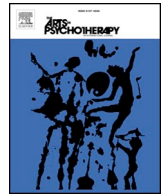




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Research Article

A systematic review to investigate dramatherapy group work with working age adults who have a mental health problem

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ABSTRACT

This study investigated the effects of dramatherapy group work with adults between the ages of 18 and 65 years, who have mental health problems. A systematic review was undertaken using a meta-ethnography to synthesise the existing relevant research. Database searches identified 111 records, from which 12 were included in the review. There was a combined total of $n = 194$ participants from eleven of the studies; plus one study that did not give exact participant numbers. The included studies were either qualitative or mixed method, with a variety of designs: case studies, interviews, focus groups, observations, questionnaires, evaluations, and use of a variety of measurement tools. There was a range of populations, including: adults with intellectual disabilities, adult offenders, community service users, and in-patients. Participants were from a number of different settings. Overall findings were encouraging and included; improvements in social interaction, improved self-awareness, empowerment and social interaction. No negative effects were reported.

Background

Theatre traditionally spans many cultural and political boundaries, with play, playing, theatre and story-telling offering insight into our reality (Jones, 2010). Winnicot (1971) attested to the positive aspects of playing as an important universal part of human life. Developments within different disciplines such as psychology, psychotherapy, improvisation and experimental theatre have given, “insights into new ways in which drama and theatre can be effective in bringing about change in people” (Jones, 1996, p.1). Casson (2004) discussed how the use of play and playing can give clients a licence to build something positive, engage in playful interactions, form relationships with themselves and others; a process which can allow alternative realities to emerge.

Over the last forty years the use of dramatherapy as a therapeutic psychosocial intervention has grown significantly (British Association of Dramatherapy (Badth), 2018). With many posts developing in the United Kingdom (UK) within The National Health Service (NHS Choices, 2016); which is a healthcare system primarily funded through taxation, offering free health care services to all legal residents in the UK. Dramatherapists not only work for the NHS with a wide range of clients as individual clinicians or alongside other Allied Health Professionals, (Chief Allied Health Professions Officer’s Team, 2017) but

also for different organisations which includes, schools, charities or private practice (Badth, 2018). There has also been a recent growth in the availability of dramatherapy in Europe and Asia (The European Federation of Dramatherapy, 2017). In the UK dramatherapists are registered, alongside art therapists and music therapists, with The Health & Care Professions Council (HCPC). The standards of proficiencies for arts therapist state that dramatherapy “is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatization, improvisation, and the performance arts have a central relationship within the therapeutic relationship” (HCPC Professions, 2018). The British Association of Dramatherapists’ (2018) definition states, “dramatherapy has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth”.

Dramatherapists are trained to Master level in both the art form of drama and the practice of psychotherapy, to enable them to provide a synthesis of the theory and practice of both disciplines in their clinical work. Drama itself remains the dominant form of communication and interactivity. For people who struggle with engagement in the talking therapies the use of dramatherapy can offer an alternative way of engaging (British Psychology Society, 2016). The arts therapies are recognised by The National Institute for Clinical Excellence (NICE),

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(2014, guideline CG178) as an effective support and treatment for people with schizophrenia. Other guidelines and national strategies also cite the benefits specifically of dramatherapy such as; The National Dementia Strategy (Department of Health, 2009); The British Psychological Society (2016) for psychological therapies for people with an intellectual disability and The British Medical Association (2011) for therapies with people who have dementia. Dramatherapy is an especially useful way to engage with people especially when written or verbal communication is limited or challenging (The British Psychological Society, 2016).

The objective of this study is to identify the themes that emerge between the systematically collated studies so as to comprehend the group processes in dramatherapy, the benefits of this form of therapy as well as any challenges identified from the research.

Method

Protocol and registration

A systematic review was guided using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), which provides a check list for systematic reviews deemed essential for transparent reporting (Moher et al., 2009). The review was registered on PROSPERO, The Centre for Reviews and Dissemination (CRD) at York University (Thompson et al., 2012) in March 2017 (registration number 42017056445).

