### **6.3.1.2 Developmental Changes**

All three participants were described by their dramatherapists as being 'developmentally young.' Developmental age in dramatherapy terms is linked to Jennings' (1992) dramatherapy developmental paradigm, which describes individuals as going through increasingly sophisticated developmental stages of embodiment, projection and role (EPR).

All three participants were described by their dramatherapists as progressing through the stages of EPR. As identified in the interview with Veronica's dramatherapist, she had never been allowed toys and games in the home. Jennings' (1992) dramatherapy developmental paradigm would suggest that Veronica would have missed the development of some basic skills due to limited access to games.

The dramatherapist's description of Eve's regressed behaviour supports the observations of Dix (2012) and Zeal (2011) who identified that dramatherapy offered a place for clients to be regressed, allowing them to exhibit their behaviours in a nurturing and soothing environment (Dix, 2012) where behaviours could be acknowledged rather than controlled (Zeal, 2011).



### **6.3.1.3 Improved Ability to Talk**

Qualitative data indicated that Eve and Phil made gradual improvements in their ability to talk to the therapist about difficult and traumatic circumstances or events. This supports conclusions drawn by Harvey (2005) who believed that once the young person had developed enough ego strength to be able to consider traumatic experiences he was able to open up. Similarly, James et al's (2005) participant was able to gradually share traumatic experiences once he had begun to feel safe, and was able to develop a positive relationship with the therapist.

### **6.3.1.4 Changes in Behaviour**

The qualitative data indicated that changes in behaviour were identified for Phil and Veronica, but not for Eve. Phil appeared to make the most significant changes in his behaviour by being calmer within dramatherapy, by improving attendance rates, and by swearing and shouting less. Veronica's behaviour change was witnessed as reduced reluctance to eat in front of others.

Studies have found similar behaviour changes following dramatherapy, such as improved attendance (Christensen, 2010) and improved externalising behaviours, such as swearing or fighting (Dix, 2012; Domikles, 2012; James et al, 2005; Zeal, 2011; Harvey, 2005)

Boys and girls have been reported as exhibiting different behaviours, where boys typically exhibited externalising behaviours, and girls internalising behaviours (Bongers et al, 2003). Behaviour change was perceived more for Phil, which could suggest that due to gender he may have been more likely to exhibit externalising behaviours which were easier to observe, and therefore see as change, than for the girls.

In discussing the effects of dramatherapy, Holloway et al (2011) indicate that the change in what they term *destructiveness* in dramatherapy affects the internal psyche, rather than just the impact the individual has on their external world. In other words what is seen by others to have changed might not indicate an internal change and vice versa. This would suggest that in order to assess

changes that have occurred in dramatherapy, internal change needs to be evaluated.

#### **6.3.1.5 The Development of Pro-social Solutions**

Harvey (2005) identified that dramatherapy had helped a young boy develop pro-social solutions within school. Through discussions in dramatherapy about his reactions to situations he found difficult and exploring alternative solutions he was able to act in a more accepted manner in school. This reflects changes Veronica and Phil identified about their own behaviour, namely that they had been able to deal with situations more appropriately. Veronica felt that she had been able to cope better when “...*the boys say stuff...*” because of the support she had had in dramatherapy. Phil identified that he would shout and swear “*loads*” both in school and at home, which he felt he had stopped doing since starting dramatherapy.

#### **6.3.1.6 Improved Engagement in Therapy**

Qualitative data suggests that Veronica and Phil showed improvements in their engagement with therapy. This observation would support the literature, which reported gradual increases in engagement throughout the interventions (Dix, 2012; James et al, 2005). Veronica’s dramatherapist suggested that her ability to engage in the dramatherapy sessions was initially dependent on her trust in the various elements of the sessions.

#### **6.3.1.7 Changes in Self Perception and Confidence**

Qualitative data indicated that the adults supporting Veronica felt that she had become more confident within therapy sessions, and the wider school context, since starting dramatherapy. Improvements in confidence would support findings in the literature which suggest that dramatherapy can help young people project underlying difficulties and inner conflicts onto objects (Couroucli-Robertson, 2001; Dix, 2012) helping them to externalise their behaviours to understand the effect they can have (Dix, 2012) and realise things about themselves (Couroucli-Robertson, 2001; Christensen, 2010).

### **6.3.1.8 Summary of Research Question One: Changes that Occurred During Dramatherapy**

Overall, all three participants appeared to have been able to make some changes throughout the process of dramatherapy. Changes appear to have been observed mainly within the therapy sessions, such as improved engagement and relationships with the therapists. However, some improvements were also identified around the setting by Veronica's teacher and her and Phil's keyworker.

The current findings suggest that some changes were possible; however, the findings must be taken in the context of a short-term evaluation of a long-term intervention. This could suggest that more changes could be possible in the future.

### **6.3.2 Research Question Two**

This section will consider qualitative data collected in post evaluation-phase interviews to answer the question:

**If changes were perceived, what within the intervention could have helped bring this about?**

Following a discussion of the factors within the intervention that were seen to have brought changes about, a summary of findings will be presented. The qualitative data presented in the results section indicated four key themes related to factors that helped support change, across the three cases, which were as follows:

- The therapeutic space
- The relationship with the therapist
- The use of projective techniques
- The use of metaphor

The first two factors were attributed to general factors of therapy, i.e. the space and the relationship to the therapist. The second two factors were attributed to factors specific to dramatherapy, i.e. the use of creative techniques.



### 6.3.2.1 Therapeutic Space

Jones (2005) described the therapeutic space as the fourth essential factor within dramatherapy, alongside the therapist, the client and the creative medium. Qualitative data indicated that all three participants were seen to be supported by factors within the therapeutic space. For example, Eve's dramatherapist linked her need to be young and regressed with needing a nurturing and safe space to come, where she could play with toys designed for much younger children. Eve's dramatherapist suggested that this method allowed for dramatherapy to "*grow somebody up again.*" This supports suggestions within the literature that the dramatherapy space can be a cocoon or refuge for the young person (Zeal, 2011) where they can be nurtured and soothed (Dix, 2012). This would support conclusions by Murphy (2011) and Renwick and Spalding (2003) of the importance of a calm and relaxed space for an intervention to support young people with SEBD. With young people who are seen as developmentally young the therapeutic space could allow for behaviours with protective functions, but may not be socially acceptable, to be acknowledged rather than controlled (Zeal, 2011).

Consistency of space was seen as an important factor for all three participants. For Veronica consistency was seen as important because of her turbulent home life, and for Phil consistency was seen as a factor for developing a relationship with his dramatherapist. Phil's dramatherapist suggested that the more consistent he realised his environment was, the more willingly he seemed to engage in therapy. The need for a safe environment with consistent and clear boundaries is highlighted by Dix (2012) and Christensen (2010). Dix (2012) suggested that having a relaxing and controlled space helped support the nurturing process within dramatherapy.

### 6.3.2.2 Relationship with the Therapist

Qualitative data indicated that the therapeutic relationship between the young people and their dramatherapists was seen to bring about change. Talking within therapy was seen as a key factor in supporting change for the participants. For example, Veronica's teacher said she would previously get

upset when she talked about difficult things in class, but by having a safe environment, where she was able to talk about difficult things; Veronica was reported as having a release for her emotions.

Trust within the therapeutic relationship was also seen as an important aspect of dramatherapy by the dramatherapists and the young people. For example, Phil's dramatherapist identified that he had had issues in the past with trusting adults. Knowing that issues would be dealt with appropriately and confidentially, was seen as helping the participants develop trusting relationships within therapy. Domikles (2012) identified trust as an important factor in developing a relationship between the client and the therapist.

#### **6.3.2.3 Projective Techniques**

Various projective techniques were suggested for all three participants as helping to support change. For example, some of the difficult discussions between Eve and her dramatherapist were supported by using puppets to help understand complex issues. This method of using projective techniques is said to enable an individual to re-experience a traumatic event through aesthetic distancing (Landy, 1992) helping the individual feel without becoming overwhelmed by the emotion (Domikles, 2012). It is suggested that this method of distancing can help find a middle ground between suppressing and re-experiencing traumatic experiences (James et al, 2005), enabling the child to contain and reflect on destructive acts within the creative process (Holloway et al, 2011), thus supporting the development of secondary process thinking (Stamp, 2008).

Phil's dramatherapist suggested that he was able to use projection as a method to support communication between them. She observed that when Phil interacted through another medium, such as a game, that he was able to open up. Harvey (2005) supported this process, and suggested that relationships can be developed through play.

#### **6.3.2.4 Metaphor**

The use of metaphor was identified as a technique used with Eve and Veronica to help understand complex ideas. For example, Eve had discussed that she had wanted to have a baby for some time, but was unsure if it was right for her. Her dramatherapist tried to help Eve explore this desire by encouraging her to speak from different parts of herself that do and don't want a baby. By exploring the different roles, Eve was able to talk about how she might want to have a baby because she wanted to feel loved; which was identified as a powerful experience for her. Dix (2012) sees the use of metaphor as a liberating method of helping the client experience being someone else. By using metaphor to explore a person's difficulties, the individual could share their inner world with another person in a safe way (Grimshaw, 1996).

#### **6.3.2.5 Summary of Research Question Two**

Key themes for research question two indicate that general therapeutic factors relating to the therapeutic space and the therapeutic relationship were seen to have helped. Creative factors specific to dramatherapy, the use of projective techniques and metaphor, were also seen to have been important. These factors have largely been supported by the existing dramatherapy literature, and could help in the considerations of the professional implications of the research.

### **6.3.3 Research Question Three**

This section will consider qualitative data collected in post evaluation-phase interviews to answer the question:

**What factors external to dramatherapy could have influenced the process of the intervention?**

Following a discussion of factors external to dramatherapy that influenced the intervention, a summary of the factors will be presented. The qualitative data presented in the Results Chapter indicated four key themes for factors external to dramatherapy which could have influenced the intervention, which were as follows:



- Difficulties from within the family/home
- External agency involvement
- Factors of the setting
- Supporting systemic factors

#### **6.3.3.1 Difficulties from within the Home/Family**

Qualitative data indicated that all three participants had difficulties related to the home and the family. These difficulties were highlighted by the participants' dramatherapists and keyworkers. For example, Phil continued to have difficulties at home that the keyworker suggested needed to be addressed in multi-agency meetings. Although Veronica's home life had more recently become more settled, her dramatherapist indicated that her mother occasionally became disengaged, and Veronica's sister therefore had to take over the household duties. Eve's keyworker and dramatherapist believed that there were a number of difficulties within her home life that directly impacted on her ability to engage in dramatherapy and with school. The researcher would therefore suggest that these continued difficulties, and experiences could have on-going implications on the processes within dramatherapy, including the young people's ability to engage and the foci of the sessions. The participants' ability to make appropriate changes within dramatherapy could also have been affected by continued difficulties at home. This seemed to be most apparent for Eve, who was able to make the least amount of progress within dramatherapy, despite having the longest period of evaluation.

Grimshaw (1996) discussed the limited rehabilitation that is possible for a client within dramatherapy without considerable systemic support and changes. This would support the challenges experienced by Eve, whose significant difficulties outside of education, could have influenced the amount of potential growth she was able to make, and the focus of sessions.

These findings would suggest that the three young people within the study could have been classed as vulnerable. From a psychodynamic perspective one could conclude that difficulties and behaviours may be as a result of insecure attachments caused throughout childhood (De Zulueta, 2006). This would support arguments discussed in the Literature Review that the focus for

change in this study could be with vulnerability associated with difficult early life experiences.

#### **6.3.3.2 External Agency Involvement**

External agency involvement was discussed by interviewees for all three participants. For Veronica, external agency involvement was seen as an influence on the process of dramatherapy for two reasons. Firstly, Veronica's family had only recently started to receive support from external agencies after having been encouraged for a long time by her parents to not speak to anyone. Veronica's dramatherapist intimated that being told to be quiet and not say anything to anyone in the past had been an initial barrier to the development of their relationship. A long period of learning to trust the environment, learning to trust the creative media, and learning to trust the therapist was necessary before Veronica was able to engage within therapy. Something similar was reported by Phil's dramatherapist, who thought that he had previously had negative experiences with external agencies, which had coloured his initial ability to trust her. The difficulty involved in trusting professionals was highlighted by Vander Laenen (2009), who discussed children with SEBD expecting to be let down by professionals, due to negative previous experiences.

Secondly, Veronica's dramatherapist suggested that the large number of services involved with the family was initially very overwhelming. The dramatherapist said that they frequently acknowledged the external agencies within therapy, and discussed the different people involved in order to help her understand everyone's roles, responsibilities and expectations, by using projective techniques with puppets.

#### **6.3.3.3 Factors of the Setting**

Veronica and Eve's dramatherapists both discussed the external influence of the setting, and the subsequent difficulties involved in therapeutic engagement. Because Eve was not taught within a school or PRU setting, as the others were, and only received five hours of education per week, she was not able to access

the typical dramatherapy rooms. Eve's dramatherapist discussed how the dramatherapy rooms would typically be, and said that there were usually a variety of creative resources within the rooms, and that rooms would be small and quiet with comfortable seating and no disturbances. Within the environment where Eve was taught it had not been possible to access such an environment, and therefore her dramatherapist did not think that she was able to be nurtured in the way she would have hoped. It has been suggested that the therapeutic space is a very important factor to enable therapeutic change (Murphy, 2011; Renwick & Spalding, 2003). Having a quiet space has been described as a crucial element of a therapeutic intervention for vulnerable children (Renwick & Spalding, 2003), within which the participants were able to feel comfortable and nurtured (Murphy, 2011; Zeal, 2011).

For Veronica it was necessary to adapt to a new therapeutic environment, following a move to a new setting. Her dramatherapist identified that it was necessary for them to spend time getting to know the space, and exploring the environment in order to make it safe. Further discussion on the importance of space can be found in section 6.3.2.1, above.

#### **6.3.3.4 Supporting Systemic Factors**

For all three participants wider systemic support was seen, alongside dramatherapy, as helping to bring about changes for the participants. Involvement of school staff, external support workers and parents was identified as effecting change in the three participants. The influence on the process could therefore have been because the young people were able to make changes due to wider systemic supporting factors. Wider systemic support has been identified as essential for vulnerable young people in receipt of dramatherapy in the literature (Grimshaw, 1996; Domikles, 2012; Dix, 2012). Grimshaw (1996) argues that a young person's rehabilitation is not the sole responsibility of the dramatherapist, but that wider systems need to be involved. Dix (2012) suggests that in order to support a boy with ADHD in dramatherapy, wrap-around support from within the school, from the child's family and from medical professionals had been needed. In order for change to be effective it has been



suggested that support is needed from within the young person's school (Domikles, 2012) with support on an ecosystemic level (Meldrum, 2012).

### **6.3.3.5 Summary of Research Question Three**

Challenges within the home would suggest that the three young people all appeared to have had challenging and potentially unstable early lives. It was suggested in section 2.4.1 that the focus for change within this study could have been vulnerability associated with difficult life experiences within a relational and systemic context. Findings for research question three would support this argument and from a psychodynamic perspective this would suggest that the young people could have unstable attachments, which would have had implications for their developmental immaturity, described by all three dramatherapist.

On-going difficulties at home and the supporting systemic factors identified by all of the dramatherapists could suggest that wider ecosystemic factors were important for the potential therapeutic change that the participants were able to make.

### **6.3.4 Summary of Qualitative Findings**

The qualitative data has suggested that participants made changes throughout their relatively short dramatherapy interventions. Changes were initially observed within the therapeutic environment, however, some changes were identified for the wider school environment, most notably for Phil and Veronica. Christensen (2010) suggests that therapy conducted within an environment may only be generalised to that environment, therefore, it may not be possible to suggest that change identified within therapy, or within the school could be generalised to situations outside of school. However, a number of studies have identified that the development of the relationship between the client and the therapist is a critical part of the dramatherapy intervention (Zeal, 2011; Domikles, 2012; Christensen, 2010), and can act as a blue-print for future relationships (Harvey, 2005). This would support the following data extract by Eve's dramatherapist:

*"...[she] doesn't understand what a healthy relationship is at all. She's developing a healthy relationship with me. I guess that may be one of her first healthy relationships."*

Whilst change was observed for all three participants it is possible that the current study may have been too short to identify real and potentially lasting change. All of the participants' dramatherapists identified their hopes for future sessions, and that they thought they would be able to make more changes the longer they were able to continue.

Observed changes were attributed to the intervention such as the therapeutic space, the relationship between the clients and the therapist, projective techniques, the use of metaphor and the consistency of the space and the relationship. Veronica made a direct link between dramatherapy and her ability to deal with challenges more appropriately within the school. This was identified in the following data extract from Veronica's teacher:

*"So she'd be really upset, and you'd have to go out and speak to her during lesson times. But she's gotten a lot better at that. She's actually said... "yeah, I think it's dramatherapy.""*

Research question three, of factors external to dramatherapy that could have influenced the intervention indicated that the young people had challenges within their home lives. This could suggest that their difficulties could be in line with the psychodynamic theory of insecure attachment.

As well as therapeutic factors within the intervention that were seen to have helped support change, ecosystemic factors were suggested as influencing the potential outcomes of dramatherapy. For example, Eve's dramatherapist identified a number of systemic difficulties that persisted for her, which could have helped explain why she was not able to make as many changes as the other two.

The change in Veronica's setting was seen to have positively impacted on her ability to engage with dramatherapy, and the changes she was able to make.

Furthermore, the support from external services was seen as supportive for Veronica, because it had helped make her home life more stable. However, the presence of external services influenced the therapeutic process of Veronica's sessions, which was illustrated by the following data extract by her dramatherapist:

*“...we've been doing some work on it, because Veronica is so confused by everything that's happening in her life. There are lots of professionals involved with her family. And we've had to look at them in objects to see if she knows what their jobs...and...roles are.”*

This could suggest that as well as processes within the dramatherapy intervention, that the participants' abilities to make changes, and the foci of the sessions could have been influenced by wider ecosystemic factors.

Karkou (2010) suggests that researchers need to engage with what can be quantified and measured in arts therapy. This current study would suggest that in terms of the quantitative findings this is a very difficult task that was not successful. However, in terms of the qualitative findings dramatherapy research may be better suited to more exploratory, qualitative methods. Implications for future research in terms of evaluating change in dramatherapy will be discussed in more detail, below.