Search strategy

Initially the PICO strategy was used; comprising participant, intervention comparison and outcome, to define the question with an inclusion and exclusion criteria outlined. A literature search for observational, experimental, qualitative and quantitative studies published before March 2017 was undertaken using a range of databases: CINAHL (Ebsco), EMBASE (Ovid), MEDLINE (Ovid), PsycINFO (Ovid), Cochrane, Open Grey. There were no restrictions, but the papers needed to be written in English, or location limitations were applied. A combination of the key terms using the Boolean operator AND and OR was conducted within the databases. A flow chart showing the systematic review process can be seen in figure one. To help with publication bias, grey literature, which is often seen as a non-conventional ephemeral publications uncontrolled by commercial publishers (Grey Literature Database, 2018) was also searched for and identified. This can be seen in the flow chart (see Fig. 1). Records were screened independently by two reviewers.

Inclusion and exclusion criteria

Research papers focusing on working age adults with a mental health problem and attending a dramatherapy group were considered for inclusion in the review. Working age was defined for this review as > 18 and < 65 as specified by the Organisation for Economic Co-operation and Development for the Working Population (OECD Data, 2018). Quantitative, qualitative, mixed method and observational methodologies were given equal consideration, to investigate both subjective experiences as well as objective measurements of change (see Fig. 2).

Selection process

The databases searched generated 110 records and a further 15 papers were identified through reference lists, conference attendees and correspondences with authors. There were 14 duplicates removed leaving 111 titles. From these 71 were excluded, due to not being specifically dramatherapy group work, falling outside of the specified age range or the specified criteria for the study. There were 40 abstracts

identified and screened independently by two authors (JB & MAW) using the inclusion and exclusion criteria discussed (Fig. 2). From these 40 abstracts, 17 articles were ordered and screened in full, using the Critical Appraisal Skills Program (CASP, 2017), which is a recognised tool that enables researchers to systematically assess the trustworthiness, relevance and results of published studies, so as to recognise what is effective and what is ineffective. There were no quantitative studies, random control trials (RCT) or controlled studies found which fit the criteria and were relevant to the question, so none were included. Two studies were unavailable; one dissertation and one conference paper, despite multiple attempts to contact the authors. Two reviews were included in the full screened articles; Yotis's (2006) literature review and Ruddy and Dent-Brown's (2007) systematic review, both focused on dramatherapy and schizophrenia and met the inclusion criteria but neither of these studies were relevant for the synthesis, as they did not include any new sources. The latter also included drama-based groups and a group that the authors were unable to define as adequate. One paper (Emunah, 1983) had very limited measures with no clear results outlined and so this was also omitted following appropriate CASP (2017) guidelines at the article screening stage. A total of 12 papers were identified for the review and final synthesis (see Fig. 1). Throughout the process a third reviewer was available if there were discrepancies in the screening process.

Analysis and data synthesis

There are many methods for synthesising qualitative research (Dixon-Woods et al., 2005) but since the review question posed was exploratory, the approach to analysis and data synthesis was informed by a meta-ethnography process, which was developed by Noblit and Hare (1988) and adapted for health research by researchers (Britten et al., 2002). It focuses on the "translation of qualitative studies into one another" (Noblit & Hare 1988) so as to develop new interpretations and insights (Table 1).

Data gathering

Extraction

The data from the final 12 research papers was extracted using a full text review data extraction form, that included: type of publication, design, method, populations, location, sample size, gender, disease characteristics, therapy, control, setting, duration of study, withdrawals, measurement tools, length of follow up, results and outcome summary. Two reviewers independently critiqued the studies using the CASP (2017) and recorded the data on extraction forms. The 12 studies included three mixed methods and nine qualitative studies with a variety of designs; for example, observations, interviews, evaluations, questionnaires, focus groups & case studies.

Measurement tools used in the studies

A range of outcome measures were used to monitor participant changes across the studies, and these seem to have been chosen to meet the needs of individual study populations. Measures used included: CORE LD (CORE Information Management Systems, 2018) which is a measurement tool specifically adapted for people with learning disabilities; The Life Experiences Questionnaire (Valenzuela & Sachdev, 2007); Rosenberg Self-esteem Scale (Rosenberg, 1965) and the Internalised Stigma of Mental Health Scale (Hammer and Toland, n.d).

Recruitment to studies

The recruitment process was unclear in the majority of the studies, with limited information on how samples were obtained for the research. This is not uncommon in health research with qualitative

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