The following section will present a critical evaluation of the robustness and strengths and limitations of the current study.

Credibility	Claims were based on a range of data, however, the veracity of the data was limited from the interviews with the dramatherapists.
Transferability	A detailed account of the processes of analysis and interpretation were presented.
Member checks	Member checks were conducted by sharing findings and data extracts with the dramatherapists. Although a limitation would be that this was not conducted with the young people or the school staff.



## 6.4 Critical Evaluation

The following section will present the strengths and limitations of the current study, in order to guide judgements on conclusions that can be drawn from the findings, and to highlight considerations for future research. The limitations of the quantitative data have been presented in section 6.2.2. This section will discuss the strengths and limitations of the qualitative findings. Mertens (2010) presents criteria for evaluating the quality of qualitative research, which parallel the quality indicators of internal validity, external validity, reliability and objectivity of fixed designs (Mertens, 2010). The quality of the current study will be evaluated according to these four criteria:

1. Credibility (parallels internal validity)
2. Confirmability (parallels external validity)
3. Dependability (parallels reliability)
4. Transferability (parallels objectivity)

The following sections will identify the strengths and limitations of the qualitative methodology, focusing on Mertens' (2010) criteria.

### 6.4.1 Strengths

The strengths of the current study have been collated in Table 6-1, under Mertens' (2010) headings with the steps taken by the researcher to ensure the quality of the study.

Criterion	Steps Taken by the Researcher
Credibility	Claims were based on a range of data; however, the vast majority of the data was derived from the interviews with the dramatherapists
	A detailed account of the processes of analysis and interpretation were presented
	Member checks were conducted by sharing themes and data extracts with the dramatherapists. Although a limitation would be that this was not conducted with the young people or the school staff

	<p>Peer debriefing was conducted to reduce the researcher bias and promote critical awareness and reflection through weekly supervision as part of the role as a Local Authority Trainee EP, and regular University tutorials</p> <p>Attempts were made to triangulate the data by asking a range of sources, and conducting mixed methods research.</p>
<b>Confirmability</b>	<p>Yin (2009) suggests being able to track qualitative data to the source. By presenting a thorough description of the method of thematic analysis (section 4.4.9) with pictorial examples of how themes were generated (Appendix 11), interview transcripts (Appendix 9), and linking data extracts to relevant appendices (see Results Chapter) it is possible for the reader to identify a clear process of how data were identified and analysed.</p>
<b>Transferability</b>	<p>Thick descriptions of multiple cases were presented in order to enable the reader to make judgements of transferability. However, due to the small sample size transferability is limited.</p>
<b>Dependability</b>	<p>Interviews were transcribed accurately, with acknowledgements of non-verbal gestures such as shrugs, nods etc.</p>

Table 6-1 Strengths of the Current Study

### 6.4.2 Limitations

The limitations of the current study relate to factors of credibility, dependability and confirmability.

#### 6.4.2.1 Credibility

Mertens (2010) suggests that in order to present high quality qualitative research, it is necessary for the researcher to have deep and close involvement with the participants and the environment. This mirrors Vander Laenen's (2009) views that in order to get appropriate qualitative data from young people with

SEBD it is important to be closely embedded within the environment, therefore focusing on the voice of the young people in gathering appropriate evidence (Cooper, 2001; Davies, 2005). Unfortunately, it was not possible to do this for the current study. Reasons for this limitation include the researcher's initially more positivist approach to the research, by aiming to be an objective observer. Instead it became apparent during the research process that it may have been better for the researcher to have been an embedded member of the setting, which would have improved relationships with the interviewees, and may have generated more appropriate and in depth findings (Vander Laenen, 2009). Due to the requirements of the research, and the additional responsibilities of the researcher, as a Trainee EP, it would not have made it possible to be as embedded in the setting as necessary.

Mertens (2010) warns of qualitative researchers finishing research too prematurely, and therefore reaching conclusions that are based on insufficient exposure to the phenomenon. Due to the time limits of the research it was not possible to evaluate a full dramatherapy intervention. The literature points to varied lengths of interventions, with James et al (2005) working intensively with a young person for over two years, whereas Harvey (2005) conducted brief dramatherapy for only 12 hourly sessions. The dramatherapists all intimated that they expected their clients to continue to make progress in the future, which would indicate that they plan to conduct on-going lengthy interventions. Therefore, one could conclude that the current findings only offer a brief snapshot of the phenomenon, and would have been enhanced by increased exposure, over a longer period.

Member checks were completed, where themes and relevant data extracts were shared and the dramatherapists were asked to comment on the relevance of these themes with the comments they had made. Significant limitations arise with this method, most notably because of the lack of impartiality of the dramatherapists since they were direct stakeholders in the research and were being asked to pass comments on their profession. As discussed above, member checks were not completed with other participants in the research and this was down to practical limitations of time available.



Although some level of triangulation occurred, this was not conducted with individuals outside of the PRU setting. Therefore, it is not possible to suggest that changes that occurred were generalizable to other settings. Christensen (2010) suggests that dramatherapy within one setting is likely to only benefit the setting within which therapy is conducted, due to the importance of environmental factors. Therefore, the researcher should have attempted to elicit the views of people within the young people's community, outside of school, for example their parents. Reasons why parents were not questioned have been identified in section 4.4.10.1. However, the researcher would conclude that further research may be needed to understand the impact of dramatherapy on the young people's wider environment. This could therefore enhance the young people's chances of reintegration into mainstream school.

#### **6.4.2.2 Dependability**

The use of semi-structured interviews, where questions are devised prior to interviewing, may have prevented important information from being discussed. Eliciting information from the young people was often difficult using the initially devised open questions, and therefore closed questions were asked. This resulted in potentially unreliable answers, as Lewis (2005) suggested, young people with SEBD are more likely to answer in the affirmative when asked closed questions. Joffe (2012) suggests that using semi-structured interviews also restricts the interviewee's thinking on certain topic areas. Joffe (2012) recommends using more naturalistic methods of interviewing in order to gather less biased and potentially more relevant information. A potential method of less biased interviewing will be presented in section 6.5.1.

Interviews with the young people felt challenging, as they appeared reluctant to go into much detail in the interviews. Qualitative data suggests that some of the young people had had previously negative experiences with professionals, and may therefore have put the researcher, with whom they had not developed a relationship, into that category. This would further support the rationale for ensuring that the researcher is an embedded member of staff (Vander Laenen, 2009).

Joffe (2012) also highlights the difficulty involved in the thematic analysis of interview data because of the potential bias of each participant, whose accounts are affected by constructs of their environments and experiences. Therefore, the dramatherapists would be more likely to have interpreted change, or what they perceive to be change, through the prism of their profession and training. The majority of the themes identified in the current study were based on the interviews with the dramatherapists, particularly for research question two, which explored what within the process could have helped bring about change. This could therefore result in significant bias, and this should be acknowledged when considering the dependability of the sources and the transferability of the data. Joffe (2012) suggests that in order to make full use of qualitative data it is important to compare views and experiences of different individuals in order to highlight potentially valid differences and similarities of opinion. It may therefore have been helpful to gather information from a wider source of people from other members of the community, with greater sensitivity for the interviews with the young people. Therefore a limitation of the current study is that too much weight was given to the opinions of the dramatherapists, and alternative methods are needed in order to understand some of the changes that were seen to have occurred during the intervention, and a wider range of sources should be questioned.

A significant limitation of the study was the lack of intervention fidelity, as it was not possible for the researcher to observe any of the sessions. This was because of central import in a dramatherapy session is the relationship between the two individuals with the creative medium (Jones, 2005). If another element were added to the session then the dynamic would be interrupted, and would subsequently not be an appropriate example of a representative dramatherapy session.

#### **6.4.2.3 Confirmability**

In order to support factors of confirmability, Yin (2009) suggests that researchers complete confirmability audits, involving peers in determining whether conclusions are supported by the data. This was not completed, and therefore the conclusions drawn from the thematic analysis may suffer from

researcher bias. In order to reduce confirmability of the data it could be helpful for a number of researchers to conduct thematic analysis on the interviews, or on a sample of the interviews, to see if similar themes were identified.

### 6.4.3 Critical Evaluation Conclusions

Attempts were made to minimise the limitations of the current study by endeavouring to triangulate data from a range of sources and offering clear descriptions of the methodology used in the study, in order to ensure transparency of data analysis and interpretations. However, a number of limitations persist, particularly in the area of credibility and dependability of the findings. Therefore, it is not possible to draw firm conclusions about the impact of the dramatherapy intervention for the three young people in the PRU setting. The researcher would warn against drawing conclusion of transferability to other young people in others settings, as this is an exploratory case study with a very small sample size.

In section 6.2 the researcher identified that questions remain about the potential suitability of quantitative methods with vulnerable young people, and if there are ways in which change can be evaluated using quantitative methods. These questions, and other methods of improving the credibility and dependability of future research will be discussed in the next section, as well as potential next steps for dramatherapy research.



## **6.5 Future Research**

Further research into dramatherapy is needed in order to address limitations of the current study and to investigate some of the initial, tentative findings. The current study could be seen as a starting point in evaluating dramatherapy, rather than a conclusive study. The following section will present potential foci for future research into dramatherapy for vulnerable young people.

The process of conducting the current study highlighted a number of issues, most notably factors concerning potential methods of evaluating change in dramatherapy and the researcher's role within the setting. In addition, potential long-term benefits of dramatherapy, and comparing the benefits of dramatherapy, or other creative arts therapies with purely verbal psychotherapy will be discussed.

### **6.5.1 Evaluating Change in Dramatherapy**

As discussed in section 6.2.3 suitable quantitative methodology was not used in the current study, and it was not therefore possible to engage with what can be quantified within dramatherapy. The epistemological challenges involved in using quantitative methodology have been discussed at length, however, the current study has raised the question of whether the use of quantitative methods would be possible. The following section will discuss potential alternative quantitative and qualitative methods of research.

#### **6.5.1.1 Quantitative Strategies**

The difficulty of evaluating the effectiveness of dramatherapy has previously been discussed, concerning the limited homogeneity of the intervention and the clients. This would therefore affect the potential use of quantitative measures. It would not for example be possible to use RCT or quasi-experimental design methodology, which assume homogeneity and require matched controls. If as Karkou (2010) suggests arts therapy researchers need to engage with what can be measured, a quantitative method that could be feasible would be a pre-test, post-test single group design. However, there are a number of limitations with

this design, for example since there could be no control group it would not be possible to say whether change is necessarily due to the intervention. Similarly, it would be difficult to identify a measure that was suitable for all the participants. The dramatherapists involved in the study had previously identified that their use of the SDQ (Goodman, 1997) appeared not to be sensitive enough to show an affect. Therefore if a measure were used it would have to be appropriately matched to each individual. This would require an extensive qualitative investigation of the individual participants' difficulties and target behaviours.

Alternatively, a client group could be identified who all have a similar difficulty, for example anxiety, therefore measuring the effectiveness of the intervention for just this group. However, this could have ethical implications in terms of withholding treatment from other clients in order to identify a potentially more homogenous group.

Alternatively, SCEDs could be used with observational data from researchers based within the setting. However, this would require the target behaviour of the individual to be observable, and may be a poor fit with participants who are undergoing more internal changes, which could have less of an effect on the external world (Dokter et al, 2011).

#### **6.5.1.2 Qualitative Strategies**

The researcher would suggest that in order to evaluate change for vulnerable young people receiving dramatherapy more in-depth exploratory studies are needed. These explorations could include frequent observations of the young person within the setting, with qualitative interviews in order to gain a full perspective of what change may be occurring and the processes that the young person is going through. This may require regular discussions and reviews of the process with members of staff and the therapists. In order to conduct suitable observations, and to conduct appropriate interviews, where the young person trusts the researcher, it may be necessary for the researcher to be embedded within the setting.

One method could call for greater collaboration with the dramatherapists. If the therapists take weekly notes on the processes of therapy, this could be used to identify on-going, subtle change. Qualitative analysis could also be used with the weekly notes, to generate themes for changes that occur.

In order to overcome potential issues of dependability of the interviews with the young people evident in the current study it could be more helpful to use less formal interviews. Instead researchers could use more unstructured and more open interviews, which could encourage a discussion on a more equal level rather than a researcher-led interview. Subsequently, this could be less intimidating and therefore potentially more effective as a method of eliciting the young people's opinions.

Joffe (2012) suggests a method of interviewing that is compatible with thematic analysis and minimises the bias discussed in 6.4.2.2 of influencing thinking in semi-structured interviewing. Joffe (2012) suggests that interviewees could be asked to write words, pictures or feelings into four empty squares on a sheet of paper, that come to mind concerning the research topic. The interviewer then asks the interviewee to talk about each of the topics they have presented in the boxes. Therefore, Joffe suggests, encouraging a more naturalistic flow of thoughts on which thematic analysis can subsequently be performed.

### **6.5.2 The Researcher's Role within the Setting**

It has been discussed that it was not possible for the researcher to become closely embedded within the setting, due to practical demands, and an initially more positivistic perspective of the purpose of research. Vander Laenen (2009) suggests that in order to conduct appropriate qualitative interviews with young people with SEBD, it is necessary for the researcher to become embedded in the setting. Vander Laenen (2009) argues that impartial researchers are less likely to be able to engender trust in the young people, who will therefore be unlikely to want to talk about sensitive information with a virtual stranger. Research question three in the current study indicated that some of the participants had had previous issues with external services, and therefore the dramatherapists had to work hard to overcome the young people's initial



mistrust. This would suggest that it may be difficult to conduct impartial research with these young people, and therefore the researcher would need to gain their trust by developing positive relationships with them. The difficulty with developing relationships with the young people is that interviews conducted by a researcher, focusing on potentially sensitive information, could have an impact on the intervention, as the researcher could be given similar status to the therapist (Willig, 2008).

### **6.5.3 Long-term benefits of dramatherapy**

A limitation of the current study is that it was only able to evaluate a limited period of the intervention. In order to generate appropriate evidence to support the use of dramatherapy for vulnerable young people, it would be necessary to conduct research for the duration of the therapeutic intervention. In addition, follow-up evaluations should ideally be conducted after the intervention has ceased, to evaluate whether changes persist over time.

### **6.5.4 Dramatherapy versus Purely Verbal Psychotherapy**

Thematic analysis identified that factors that helped bring about change were attributed to specific creative methods and more general factors of therapy. Creative arts literature suggest that the creative media within therapy enable young people to engage better within therapy, than purely verbal psychotherapy (Malchiodi, 2012; Holloway et al, 2011; Zeal, 2011; Domikles, 2012; James et al, 2005). This would therefore suggest a potential need to evaluate the differences and relative benefits of arts therapies versus purely verbal psychotherapy.

### **6.5.5 Summary of Future Research**

The researcher would maintain that difficulties remain for evaluating change for an intervention such as dramatherapy, particularly with a vulnerable, non-homogenous group. Some alternative quantitative methods have been suggested, however the researcher would conclude that further research into this area would be better placed using in-depth, qualitative methods, with the researcher embedded within the environment. This researcher has also



## 6.6 Professional Implications

The following section will discuss the potential implications of the current study for the educational psychology profession. The main focus of this section will be on the findings of research questions two, which considered why change was possible in dramatherapy. The potential use of creative techniques within educational psychology case work will be discussed, with a consideration of the relationship between EPs and dramatherapists.

### 6.6.1 Implications for Educational Psychology Case Work

The qualitative findings for research question two: *If changes were perceived, what within the intervention could have helped bring this about?*, identified the importance of the space and the possibility that creative techniques could be used to help vulnerable young people discuss potentially traumatic subjects through a creative medium. These two factors will be discussed in more detail, considering how EPs could incorporate this into their case work. Research question three: *What factors external to dramatherapy could have influenced the process of the intervention?*, indicated that systemic support was seen as important in helping the young people. The implication this could have on support for vulnerable young people will be discussed.

#### 6.6.1.1 Space

The qualitative findings supported conclusions drawn by previous researchers, who found that the therapeutic space is seen as an important factor for supporting vulnerable young people (Renwick & Spalding, 2002; Murphy, 2011; Christensen, 2010; Dix, 2012; Zeal, 2011). The dramatherapists in the current study indicated that due to the participants' young developmental ages, according to the dramatherapy development paradigm (Jennings, 1992); they were seen to need the space to be nurtured and soothed to help 'grow them up again'. This would therefore support the recommendation that similarly vulnerable young people should have access to calm and consistent spaces where they feel safe, and are able to play with developmentally appropriate



toys. This is a factor that is already present in Nurture Groups (Boxall, 2006), which are frequently supported by EPs.

The suggestion that the participants needed consistent environments, with clear and predictable boundaries could be recommended for their wider environments, not just in therapy. When making suggestion of the requirements of provisions for vulnerable young people it could be recommended that they could benefit from clear and predictable boundaries to support their emotional development, by ensuring that they are able to feel safe, and to help build trusting relationships.

#### **6.6.1.2 Use of Creative Techniques in Schools**

Although EPs are unable to practice dramatherapy without appropriate qualifications, there are possibilities for some creative features from dramatherapy to be embedded within practice.

Eliciting the views of children and young people has long been a central focus for many EPs (Gersch, 2012). However, eliciting the views of disengaged young people can be problematic (Hammond, 2013a) and many can respond negatively to talking directly to an adult (Malchiodi, 2012). In the current study, creative techniques, such as playing games, were seen as helpful ways of encouraging the young people to talk about difficult and confusing situations.

Hammond (2013a) suggests that the arts are currently under-utilised within applied psychology, and can be used to help elicit the views of potentially underrepresented young people. Hammond (2013b) presents a study investigating the benefits of Forum Theatre to elicit and advocate children's views. In Forum Theatre participants work together with a facilitator to develop a performance focused on a shared challenge, which is then presented to an audience of children facing the same challenge (Hammond, 2013b). In focusing on transition into secondary school, Hammond (2013b) concluded that Forum Theatre could have emancipatory processes, which could help participants share their voice in a safe environment. However, Hammond (2013b) admitted

that EPs may be prevented from engaging with Forum Theatre, due to additional work-related pressures.

Creative techniques such as therapeutic storytelling can be used as a therapeutic tool to support vulnerable children and young people (Sunderland, 2000; Pomerantz, 2007; Kress, Adamson & Yensel, 2010). Therapeutic storytelling also uses metaphor as a creative medium (Jennings, 2013) and has been recommended for EPs to support individuals or groups of children (Pomerantz, 2007). It is suggested that by using metaphors children and young people are able to share their inner world with someone in a safe way (Grimshaw, 1996).

#### **6.6.1.3 Systemic Support**

The current study has highlighted the importance of systemic support when working with vulnerable young people. Although dramatherapy could support emotional and social development, change may be dependent on wider ecosystemic support for the young people. This would suggest a key role for EPs, who would be able to support ecosystemic collaboration and therefore help improve outcomes for vulnerable children and young people (Miller, 2003).

#### **6.6.2 Implications for the Relationship between Dramatherapists and EPs**

The researcher would suggest that EPs and dramatherapists could benefit from working cooperatively together, a view supported by Gersch (2012). Gersch (2012) suggested that as closely related subjects, though with different theoretical frameworks, dramatherapists and EPs are well placed to work together. It is hoped that the current study will help support an understanding within the educational psychology world of the role and value of the work of dramatherapists.

#### **6.6.3 Summary of Professional Implications**

Research questions two and three have highlighted factors that could have professional implications for EPs. Firstly, the research supports the promotion of

nurturing environments within school settings for vulnerable young people. The potential use of creative techniques in EP practice has been discussed as well as the importance of systemic support for vulnerable young people and the EP's role in this. Finally, it is hoped that the study can help support further cooperation between EPs and dramatherapists in the future.



## 6.7 Conclusions

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This final section will summarise the main findings reported in this thesis, presenting distinctive contributions of the research to theory and practice.

### 6.7.1 Main Findings

The limited reliability and validity of the quantitative data suggests that this may not have been a suitable method of eliciting vulnerable young people's views in this instance. The method used to identify the quantitative measures in the pilot phase was also unsuitable for this heterogeneous population. This difficulty has raised questions of potentially suitable methods of evaluating change for this population. It was concluded that more exploratory, in-depth qualitative research, with the researcher embedded within the setting could be most appropriate.

The first research question asked:

**Did the participants themselves, their dramatherapists or a member of school staff observe changes in the participants during the period of the intervention?**

Thematic analysis of interviews identified a number of themes relating to observed improvements the young people appeared to make within therapy and within the PRU setting. The main findings identified that the participants were seen to have improved relationships with the dramatherapist, made developmental changes, improved their ability to talk about experiences and difficulties, made changes in behaviour, developed pro-social solutions, improved engagement in therapy and made changes in self-perception and confidence.

The second research question asked:

**If changes were perceived, what within the intervention could have helped bring this about?**

Thematic analysis of interviews identified that participants were seen as benefitting from the nurturing environment and the development of the therapeutic relationship. Secondly, the findings indicated that the use of the creative tools of projection and metaphor were seen to have helped the young people. These findings led to a discussion of the potential need for research to be conducted, evaluating the differences and relative suitability of dramatherapy versus purely verbal psychotherapy. Furthermore, research question two highlighted potential professional implications for the use of creative arts within applied psychology.

Research question three was:

**What factors external to dramatherapy could have influenced the process of the intervention?**

Thematic analysis of interviews identified that systemic factors could have influenced the process of the dramatherapy intervention. This finding led to a discussion of the need for wider ecosystemic support to help vulnerable children and young people, and that dramatherapy could be most effective within a multi-systemic team. The potential role of EPs in helping to support ecosystemic collaboration was discussed.

**6.7.2 Distinctive Contribution of the Current Study**

The current study has made a distinctive contribution to dramatherapy research. The exploratory findings of the relatively short-term intervention have identified some improvements that were possible, potential reasons why they were possible and factors that influenced the process of the intervention. Future areas of research have been identified, including the potential professional contribution of the findings for Educational Psychology practice.

The current thesis is a case study of the implementation of a dramatherapy intervention in a secondary PRU. Searches of the literature indicate limited previous research into dramatherapy, with a large proportion of studies only available in non-peer reviewed books. The study attempted to systematically identify potential changes, and why the changes were possible; a method which

was not evident within the literature. In addition, the study has identified that meaningful change may be dependent on the influence of wider ecosystemic factors. A number of the exploratory findings would warrant further investigation; therefore this thesis could act as a foundation for future research into dramatherapy and methods of evaluating change for vulnerable young people in PRUs.

Case study methodology is limited by its lack of generalizability of findings (Willing, 2008), and a number of limitations have been identified. However, as the existing literature appears to support the current findings, transferability to other young people may be possible, with the caveat that the reader should be able to identify sufficient similarity of the young people to those in the current study (Mertens, 2010). If transferability is determined, the current findings suggest that dramatherapy could help make improvements for the vulnerable young people, within a multi-systemic team. EPs may wish to use creative methods to elicit views of young people (Hammond 2013b) or as a therapeutic tool to support vulnerable children and young people through therapeutic storytelling (Pomerantz, 2007).

Finally, the study has helped highlight the relevance of dramatherapy for vulnerable young people and the role that dramatherapists can play in the wellbeing of this at-risk population. Similarly, this study has highlighted the need for greater collaboration between the EP and dramatherapy disciplines in order to support the best possible outcomes for these vulnerable young people.



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## Appendix 1: Systematic Review Synthesis

Christensen (2010)	Outcomes and/or Process	Conclusions	Limitations	Strengths
<b>Christensen (2010) includes the review of two cases presented in the chapter</b>				
<b>1.</b> <b>Aim:</b> To find out what the experiences are of an adolescent boy in the unit, and what effect dramatherapy can have on reintegration into the mainstream school  <b>Setting:</b> A school-based support (internal exclusion) unit  <b>Design:</b> Case study of 1 child, with qualitative interview  <b>Participant:</b> 1 male, aged 11 with EBD	<b>Outcomes:</b> Self-hitting behaviours were observed by school staff to decrease following start of dramatherapy Gradual reintegration into mainstream from 100% time in the unit at the beginning of term to 40% in mainstream after 6 sessions Opinions expressed by pupil in interview: Improved motivation Hoping to return to mainstream Improved feelings about anger Dramatherapy had enabled him to realise things about himself and others	By using a combination of dramatherapy methods the pupil was able to effect a positive change in the perceptions held about himself. Christensen suggests that projective techniques were particularly helpful The author highlighted the importance of the whole-school environment in which dramatherapy is set Dramatherapy is suggested as essential to support the academic progress and developing skills to support pupils beyond school	Having the therapist as interviewer could encourage the pupil to consider the process more favourably, especially as Christensen says, a main purpose of dramatherapy is to start with an attachment to the therapeutic relationship within the dyad Study from a chapter in a book, therefore not peer reviewed journal The effects of the small support unit (capacity=4 pupils) could have had an additional therapeutic effect	A clear structure is demonstrated with opportunity for replication Consideration of the perception of the individual on dramatherapy, rather than just the therapist's perception of change The author suggests a need for further research with a focus on loss and an inability to form attachment to school The author acknowledges the week design and the difficulty of being able to generalise findings
<b>2.Aim:</b> To the experiences of dramatherapy and exclusion on pupils  <b>Design:</b> Qualitative case study  <b>Participants:</b> 6 males, aged 13 with history of exclusion  <b>Data collection:</b> Interviews	Thematic analysis of the interviews suggested that dramatherapy helped support partial reintegration into school.	Christensen suggests that findings showed that pupils find it difficult to feel connected to their school if they have experienced unresolved traumatic grief or loss Dramatherapy can be used as a useful tool to support these pupils.	Considerations of views of behaviour and reintegration could have been gathered from parents/carers and teachers to triangulate the data and strengthen a weak design Study from a chapter in a book, therefore not peer reviewed	Participants were asked to read the final report to ensure that their views had been accurately expressed.



<b>Couroucli-Robertson (2001)</b>	<b>Outcomes and/or Process</b>	<b>Conclusions</b>	<b>Limitations</b>	<b>Strengths</b>
<b>Aim: To present a plan to support a speech impediment by using dramatherapy to help a boy understand his identity and to discover and evaluate his emerging personality</b>  <b>Design: Case study</b>  <b>Participants: 1 male immigrant, aged 13 with Speech and Language "resulting from psychological distress"</b>  <b>Setting: External dramatherapy provision</b>	After 12 sessions the boy's speech impediment had 'vanished' completely The boy was pleased that he had no more difficulty with his speech The boy said that he had begun to understand himself more completely, it would be easier to overcome his anxiety, and that he was more in control of himself	The boy had started to have his own conceptions about life Dramatherapy was a suitable intervention to alleviate a speech impediment resulting from psychological stress Verbal therapy would not have given the boy the chance to discover so many things about himself By using distancing, metaphors, and projective and symbolic play in dramatherapy the therapist and client were able to reach underlying difficulties more quickly	The private dramatherapy practice adds pressure on individuals to find results, and also gives the process a time limit dependent on financial constraints. The author does not acknowledge limitations to the design, and makes generalizing statements of the effectiveness of dramatherapy No attempt is made to assess effectiveness by questioning the young person, or key-adults Greek	A detailed account is presented of the therapists methods

Dix (2012)	Outcomes and/or Process	Conclusions	Limitations	Strengths
<p><b>Aim:</b> To demonstrate that dramatherapy can be used as a suitable method to support children with ADHD by enabling the creation of a symbolic and metaphoric reality that they can explore</p> <p><b>Design:</b> Case study</p> <p><b>Participants:</b> 1 male, aged 9 with EBD (ADHD)</p> <p><b>Setting:</b> Mainstream school</p> <p><b>Measures:</b> Questionnaires devised by researcher to measure self-esteem for parent and child</p> <p><b>Data collection:</b> Process recording</p>	<p>Questionnaires indicated 'huge' improvements in self-confidence and his ability to concentrate</p> <p>The school staff indicated that the boy received more positive comments from school, which the author states increased his self-esteem.</p> <p>The boy was able to transition successfully into secondary school</p> <p>The boy indicated that he was not in trouble so often.</p> <p>Stories the boy played gradually became more coherent, and he was able to sustain his attention for longer.</p>	<p>Dix argues that the boy was able to use the sessions to explore feelings and creativity, and ways of dealing with pressures.</p> <p>Dix suggests that dramatherapy would be suitable for children with limited verbal skills and those with low self-esteem.</p> <p>Dramatherapy can be a useful intervention for children with ADHD because it encourages spontaneity and creativity within clear boundaries</p> <p>Dramatherapy provides a language to help identify and manage feelings</p> <p>Metaphor can help children experience being someone different</p> <p>Dramatherapy enables the projection of inner conflicts onto dramatic material</p>	<p>Improvements have to be seen in the context of the wider situation, where the boy was a) diagnosed with ADHD in the time between starting and finishing the dramatherapy session, and b) prescribed Ritalin, which aims to improve concentration and behaviour, therefore it is not possible to conclude that improvements were (solely) due to dramatherapy.</p> <p>Study from a chapter in a book, therefore not peer reviewed journal</p> <p>Dix does not acknowledge the week design when suggesting dramatherapy for children and young people with ADHD</p>	<p>Dix gives a thorough account of the psychological reasons why therapy was successful</p>

<b>Domikles (2012)</b>	<b>Outcomes and/or Process</b>	<b>Conclusions</b>	<b>Limitations</b>	<b>Strengths</b>
<p><b>Aim:</b> To evaluate the use of dramatherapy with a boy with previous CAMHS involvement</p> <p><b>Design:</b> Case study</p> <p><b>Participants:</b> 1 male aged 12 with EBD at risk of exclusion</p> <p><b>Setting:</b> Mainstream school and for a brief period a PRU</p>	<p>After 6 sessions although fights were still occurring the boy's pastoral assistant reported that he was now "releasing his hold on his adversary when asked" when in a fight, and was also now more likely to go to her to calm down following an angry episode.</p> <p>After 12 sessions school staff reported that the boy was losing his temper less and when he returned to school after the summer holidays he was reported as not getting into fights at all</p> <p>Follow-up questioning of the boy a year later suggested that improvements in behaviour were because of dramatherapy</p>	<p>The author questioned whether having therapy in school is more likely to have a direct impact on the child's behaviour in that setting alone, and whether, if the child had received support outside of school, the outcome would have been the same.</p> <p>The work created by the boy revealed aspects of his world</p> <p>The author considers whether interactive play helped manage the boy's feelings by helping to produce opioid hormones and oxytocin in the brain (Sunderland, 2006).</p> <p>The therapist was able to create a representation of a safe relationship</p> <p>The author acknowledges the importance of other supportive adults in creating behaviour change</p>	<p>Study from a chapter in a book, therefore not peer reviewed journal</p> <p>Domikles does not refer to limitations in case study research when supporting the use of dramatherapy for children and young people</p> <p>No attempt is made to assess effectiveness by questioning the young person, or key-adults</p>	<p>A detailed description of the process is presented, and a need for further research proposed</p>



<b>Grimshaw (1996)</b>	<b>Outcomes and/or Process</b>	<b>Conclusions</b>	<b>Limitations</b>	<b>Strengths</b>
<p><b>Aim:</b> To explore the nature and value of dramatherapy with the client group, using developmental play model and object relations theory</p> <p><b>Design:</b> Case study</p> <p><b>Participants:</b> 1 male aged 14 EBD (Bullying behaviour) and 1 female aged 8 (Anxiety)</p> <p><b>Setting:</b> An educational unit for EBD</p>	<p>In the first case study (Male, aged 14) the therapist began to witness catharsis</p> <p>In the first case study he created stories that represented his inner world, and a means to communicate his inner world to others</p> <p>The boy was able to use metaphor to communicate his inner world with another, and when it felt safe to do so was able to express his grief about the loss of his mother</p> <p>In the second case study the girl was able to use puppets to project her own sad feelings on to</p>	<p>The developmental play model and object relations theory gave the therapist a framework which can help improve the child's healing process</p> <p>The dramatherapist cannot be responsible for the child's rehabilitation, but it has to be seen within the wider system</p> <p>By beginning to learn about the child's inner world the therapist will show interest in their outer world</p>	<p>Study from a chapter in a book, therefore not peer reviewed journal</p> <p>Outcomes are based on the therapist's observations and perceptions of what was happening</p> <p>No acknowledgement is given to the limitations of the case study, when supporting the method for use with other children with EBD</p> <p>No attempt is made to assess effectiveness by questioning the young person, or key-adults</p>	<p>A clear framework for working with two very different young people is presented</p> <p>The importance of supervision is highlighted, with reference to hypothesis formation, reflection, and transference-countertransference</p>

Harvey (2005)	Outcomes and/or Process	Conclusions	Limitations	Strengths
<b>Aim: To evaluate the use of dynamic play therapy</b>	The child started to develop pro-social solutions by accessing his creativity and resourcefulness	Relationally-oriented play therapy can be a helpful method of introducing activities where they are able to respond in a creative and spontaneous way	Study from a chapter in a book, therefore not peer reviewed journal	The case study highlights the importance of working systemically to ensure that relevant information is gathered, strategies are shared and clear purposes can be established.
<b>Design: Case study</b>	The therapist believed that the boy had started to develop sufficient ego strength after some time to discuss the traumatic event, and allowed for cognitive and emotional distancing	This method requires the therapist to include in their focus difficulties as reported by the child's wider system as well as the child themselves	Outcomes are based, mainly, on the therapist's perceptions	
<b>Participants: 1 Male, aged 11 with EBD (self-harm and bullying behaviour)</b>	The child made friends with another child		Weight is given to the findings despite the use of a weak design	
<b>Setting: External counselling service</b>	The child was able to discuss difficult and traumatic experiences with his mother, within a therapy session. Thoughts of self-harm were reported to have stopped once therapy started.		No attempt is made to assess effectiveness by questioning the young person, or key-adults	
			In New Zealand	

James et al (2005)	Outcomes and/or Process	Conclusions	Limitations	Strengths
<p><b>Aim:</b> To present a case study of Developmental Transformation in a 2 year therapy intervention</p> <p><b>Design:</b> Case study</p> <p><b>Participants:</b> Male, aged 8 who had suffered sexual abuse</p> <p><b>Setting:</b> Private practice</p>	<p>When starting therapy the boy did not create his own characters but imitated characters from films or the television</p> <p>The therapist was cast (by the boy) in weak roles, and frequently commented on feeling weak, afraid or alone</p> <p>After 6 months of therapy the boy started to develop imaginative monster characters, and allowed the therapist to help him defeat them</p> <p>The boy started to show caring towards the therapist, and they both acknowledged this change in intimacy</p> <p>The boy started to allow the therapist to play the role of the monster, and reports from teachers and foster carer reported calmer behaviour and no fighting</p> <p>After 9 months incidents of enuresis decreased, and the boy stayed in his own bed all night</p> <p>After some time the therapist discussed the incidence of sexual abuse with the boy when they felt he was ready. He was able to offer advice to the 'audience' on how to deal with this, and was able to say that what had happened had been wrong and were not his fault</p>	<p>The authors concluded that limited imagination in early therapy sessions was a reflection of the neglectful earlier years of life when he had been socialised by the TV</p> <p>The authors felt that by taking on aggressive roles that they boy was showing them what it's like to be in his victim role</p> <p>When the therapist was cast as the monster and captured the therapist became aware that the boy was approaching his sexual abuse experiences from a safe distance, and that the therapist was being told what it was like to feel wounded</p> <p>The authors concluded that by using developmental transformations the boy was able to re-inhabit his body without feeling shame and regained a felt sense of safety and control</p> <p>The method of dramatherapy helped the boy with a middle ground between suppressing his painful memories and re-experiencing hyper-arousal.</p> <p>Support given to foster parent: environmental and emotional changes made in the boy's home life.</p>	<p>The case study does not acknowledge the week design when suggesting the therapy would be suitable for other children or young people who have been sexually abused</p> <p>Study from a chapter in a book, therefore not peer reviewed</p> <p>journal</p> <p>American</p>	<p>The foster carer also undertook therapy sessions to support her in helping the boy.</p> <p>The authors acknowledge the importance of supporting others who can impact on the child's life.</p> <p>The authors present a very detail and thorough account of therapy</p>



Oon (2010)	Outcomes and/or Process	Conclusions	Limitations	Strengths
<b>Aim:</b> To examine the effects of integrating dramatherapy with behavioural skills shaping  <b>Design:</b> Case study  <b>Participants:</b> 1 female aged 5 with EBD (selective mutism)  <b>Setting:</b> Psychiatric Department of a children's hospital  <b>Measures:</b> Discussions with key adults (parents and teachers) and therapist/ researcher observations of sessions	<p>Vocalisations were elicited, and eventually speech</p> <p>Outside of therapy the girl had spoken to other family members after 5 and 8 sessions</p> <p>After 15 sessions she was observed speaking to friends</p> <p>After 18 sessions spontaneous speech was elicited in therapy sessions</p> <p>Teachers reported improved interaction and play with friends and teachers after 2 months</p> <p>The girl developed positive self-esteem and a heightened sense of spontaneity</p> <p>A year later follow-up interviews indicated lasting effect.</p>	<p>Vocalisations allowed the child to enter dramatic play, which helped promote spontaneous speech</p> <p>The development of self-esteem and spontaneity helped generalise speech to new settings</p> <p>The author supports the integration of a behaviour skill with dramatherapy for children with anxiety-related conditions</p>	<p>Some of the outcomes are based on the therapist/researcher's perceptions</p> <p>The family concurrently received separate social care therapy to support conflict resolution.</p> <p>Therefore, it is possible that this had a contributing effect on the girl's anxious behaviour, therefore conclusions of cause and effect are weaker for dramatherapy</p> <p>Canadian</p>	<p>The study highlights the importance of evaluating the benefit of therapy from a number of sources</p> <p>Follow-up data collected</p>

<b>Zeal (2011)</b>	<b>Outcomes and/or Process</b>	<b>Conclusions</b>	<b>Limitations</b>	<b>Strengths</b>
<p><b>Aim: Discussing the use of the Developmental Transformations Model and EPR with an excluded adolescent</b></p> <p><b>Design: Case study</b></p> <p><b>Participants: 1 Male adolescent with EBD (violent behaviour)</b></p> <p><b>Setting: A unit for excluded adolescents</b></p>	<p>During therapy the boy appeared to regress, by creating a nest of cushions and often taking naps</p> <p>The boy used characters to express fears, sadness and hope</p> <p>Nearing the end of therapy the boy was reported as being able to manage peer relations more successfully and bullying stopped</p> <p>There was a marked decrease in abusive language and destructive behaviour in sessions and around school</p> <p>When asked to reflect back on time in dramatherapy sessions the boy said it helped him deal with his anger better and to feel more confident</p>	<p>The author concludes that dramatherapy helped the boy respond verbally and be heard before becoming physically violent</p> <p>Zeal discusses an attempt to use a Strengths and Difficulties Questionnaire (Goodman, 1997), and suggested that it was difficult to apply because she felt it inspired further anxiety and hostility</p> <p>By using DvT and EPR Zeal concludes that it was possible to reorient an angry individual to find his own voice and use self-control</p> <p>Zeal concluded that dramatherapy could help revisit earlier developmental gaps and traumas</p> <p>By having a designated dramatherapy space the young person's behaviour can be acknowledged rather than controlled</p>	<p>No clear time scale is given</p> <p>Study from a chapter in a book, therefore not peer reviewed journal</p> <p>Generalisations of effect are made, with little consideration of design flaws</p>	<p>The author acknowledges the changes necessary from a systemic perspective, as well as dramatherapy</p>

## Appendix 2: Evaluation Phase Single Case Experimental Design Measures

Pupil ID: "Eve" Date: \_\_\_\_\_

Please rate the following statements from 1-10 on the scale provided for how you have felt about each statement over the last week.

**1. I felt happy**

Never

Very often

1	2	3	4	5	6	7	8	9	10
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**2. I felt angry**

Never

Very often

1	2	3	4	5	6	7	8	9	10
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**3. I felt pleased with my work**

Never

Very often

1	2	3	4	5	6	7	8	9	10
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**4. I wanted to be on my own**

Never

Very often

1	2	3	4	5	6	7	8	9	10
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**5. I felt like I didn't trust anyone**

Never

Very often

1	2	3	4	5	6	7	8	9	10
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**6. I felt stressed out**

Never

Very often

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**7. I was easily distracted**

Never

Very often

1	2	3	4	5	6	7	8	9	10
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Please rate the following statements from 1-10 on the scale provided for how you have felt about each statement over the last week.

1. I felt happy	Never	1	2	3	4	5	6	7	8	9	Very often 10
2. I felt angry	Never	1	2	3	4	5	6	7	8	9	Very often 10
3. I felt pleased with my work	Never	1	2	3	4	5	6	7	8	9	Very often 10
4. I wanted to be on my own	Never	1	2	3	4	5	6	7	8	9	Very often 10
5. I felt like I didn't trust anyone	Never	1	2	3	4	5	6	7	8	9	Very often 10
6. I felt stressed out	Never	1	2	3	4	5	6	7	8	9	Very often 10
7. I had a problem with my attitude	Never	1	2	3	4	5	6	7	8	9	Very often 10

### **Appendix 3: Evaluation Phase Semi-Structured Interview: Young People**

1. How have you been doing since we last met?
2. Have you enjoyed doing dramatherapy?
  - a. Could you go into more detail please?
  - b. What in particular did you like?
3. What would you have liked to do more of in your dramatherapy sessions?
4. Was there anything that you haven't enjoyed doing in your dramatherapy sessions?
  - a. Could you go into more detail please?
  - b. What in particular did you not like about this?
5. Do you feel you have been able to make changes to your behaviour since starting dramatherapy?
  - a. What do think have been the most obvious changes? (Could you give an example of how you would have reacted differently before dramatherapy?)
  - b. Who has notice changes in your behaviour? What have they said? What was different?
6. Do you think there have been any other changes in your life that may have helped improve your behaviour?
  - a. How about at school?
  - b. How about at home?
  - c. How about with your friends?
7. What do you think helped the most in your dramatherapy sessions?
8. Can you give me an example of what a typical dramatherapy session looks like? You don't have to give any personal details of the sessions if you don't feel comfortable with this.
9. Would you recommend dramatherapy to other people?
  - a. Who do you think dramatherapy can help the most?

#### **Appendix 4: Evaluation Phase Semi-Structured Interview: Dramatherapists**

1. Do you feel that participant x has shown changes in their general behaviour since having started dramatherapy?
  - a. What have been the most obvious changes? (Could you give an example of how this behaviour has changed?)
2. What do you feel made the difference for participant x within your sessions?
3. Could you give a description of a typical dramatherapy session?
  - a. Do you prepare for each session or wait to see what the participant brings to the session
4. Do you follow a particular strategy?
  - a. Why do you find this more helpful than others
5. Did participant x engage well with dramatherapy?
  - a. Did this change across the course of the therapy (if so, when?)
  - b. What do you think helped participant x (start to) engage with dramatherapy?
6. Do you know if there were any other changes in participant x's home life and/or school life that you know of that may have had an effect on their behaviour change?



## **Appendix 5: Evaluation Phase Semi-Structured Interview: School Staff**

1. Do you think participant x's behaviour has changed since starting dramatherapy in \_\_\_\_\_ 2012?
  - a. Can you go into more detail about how their behaviour has changed please?
  - b. Have any other members of staff commented on improvements to participant x's behaviour?
2. Has participant x talked to you about dramatherapy?
  - a. What have they said?
3. Have there been any changes to participant x's home life since \_\_\_\_\_ 2012?
  - a. Do you think this may have impacted on their behaviour?
4. Have there been any changes to the support participant x is getting at school?
  - a. Do you think this may have impacted on their behaviour?

## Appendix 6: Pilot Phase Measures

Participant Number: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female Still receiving  
dramatherapy? YES/NO

Dramatherapist's ID: \_\_\_\_\_

Problem free talk

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What did you hope would improve from the dramatherapy sessions with ....?

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Do you think there was a noticeable change after dramatherapy?

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**Who noticed the change and what did they notice?**

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**What were the best parts of dramatherapy?**

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**What was not so good about dramatherapy?**

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**Who do you think dramatherapy is most helpful for?**

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On a scale of 1-10 where how would you rate the following factors before starting dramatherapy and after dramatherapy?

Happiness

1	2	3	4	5	6	7	8	9	10

Anger management

1	2	3	4	5	6	7	8	9	10

Anxiety

1	2	3	4	5	6	7	8	9	10

Ability to talk to others

1	2	3	4	5	6	7	8	9	10

Your ability to trust others

1	2	3	4	5	6	7	8	9	10

Other

1	2	3	4	5	6	7	8	9	10

Other

1	2	3	4	5	6	7	8	9	10

Anything else?

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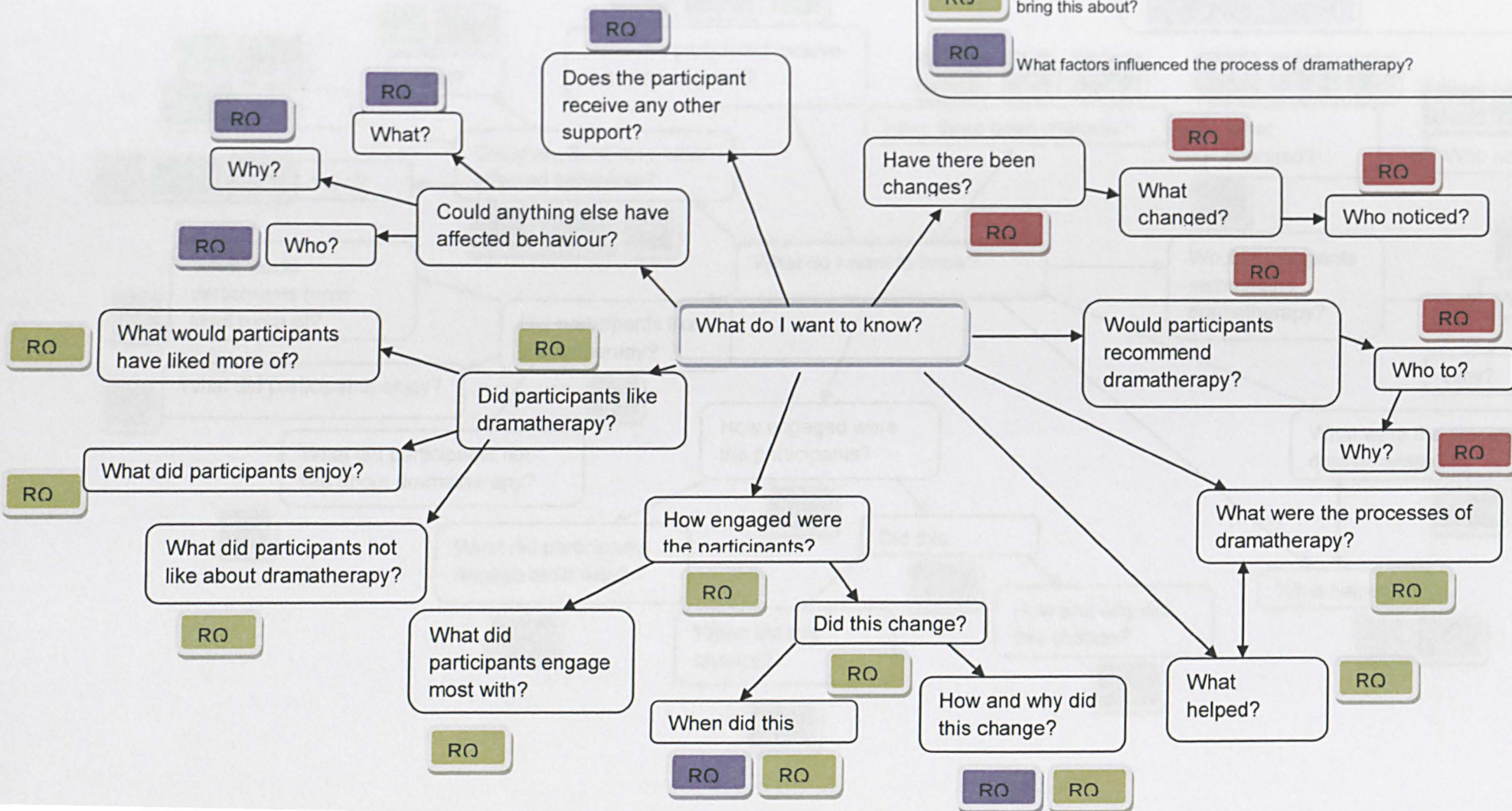
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## Appendix 7: Process of Developing the Interview Questions

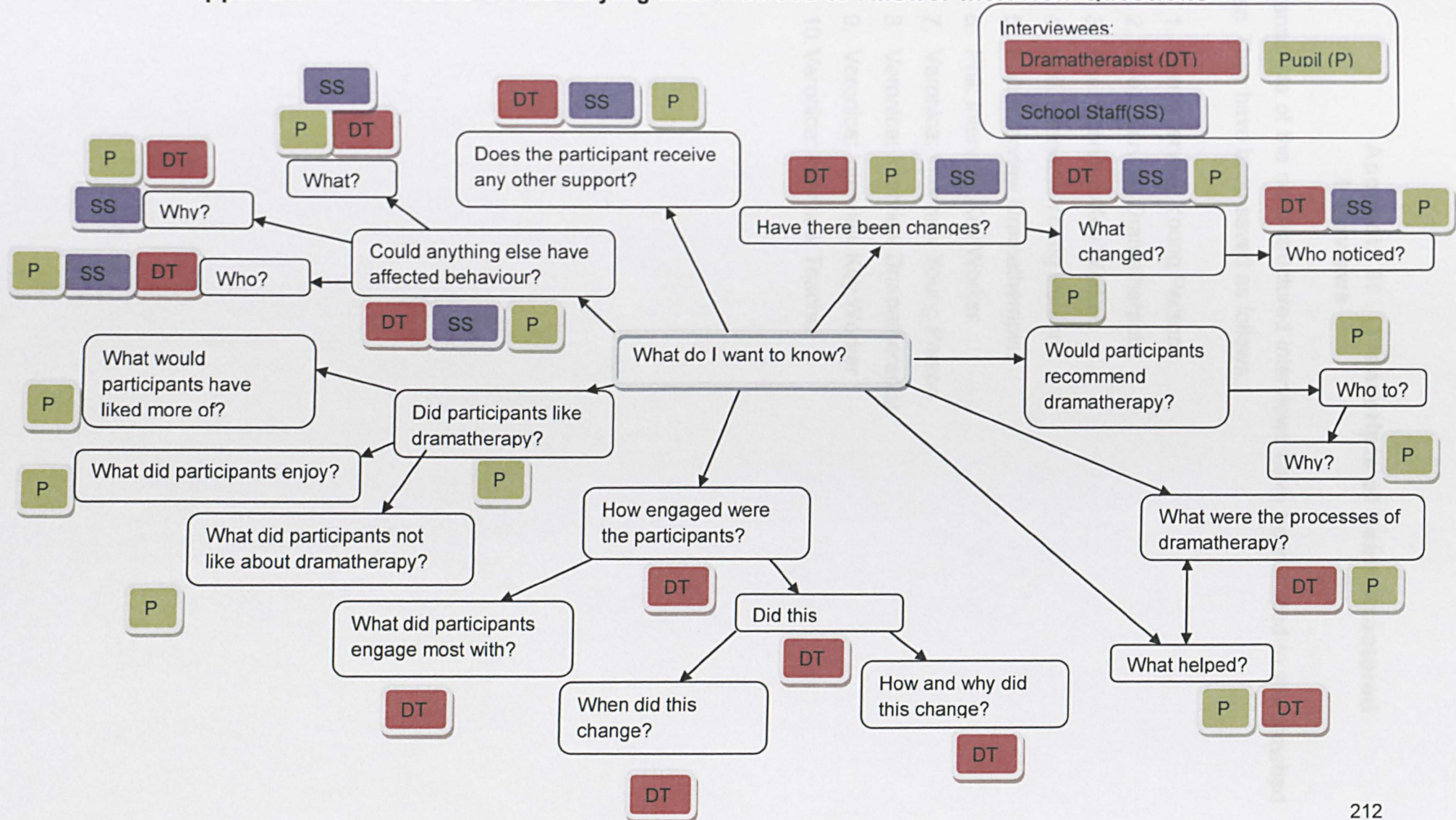
**Research Questions:**

- RQ** What changes have occurred during dramatherapy?
- RQ** If changes were perceived, what within the intervention could have helped bring this about?
- RQ** What factors influenced the process of dramatherapy?





## Appendix 8: Process of Identifying Interviewees to Answer Interview Questions



## **Appendix 9: Transcripts of Semi Structured Interviews**

Transcripts of the semi-structured interviews have been saved to the attached disc. They have been saved as follows:

1. Eve: Interview Young Person
2. Eve: Interview Dramatherapist
3. Eve: Interview Key Worker
4. Phil: Interview Young Person
5. Phil: Interview Dramatherapist
6. Phil: Interview Key Worker
7. Veronica: Interview Young Person
8. Veronica: Interview Dramatherapist
9. Veronica: Interview Key Worker
10. Veronica: Interview Teacher

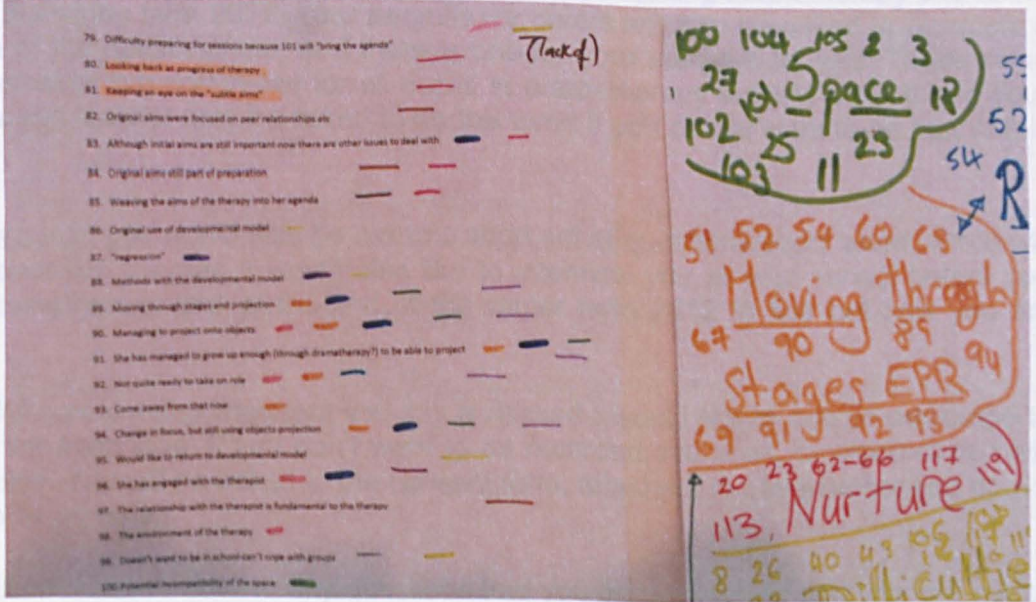
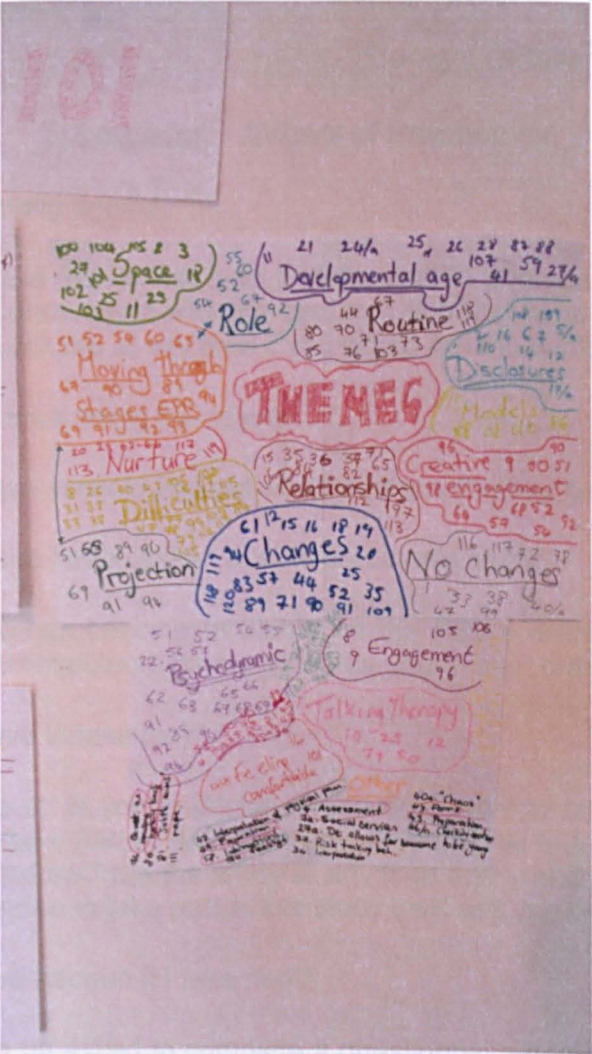
## **Appendix 10: Thematic Analysis: Initial Codes**

Initial codes have been saved to the attached disc. They have been saved as follows:

1. Eve: Initial Codes Young Person
2. Eve: Initial Codes Dramatherapist
3. Eve: Initial Codes Key Worker
4. Phil: Initial Codes Young Person
5. Phil: Initial Codes Dramatherapist
6. Phil: Initial Codes Key Worker
7. Veronica: Initial Codes Young Person
8. Veronica: Initial Codes Dramatherapist
9. Veronica: Initial Codes Key Worker
10. Veronica: Initial Codes Teacher



Appendix 11: Example of Development of Thematic Map for “Eve”



## **Appendix 12: Information Sheet: Young People**

Researcher: Trainee Educational Psychologist, Educational Psychology Service and School of Psychology, University of Nottingham

Contact Details:

Supervisors: School of Psychology, University of Nottingham

Dear young person,

We would like to ask you to take part in a research study. Before you decide you should understand why the research is being done and what it would involve for you. Please ask me at any time if you would like more information.

Why are we doing this research?

This study aims to find out whether dramatherapy helps young people at the School.

Why have I been asked to take part in this study?

A place has become available on the PRU's dramatherapy waiting list and you and your parents/carers have agreed for you to start dramatherapy sessions.

Do I have to take part?

No, it is up to you to decide. If you don't want to take part in the study you will still be able to take part in dramatherapy. If you agree to take part you can change your mind and withdraw from the study at any time and you do not have to give a reason for this. If you agree to take part in this study I will ask you to fill out a consent form, attached.

What will happen if I take part?

You will be asked to complete a questionnaire before starting dramatherapy and at the end of the winter term 2012. Your parent(s) or carers will also be asked to complete a version of the questionnaire, and there is one for your teachers as well. These same questionnaires are completed for all pupils in dramatherapy anyway so you and your parents and teacher may be asked to do this even if you do not want to be part of this study.

For this study, you would also be asked a short set of questions every week, which will take about five minutes. I would also like to interview you at your school before you start dramatherapy and at the end of the winter term 2012 to find out how you are doing.

To make sure nothing important you say is missed I would like to use an audiotape to record the interviews. If you don't want to be recorded this is ok, in which case I will take notes. You will be asked in the consent form, attached, to say whether you do not want to be recorded.

You will not have to answer any questions that you do not wish to and you can ask to stop at any time if you want to. This will take about 30 minutes. One of your teachers

will also be asked to complete a weekly questionnaire about how you are doing during the study.

I hope that you will enjoy taking part in the study. You will be asked some questions about personal feelings, but if you want to stop at any time then that is fine.

What are the possible benefits of taking part?

It is expected that you will benefit from dramatherapy, but not necessarily from the research itself, although many young people enjoy the chance to talk to a researcher. However, the information you provide may help other teenagers and dramatherapy programmes.

Will the information I give be confidential?

All of this information will be anonymous. No one will know what you have said. Each name will be replaced with a number that only the researcher knows. The audio-tape will be destroyed at the end of the study. Your answers will be confidential and only members of the researcher team will have access to them.

All information which is collected in the study will be kept confidential. But if you tell us information that indicates that you might be at risk of seriously harming yourself or others or that you are at risk of harm from another person we will need to inform a member of school staff who will go through their safeguarding procedure. We have a duty of care to protect you if you are at risk of harm.

All information which is collected in the study will be stored in a secure and locked office. After the study is complete your confidential information will be destroyed.

I can give you a summary of the overall findings of the study, if you ask. The study will be published as part of a doctoral thesis and may also be used in research journals in the future. None of these will have any young person's personal information on.

What if I have questions about something to do with the study?

If you would like to ask about anything to do with the study, please contact me. You could ask my supervisors for further information, too, on [lpag@nottingham.ac.uk](mailto:lpag@nottingham.ac.uk)

Who is organising and funding the research?

The research has been organised by researchers at the University of Nottingham in partnership with Educational Psychology Service, School and Creative Arts Therapy.

Thank you for reading this. If you have any questions please ask.

Remember, if at any time you decide that you do not want to take part in the study, you are free to change your mind and withdraw at anytime.



## **Appendix 13: Information Sheet: Parents**

Researcher: Trainee Educational Psychologist, Educational Psychology Service and School of Psychology, University of Nottingham

Contact Details:

Supervisor: School of Psychology, University of Nottingham

Dear parent/ carer,

We would like to ask your child to take part in a research study. Before you decide you should understand why the research is being done and what it would involve for your child.

Please ask at any time if there is anything that is not clear or if you would like more information.

What is the purpose of this study?

This study is designed to find out whether dramatherapy helps young people at the School.

Why has my child been asked to take part in this study?

Your child has been asked to take part because a place has become available for them on the dramatherapy waiting list and you have agreed for your child to start dramatherapy sessions.

Does my child have to take part in this study?

No, it is up to you and your child to decide. Taking part is voluntary. If you decide not to take part in this study, your child can still take part in dramatherapy. If you do decide to let your child take part in the study, we will ask you to sign a consent form, attached.

What will happen to my child if they do take part in this study?

Your child will be asked to complete a questionnaire before starting dramatherapy and in December 2012. You will also be asked to complete a parent version of the questionnaire at the same time, and there is one for your child's teachers to complete as well. The same questionnaires are completed for all pupils who take part in dramatherapy so you and your child may be asked to do this even if you do not want to take part in this study.

For this study your child will also be asked a short set of questions every week, which will take about five minutes. I would also like to interview your son/daughter at school before they start dramatherapy and in January or February 2013 to find out how they are doing. To make sure that no important information is missed I would like to audio-record the interviews.

In addition one of your son/daughter's teachers will be asked to complete a weekly questionnaire about how your son/daughter is doing throughout the course of the research.

We hope that your child will enjoy taking part in the study. The interview and the questionnaires ask about their personal feelings, but if a young person feels like they want to stop at any point then that is fine.

What are the possible benefits of taking part?

The research itself is not expected to directly benefit your child, although many young people enjoy the chance to talk to researchers. However, the information your child provides may help other teenagers and dramatherapy programmes in the future.

Will my child's participation in this study be confidential?

All of this information will be anonymous and confidential. No one will know what your child has said. Each name will be replaced with a number that only the researcher knows. The audio-tape will be destroyed at the end of the study. However, if your child tells us something that indicates that they might be at risk of seriously harming themselves or others or are at risk of harm from others. In which case, we have a duty to inform members of staff at your child's school who will follow their safeguarding procedure.

All information which is collected in the study will be stored in a secure and locked office. After the study is complete your confidential information will be destroyed.

I can give you a summary of the overall findings of the study, if you ask. The study will be published as part of a doctoral thesis and may also be used in research journals in the future. None of these will have any your person's personal information on.

What if there is a problem?

If at any time you would like to ask for further information about anything to do with the study please contact me. You could ask my supervisors for further information, too, on [lpaag@nottingham.ac.uk](mailto:lpaag@nottingham.ac.uk)

Who is organising and funding the research?

The research has been organised by researchers at the University of Nottingham in partnership with Educational Psychology Service, School and Creative Arts Therapy.

**Thank you for taking the time to read this information sheet. If you have any questions please ask.**

## **Appendix 14: Information Sheet: Setting**

Researcher: Trainee Educational Psychologist, Educational Psychology Service and School of Psychology, University of Nottingham

Contact Details:

Supervisors: School of Psychology, University of Nottingham

Dear Head Teacher,

We would like to invite your school to take part in a research study. Before you decide you should understand why the research is being done and what it would involve for your school and the pupils.

Please ask at any time if there is anything that is not clear or if you would like more information.

What is the purpose of this study?

This study is designed to find out whether dramatherapy has an impact on young people enrolled at the school.

Why has Your School been asked to take part in this study?

Your school has been asked to take part because you have been receiving dramatherapy support and have expressed an interest in being able to demonstrate the effect that dramatherapy has for vulnerable young people.

Does the school have to take part in this study?

No, it is up to you to decide. Taking part is voluntary. If you decide not to take part in this study, the young people can still take part in dramatherapy. If you do decide to agree for the evaluation to begin at your school.

What will happen to the young people if they do take part in this study?

The young people will be asked to complete a questionnaire before starting dramatherapy and at the end of the winter term 2012. Parents will be asked to complete a parent version of the questionnaire at the same time, and there is one for the young person's teacher to complete as well. The same questionnaires are completed for all pupils who take part in dramatherapy so pupils, teachers and parents may be asked to complete this even if you do not want to take part in this study.

For this study the young person will also be asked a short set of questions every two weeks, which will take about five minutes. I would also like to interview the young people at the beginning of the process and at the end of the



winter term 2012 to find out how they are doing. To make sure that no important information is missed I would like to audio-record the interviews.

In addition one of the young person's teachers will be asked to complete a weekly questionnaire about how the young person is doing throughout the course of the research.

Where will the research take place?

I hope to be able to interview the young person in their school.

What are the possible disadvantages to taking part?

We hope that the young person will enjoy taking part in the study but, as the interview and the questionnaires ask about personal feelings the young people may at times feel uncomfortable. If a young person feels like they want to stop at any point then that is fine.

What are the possible benefits of taking part?

The research itself is not expected to directly benefit the young people, although many young people enjoy the chance to talk to researchers. However, the information the young people provide may help other teenagers and dramatherapy programmes in the future.

What if there is a problem?

If at any time you would like to ask for further information about anything to do with the study please contact me on. You could ask my supervisors for further information, too, on:

Will the young person's participation in this study be confidential?

All of this information will be anonymous and confidential. No one will know what the young people have said. Each name will be replaced with a number that only the researcher knows. The audio-tape will be destroyed at the end of the study.

However, if the young person tells us something that indicates that they might be at risk of seriously harming themselves or others or are at risk of harm from others I will inform a member of staff at the school who can follow your safeguarding procedure. The participants will also be informed of this.

How will the information be handled and stored safely?

All information which is collected in the study will be stored in a secure and locked office. After the study is complete your confidential information will be destroyed.

What will happen to the results of the research study?

I will give you a detailed summary of the overall findings of the study, and information will be shared with Creative Arts Therapy. The study will be published as part of a doctoral thesis and may also be used in research journals in the future. None of these will have any your person's personal information on.

Who is organising and funding the research?

The research has been organised by researchers at the University of Nottingham in partnership with Educational Psychology Service, School and Creative Arts Therapy.

**Thank you for taking the time to read this information sheet. If you have any questions please ask.**

## Appendix 15: Consent Form: Young People

### Evaluating the Effectiveness of a Dramatherapy Intervention for Pupils Attending the School

Researcher: Trainee Educational Psychologist, Educational Psychology Service and School of Psychology, University of Nottingham

Contact Details:

Supervisor: , School of Psychology, University of Nottingham

The participant should complete the whole of this sheet him/herself. Please cross out as necessary

Have you read and understood the participant information sheet? YES/NO

Have you had the opportunity to ask questions and discuss the study? YES/NO

Have all the questions been answered satisfactorily? YES/NO

Have you received enough information about the study? YES/NO

Do you understand that you are free to withdraw from the study:

at any time YES/NO

without having to give a reason YES/NO

Do you agree to take part in the study YES/NO

Do you agree to being audio-recorded during interviews YES/NO

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Signature of the Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name (in block capitals): \_\_\_\_\_

I have explained the study to the above participant and he/she has agreed to take part.

Signature of the Researcher: \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix 16: Consent Form: Parents

### Evaluating the Effectiveness of a Dramatherapy Intervention for Pupils Attending the School

Researcher: Trainee Educational Psychologist, Educational Psychology Service  
and School of Psychology, University of Nottingham

Contact Details:

Supervisor: , School of Psychology, University of Nottingham

The participant's parent/carer should complete the whole of this sheet  
him/herself. Please cross out as necessary

Have you read and understood the parent/carer information sheet YES/NO

Have you had the opportunity to ask questions and discuss the study YES/NO

Have all the questions been answered satisfactorily YES/NO

Have you received enough information about the study YES/NO

Do you understand that you are free to withdraw you child from the study:

at any time YES/NO

without having to give a reason YES/NO

Do you agree for your child to take part in the study YES/NO

"This study has been explained to me to my satisfaction, and I agree for my  
child to take part. I understand that I am free to withdraw my consent at any  
time."

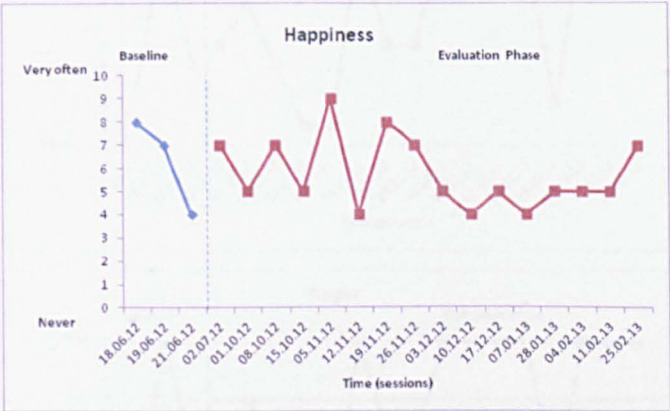
Signature of the Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Name (in block capitals): \_\_\_\_\_

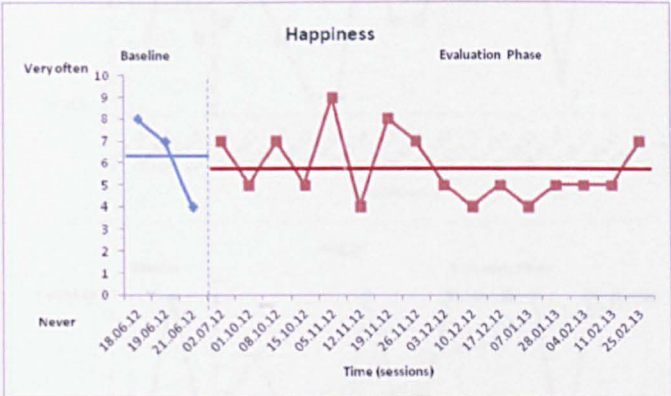
I have explained the study to the parents of the participant and he/she has  
agreed for her/his child to take part.

Signature of the Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

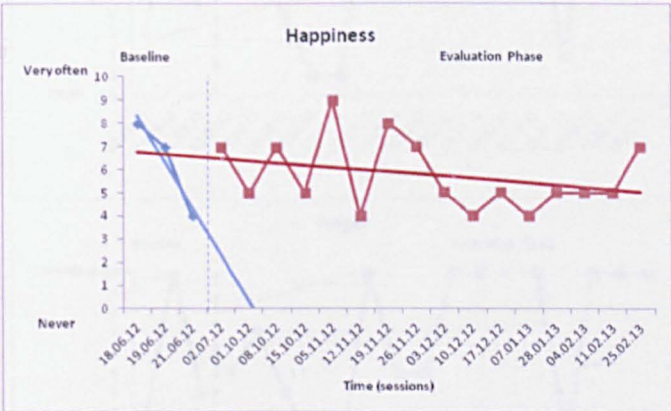
Appendix 17: SCED Graphs showing Level, Trend and Variability



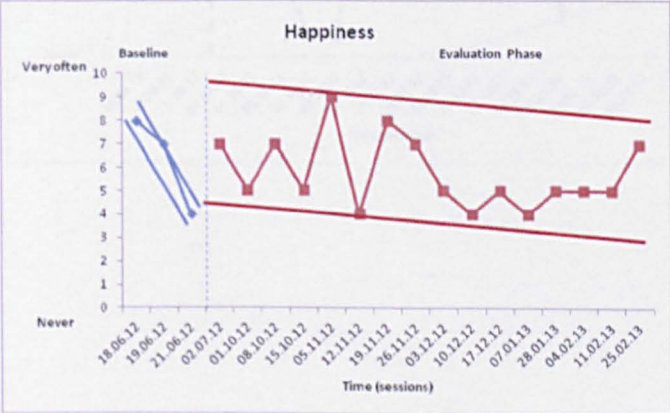
Graph showing happiness for Eve



Graph showing level for happiness



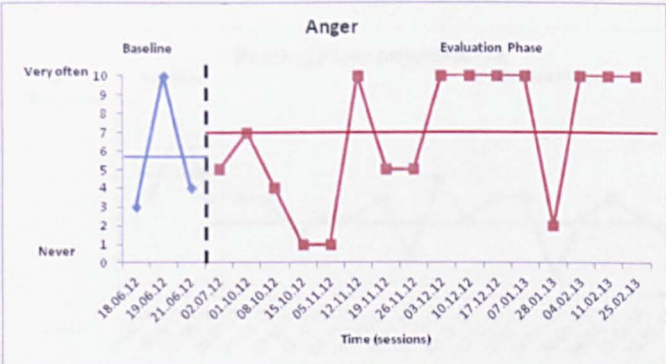
Graph showing trend lines for happiness



Graph showing variability from the trend line for happiness



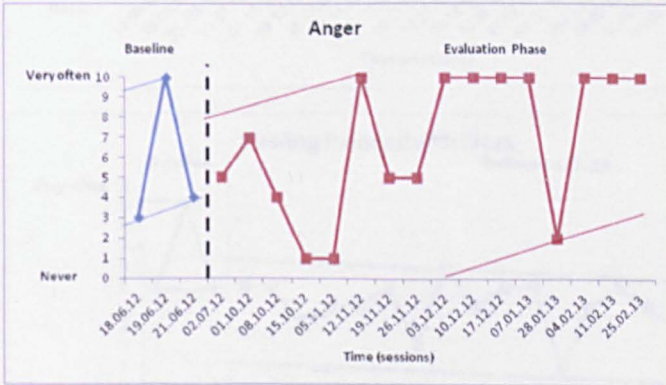
Graph showing anger for Eve



Graph showing level for anger



Graph showing trend line for anger



Graph showing variability from the trend line for anger





Graph showing feeling pleased with work for Eve



Graph showing level for feeling pleased with work



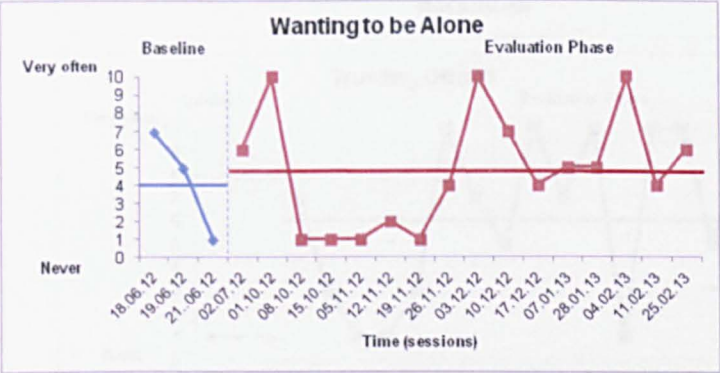
Graph showing trend lines for feeling pleased with work



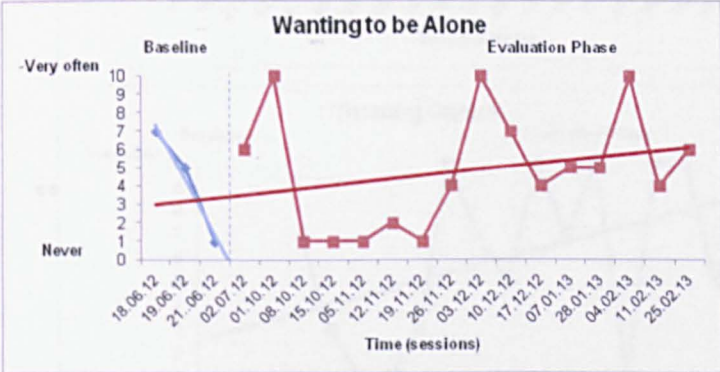
Graph showing variability from the trend line for feeling pleased with work



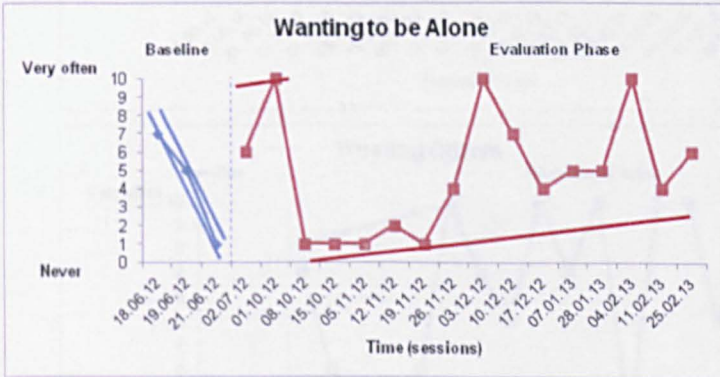
Graph for wanting to be alone for Eve



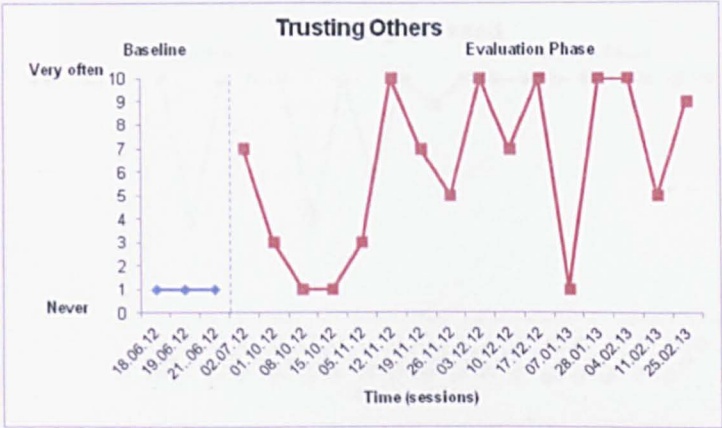
Graph showing level for wanting to be alone



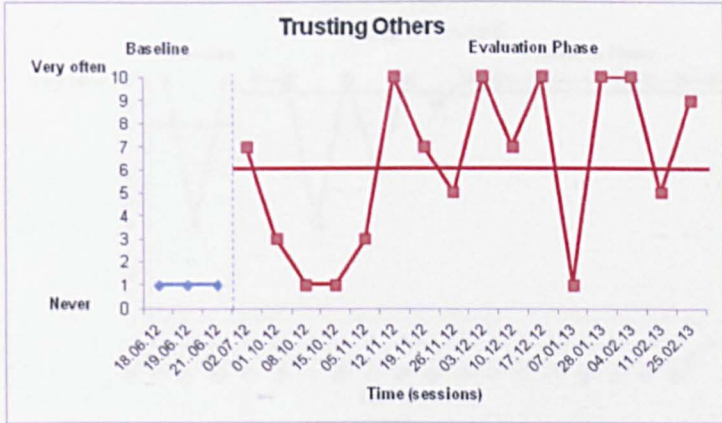
Graph showing trend lines for wanting to be alone



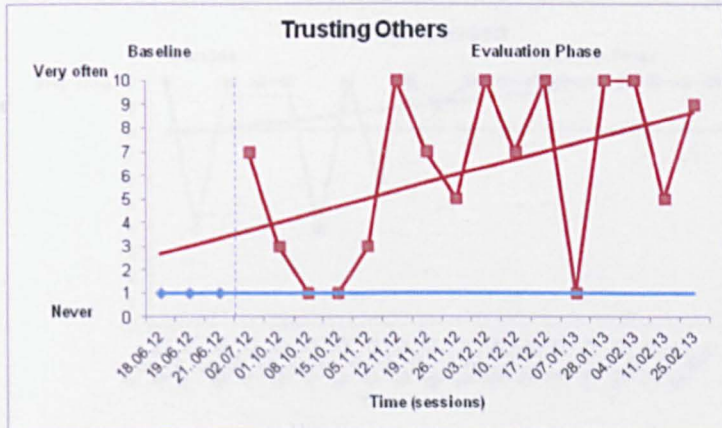
Graph showing variability from the trend line for wanting to be alone



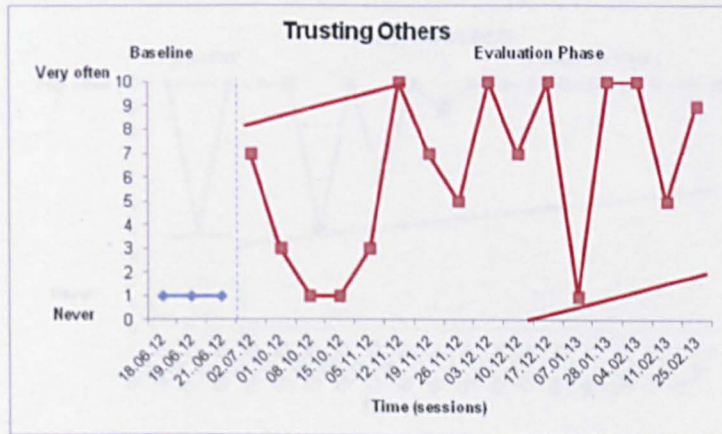
Graph for trusting others for Eve



Graph showing level for trusting others

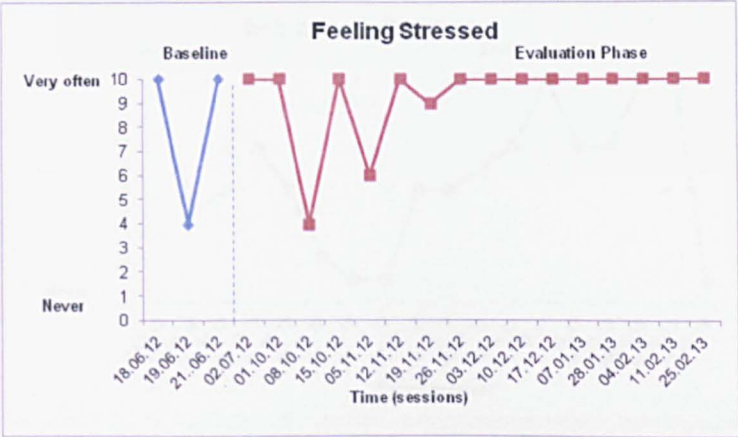


Graph showing trend lines for trusting others

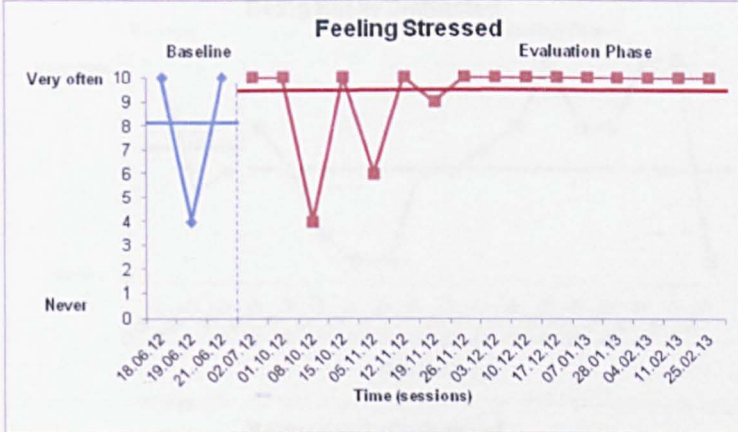


Graph for variability from the trend line for trusting others

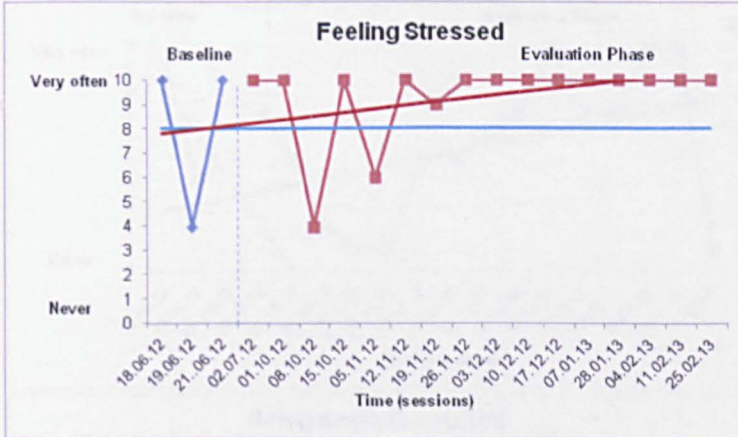




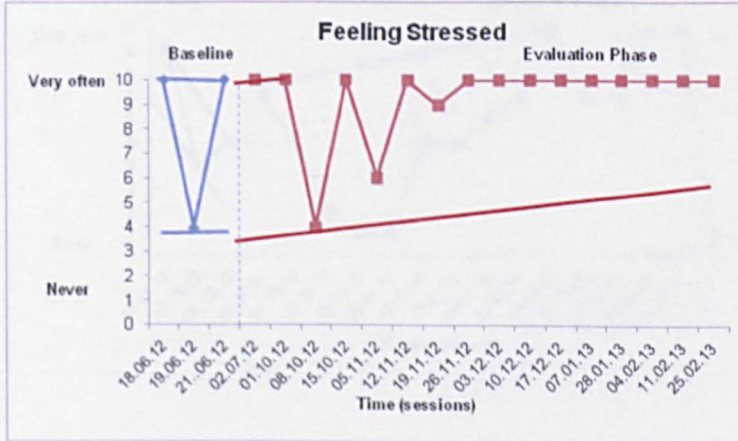
Graph for stress for Eve



Graph showing level for stress

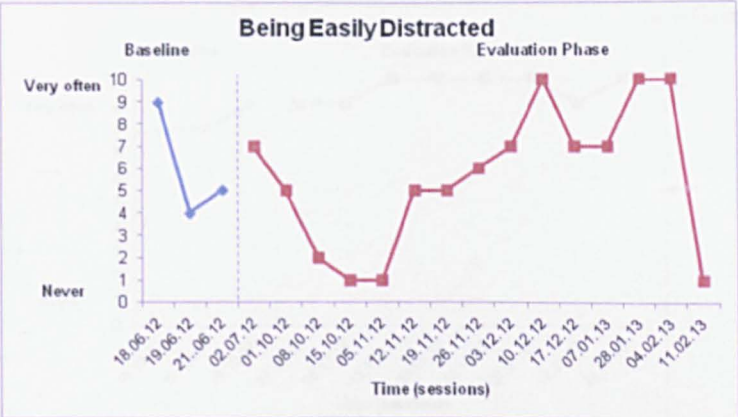


Graph showing trend lines for stress



Graph showing variability from the trend line for stress

Graph for distraction for Eve



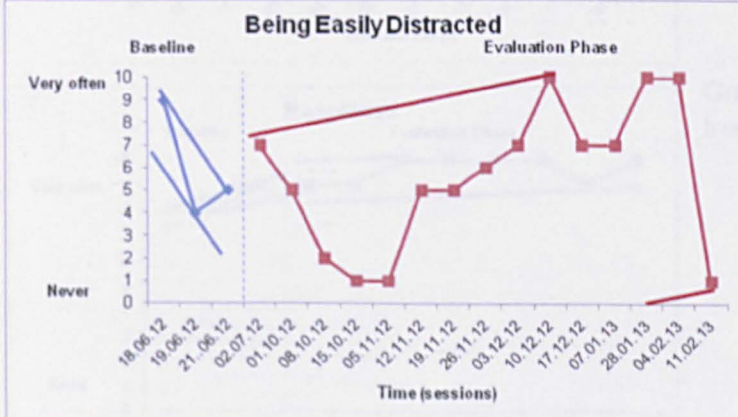
Graph showing level for distractions



Graph showing trend line for distraction



Graph showing variability from the trend line for distraction





Graph for happiness for Phil



Graph showing level for happiness



Graph showing trend lines for happiness



Graph showing variability from the trend line for happiness





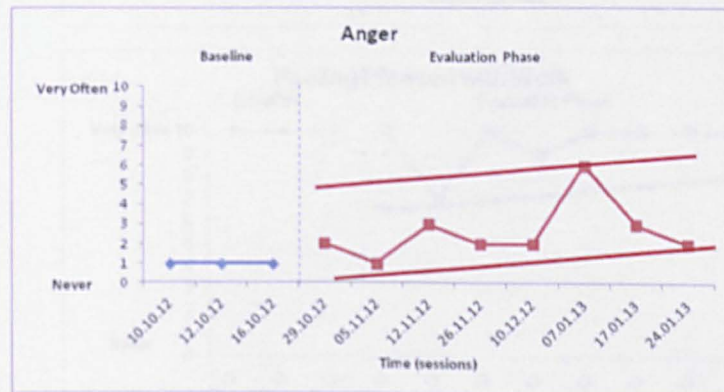
Graph for anger for Phil



Graph showing level for anger



Graph showing trend line for anger



Graph showing variability from the trend line



Graph for feeling pleased with work for Phil



Graph showing level for feeling pleased with work



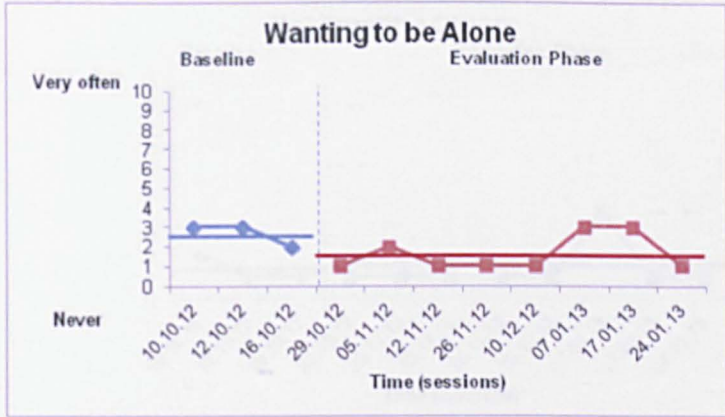
Graph showing trend line for feeling pleased with work



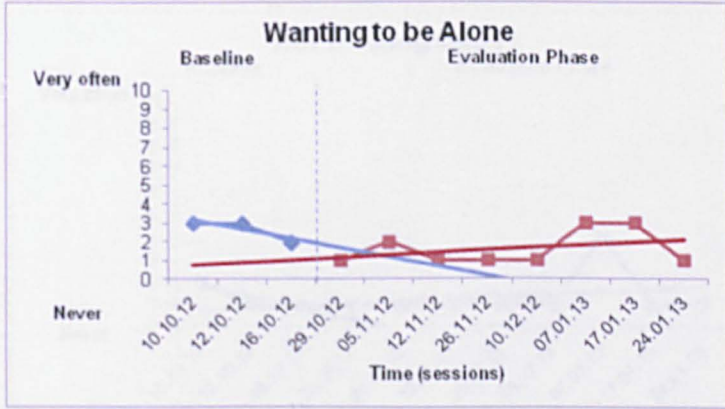
Graph showing variability from the trend line for feeling pleased with work



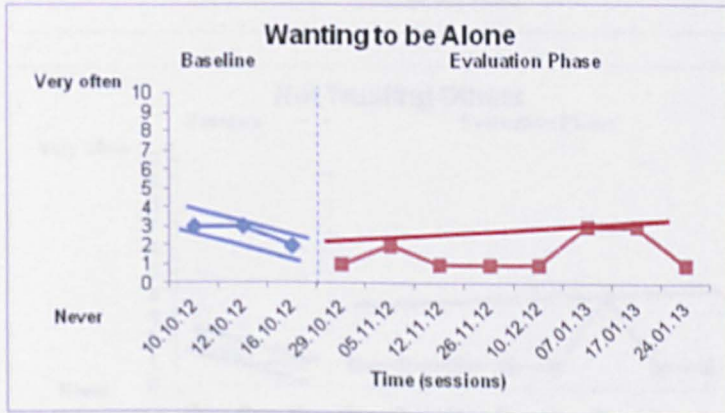
Graph for wanting to be alone for Phil



Graph showing level for wanting to be alone

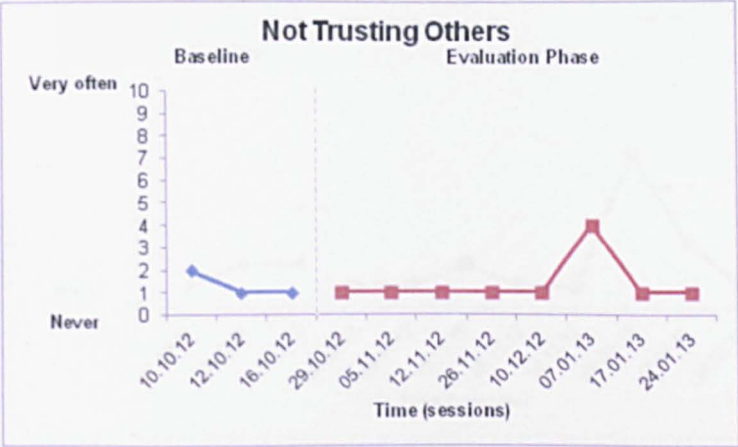


Graph showing trend line for wanting to be alone

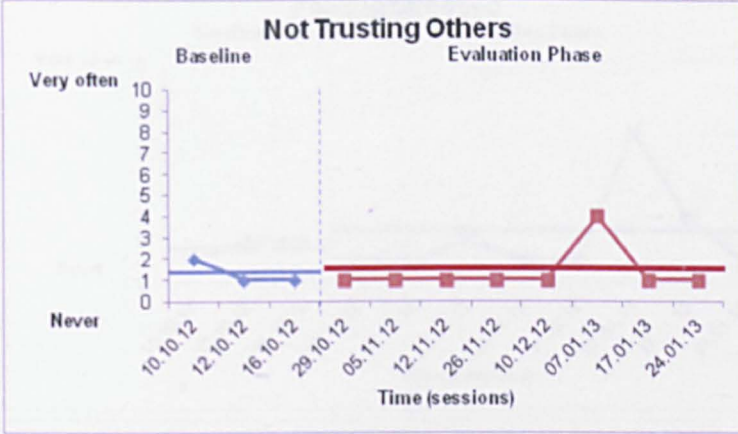


Graph showing variability from the trend line for wanting to be alone

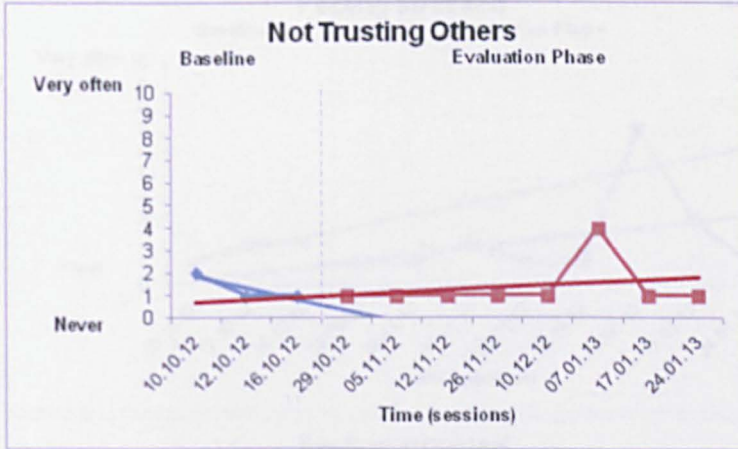




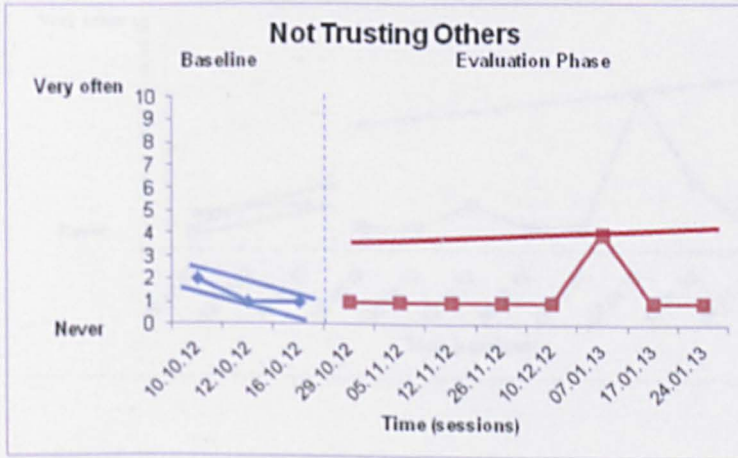
Graph for not trusting others for Phil



Graph showing level for not trusting others



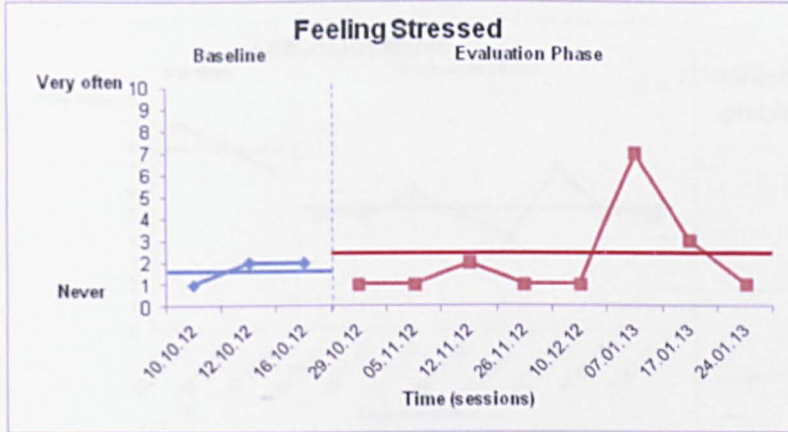
Graph showing trend lines for not trusting others



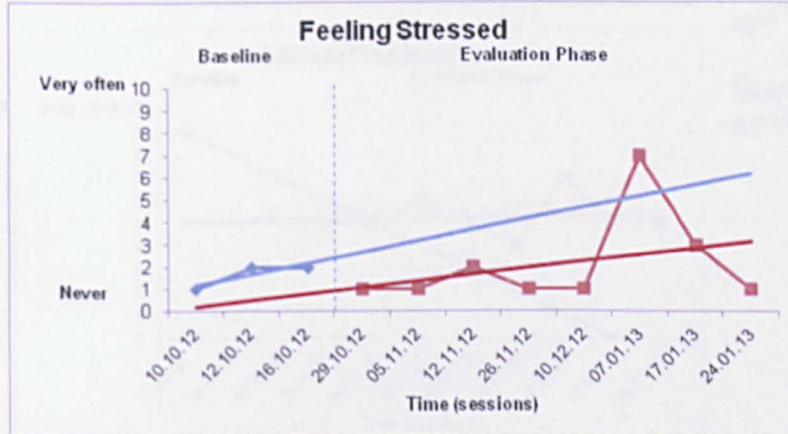
Graph showing variability from the trend line for not trusting others



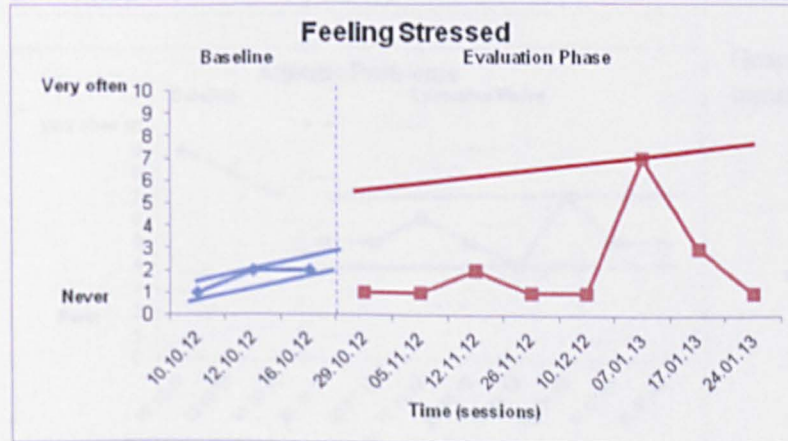
Graph for feeling stressed for Phil



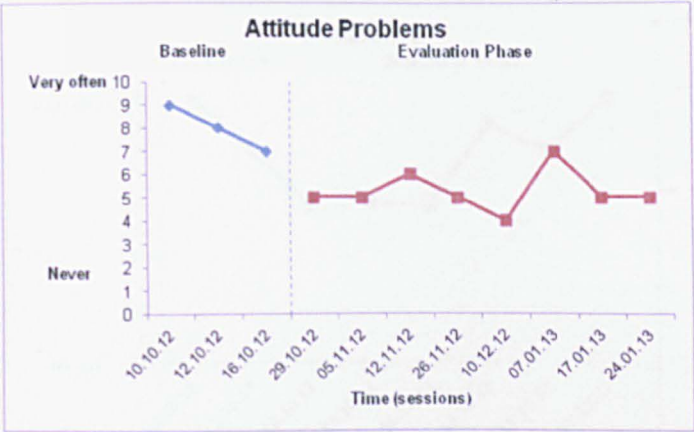
Graph showing level for feeling stressed



Graph showing trend lines for feeling stressed



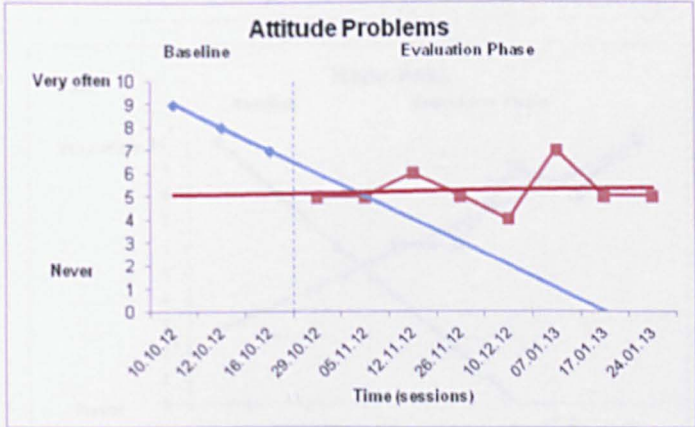
Graph showing variability from the trend line for feeling stressed



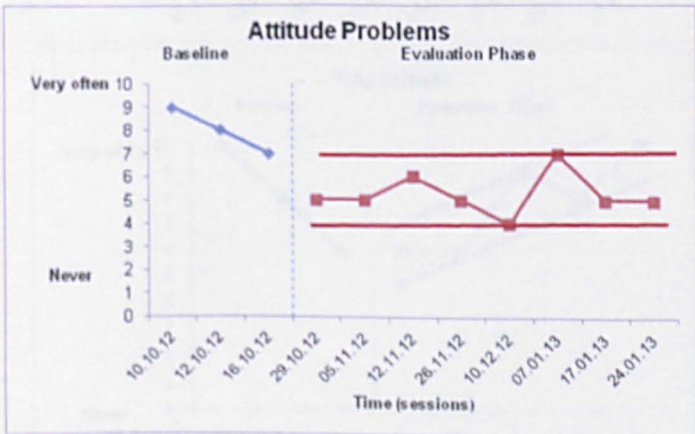
Graph for attitude problems for Phil



Graph showing level for attitude problems

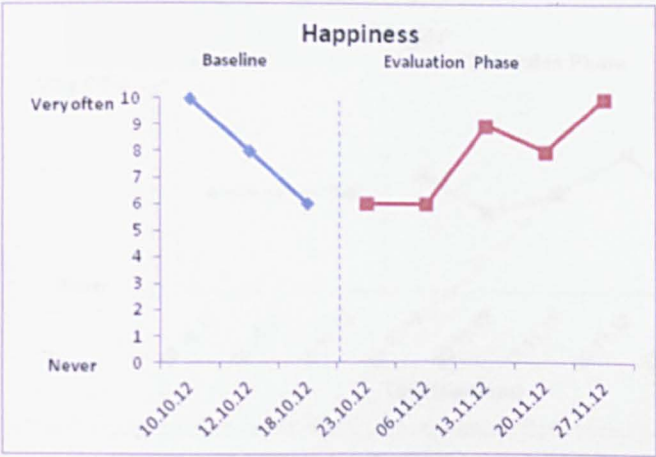


Graph showing trend lines for attitude problems



Graph showing variability from the trend line for attitude problems

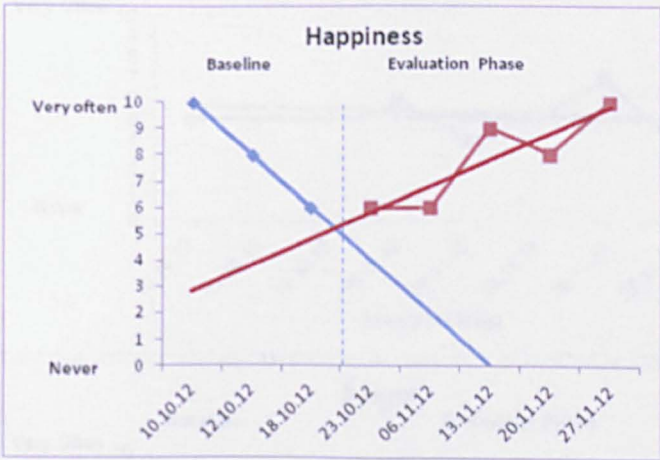




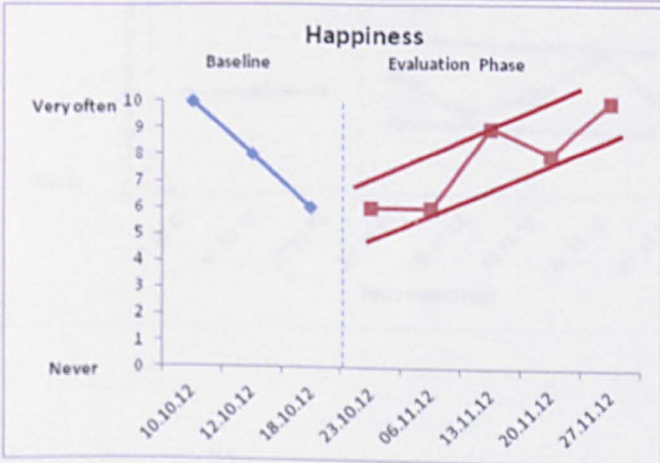
Graph for happiness for Veronica



Graph showing level for happiness



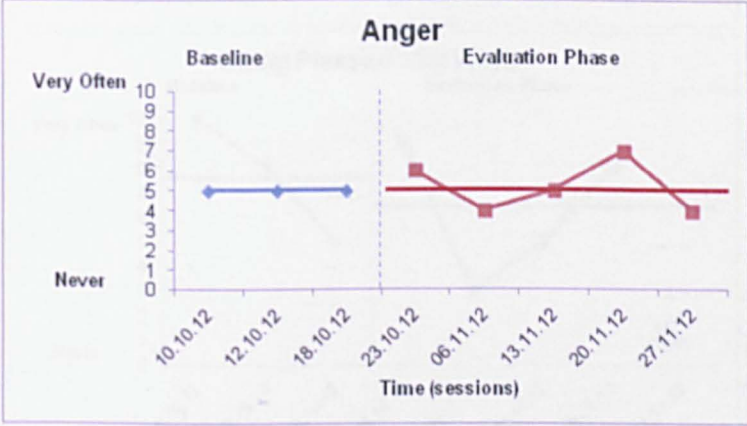
Graph showing trend lines for happiness



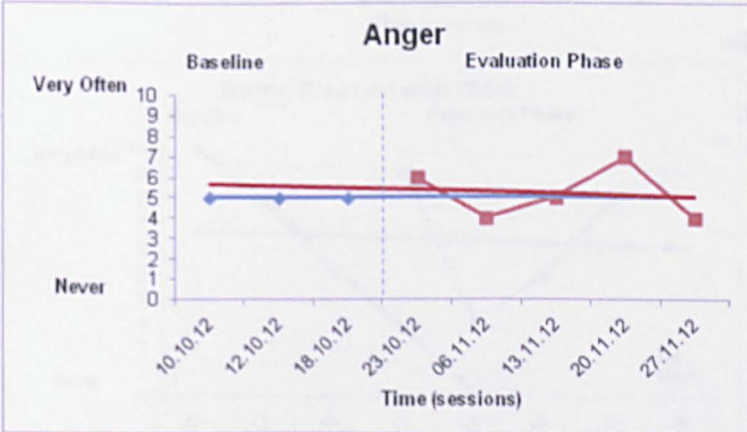
Graph showing variability from the trend line for happiness



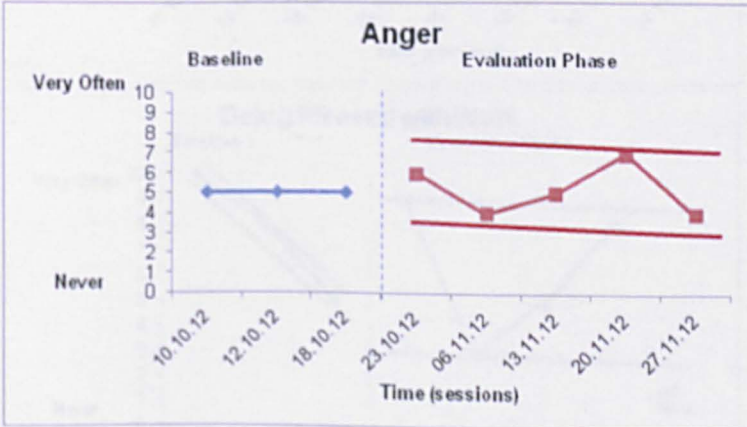
Graph for anger for Veronica



Graph showing level for anger



Graph showing trend lines for anger



Graph showing variability from the trend line



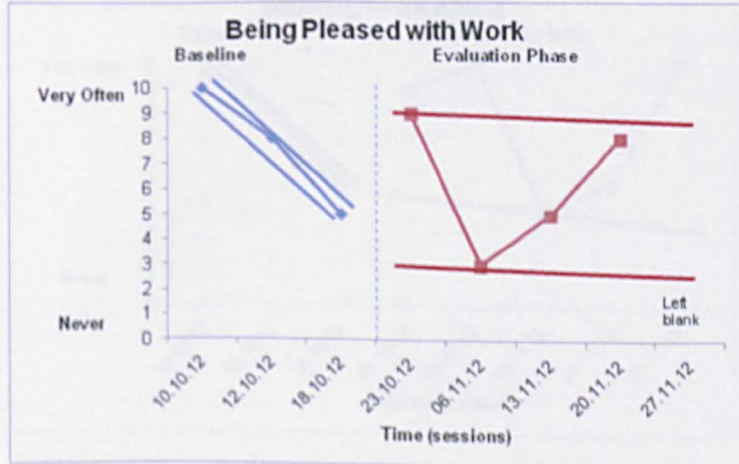
Graph for being pleased with work for Veronica



Graph showing level for being pleased with work

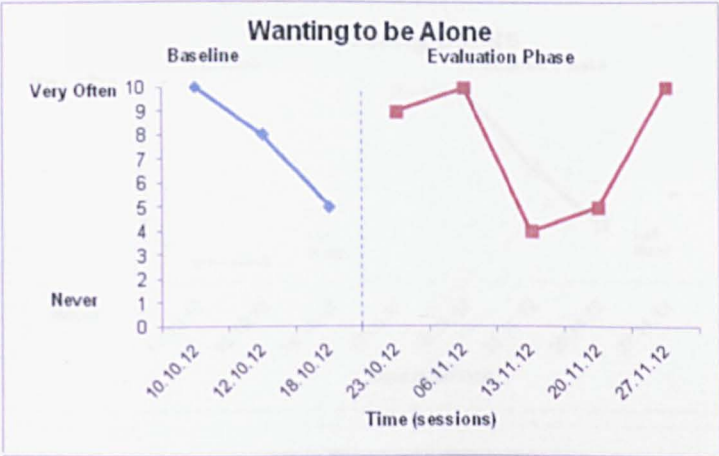


Graph showing trend lines for being pleased with work

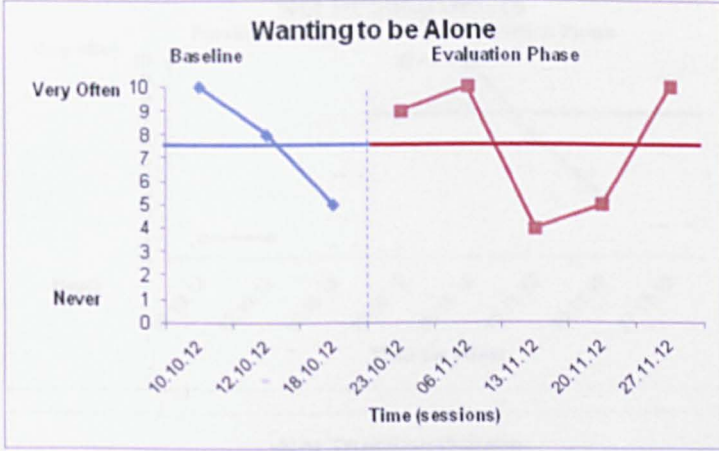


Graph showing variability from the trend lines for being pleased with work

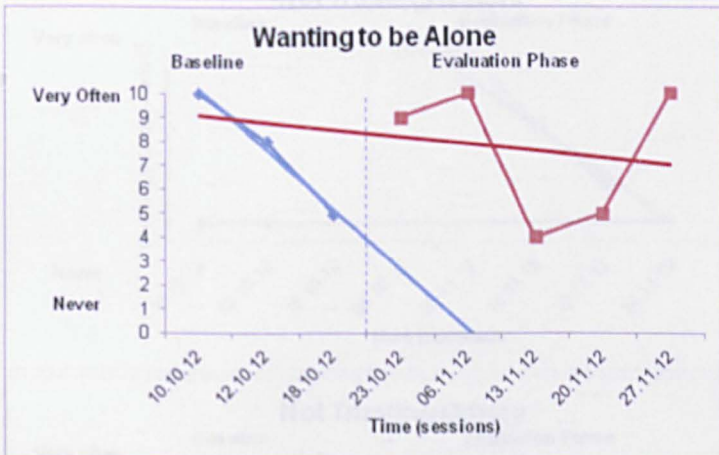




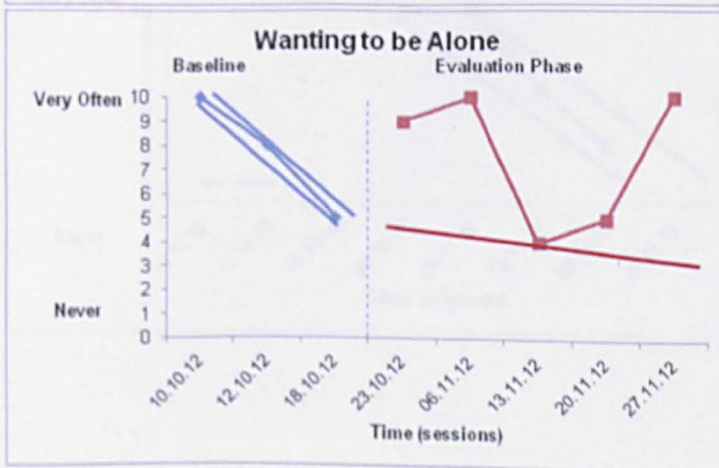
Graph for wanting to be alone for Veronica



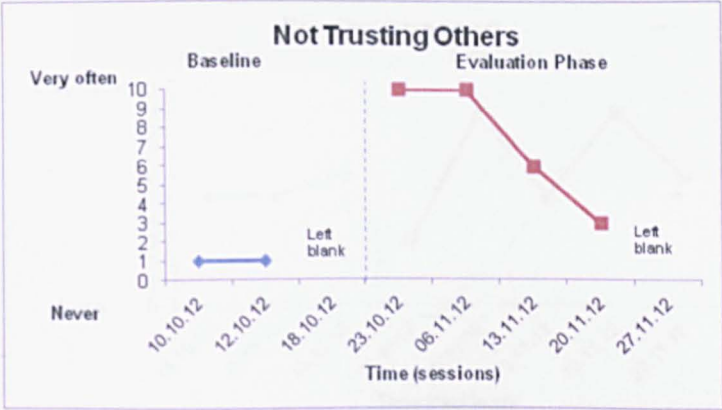
Graph showing level for wanting to be alone



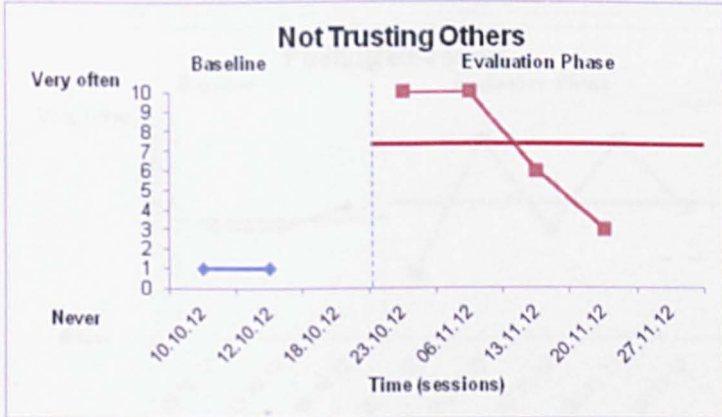
Graph showing trend lines for wanting to be alone



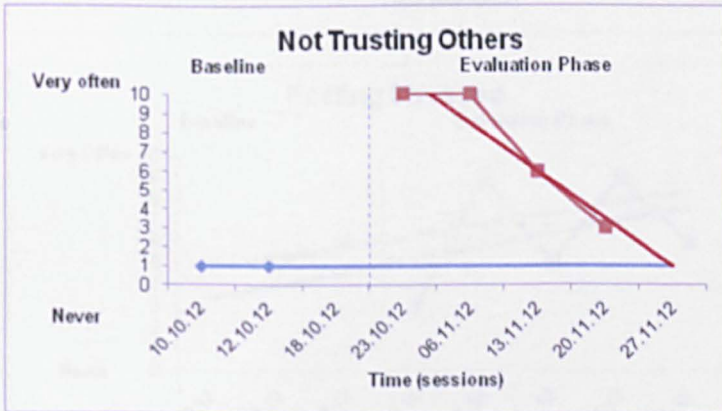
Graph showing variability from the trend lines for wanting to be alone



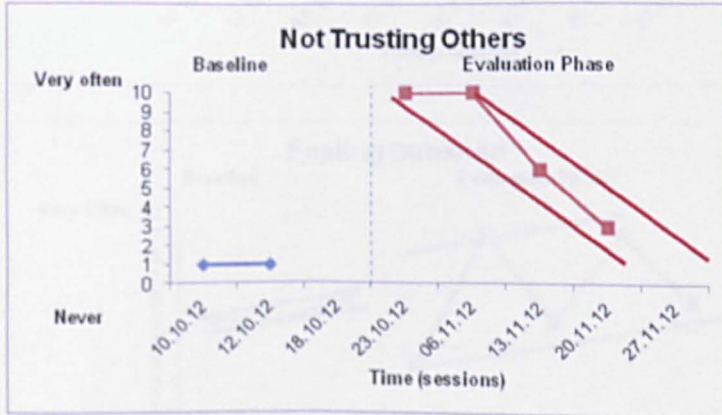
Graph for not trusting others for Veronica



Graph showing level for not trusting others



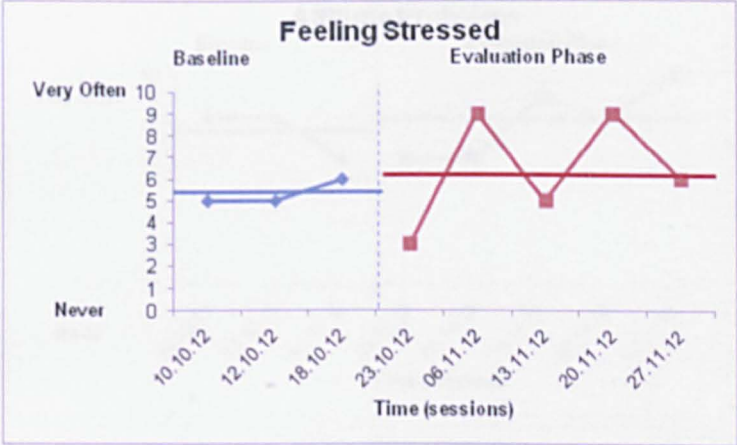
Graph showing trend lines for not trusting others



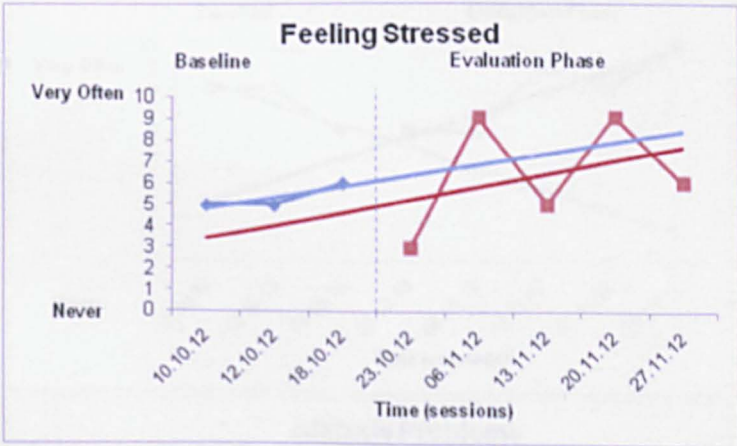
Graph showing variability from the trend line for not trusting others



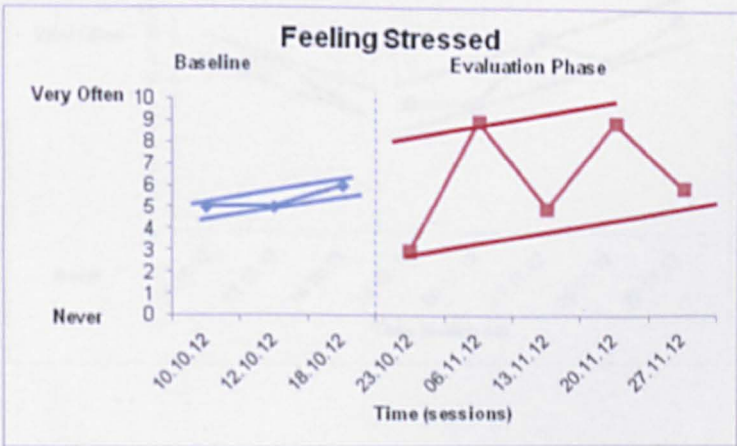
Graph for feeling stressed for Veronica



Graph showing level for feeling stressed

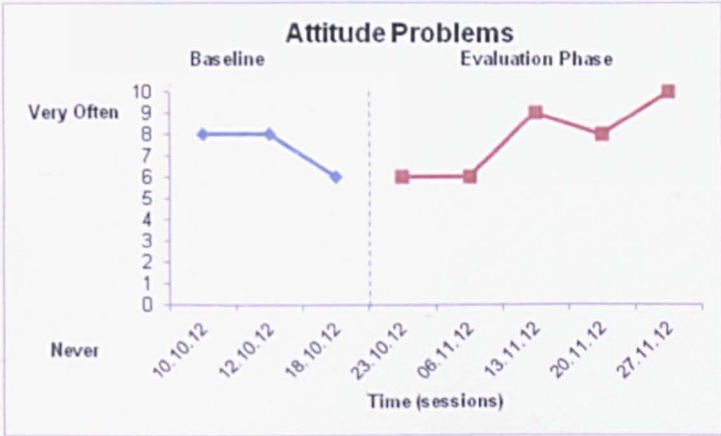


Graph showing trend lines for feeling stressed



Graph showing variability from the trend line for feeling stressed

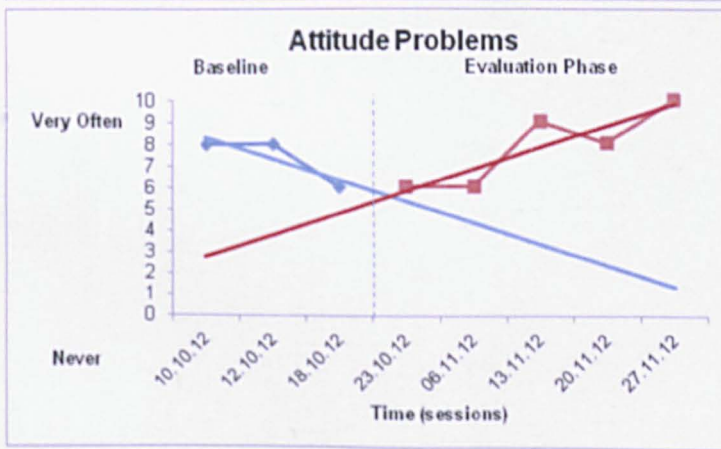




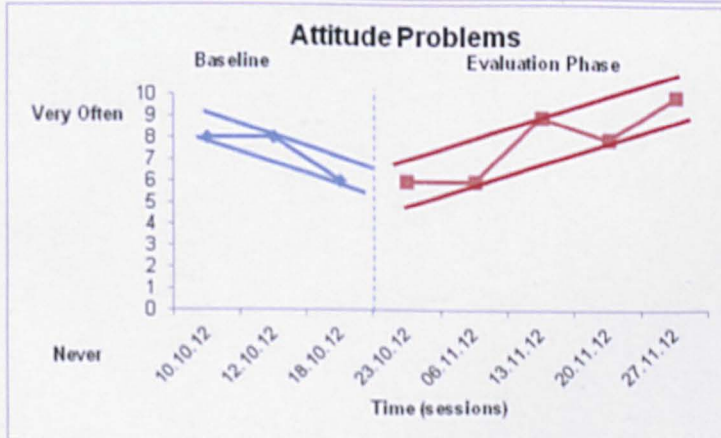
Graph for attitude problems for Veronica



Graph showing level for attitude problems



Graph showing trend lines for attitude problems



Graph showing variability from the trend lines for attitude problems