



Evaluation of a school-based creative arts therapy programme for adolescents from refugee backgrounds



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ABSTRACT

Creative arts therapy programmes delivered by qualified therapy professionals have been identified as effective for adolescents affected by adversity. The current study provided a controlled trial of creative arts therapy to address the psychosocial needs of students from refugee backgrounds. Forty-two students participated in a therapy trial, comprising an creative arts group and control group. Mental health and behavioural difficulties were assessed pre and post intervention. Hopkins Symptoms Checklist-25 (HSCL-25) and the Strengths and Difficulties Questionnaire (SDQ) were used to assess well-being. Findings suggested an effect for a reduction in behavioural difficulties for the treatment group. A significant reduction in emotional symptoms was found for the treatment group. Findings provide empirical support for school-based creative arts therapy programs specific to refugee young people.

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Introduction

Creative arts therapies are increasingly used to address some of the most profound difficulties experienced by young people who have experienced a range of abuses. There is increasing evidence that creative arts therapies are capable of addressing levels of disturbance resulting from early deprivation not otherwise accessible to more traditional talking therapies which rely on higher level cognitive development (Malchiodi, 2008). However, there is still limited empirical support for the use of creative arts therapies with many studies drawing on a case study approach. Milpera State High School, in Brisbane, Australia, is an intensive English language school and settlement service for newly arrived immigrant and refugee students. The Milpera school population includes a majority of refugee students, predominantly from the Middle East, Africa and East Asia. The Home of Expressive Arts in Learning (HEAL) Programme is a school-based mental health initiative that uses creative arts therapies to help refugee children address social, behavioural and emotional issues. This includes the use of arts psychotherapy and music therapy, delivered by appropriately qualified therapists, as part of the school programme to identified refugee students.

School-based interventions for refugee young people

School-based programmes have been identified as important for several reasons. The literature suggests schools are significant contributors to the acculturation process, particularly for psychosocial and emotional development (Derluyn & Broekaert, 2007; Fazel, Doll, & Stein, 2009). Barriers such as language difficulties or cultural misunderstandings about help seeking for mental health issues (Ncube, 2006) may be one of the many reasons why refugee children do not seek additional support, and these barriers do not occur within the school context, where interpreters are readily available and therapy is an accepted part of the school culture. Practical considerations such as transport and time are also mitigated by the available access of school-based services. A survey of young refugees found that 79% opted to access therapeutic support at school rather than at a community clinic (11%) or at home (4%) (Chiumento, Nelki, Dutton, & Hughes, 2011). Chiumento suggests multiple agency partnerships and flexible service delivery is a best practice approach to working with refugee young people. A collaborative service delivery model, linking schools, community and welfare organisations to providing a multi-agency approach represents best practice for working with refugee young people (Betancourt et al., 2010), and this takes places in HEAL at Milpera. A systematic review of the utilisation of services by children and young people from a refugee background identified that there is scarce research in the area of service utilisation, help seeking and

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barriers to accessing services (Colucci, Szwarc, Minas, Paxton, & Guerra, 2014).

A range of mental health interventions have been identified for working with refugee young people. Psycho-education and life skills training (Erskine et al., 2010; Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004), encouraging protective factors such as cultural identity, problem-solving, narrative exposure therapy (Neuner et al., 2004), Cognitive Behaviour Therapy (CBT) (Ehnholt, Smith, & Yule, 2005), family therapy (Björn, Bodén, Sydsjö, & Gustafsson, 2013), and group therapy (Kira et al., 2012). Creative arts therapy and music therapy have been identified in the literature as appropriate for use with children from refugee backgrounds; however, there is limited empirical research supporting these creative interventions and even less evidence supporting such interventions with children from refugee backgrounds.

Creative expression interventions

The literature on the effectiveness of arts therapy and music therapy is emerging gradually. Slayton, D'Archer and Kaplan (2010) reviewed US art therapy literature for outcome studies and found a small body of quantifiable data proving effectiveness of arts therapy. However, they noted a lack of standardised reporting and utilisation of control groups. They examined 35 studies and concluded 'that art therapy is effective in treating a variety of symptoms, age groups and disorders.' (Slayton et al., 2010).

The Australia New Zealand Arts Therapy Association (ANZATA) website states the growing evidence for efficacy of art therapy underlines the importance of offering a non-verbally-oriented approach, while allowing processing of feeling states beyond the usual limits of verbal therapy. A summary of empirical support for art therapy was presented by Gilroy (2006). This book gives an overview of specific evidence-based research findings from Britain and America, predating 2005. There have been no similar recent comprehensive examinations of art therapy, although systematic literature reviews looking at the efficacy of art therapy for specific populations have been published in recent years.

Gilroy (2006) provided evidence of positive effect in art therapy literature across a number of areas, including with children and adolescents in educational and mental health settings. The literature demonstrated alleviation of stress, facilitation of communication and interaction, better ability to symbolise and reduction in severity and frequency of symptoms (Ball, 2002; Case, 2003; Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Chin et al., 1980; Ivanova, 2004; Saunders & Saunders, 2000; Tibbetts & Stone, 1990; Vandiver & Carr, 2003).

A systematic literature review regarding expressive arts therapies internationally was conducted in 2013 seeking evidence of outcomes for five creative therapy modalities: music, visual arts, dance-movement, drama and writing (Dunphy, Mullane, & Jacobsson, 2013). Findings suggested sufficient outcomes of quality indicating benefits across a variety of physical and psychological conditions, including, for example, dementia, coping with cancer, improvements in self-esteem, PTSD, depression, stress and anxiety.

Creative therapy interventions with children in refugee and non-refugee populations

A review of the literature surrounding arts and music therapy with non-refugee children demonstrates that these are effective interventions for a range of presentations including externalising behaviours (Jones, Baker, & Day, 2004), abuse (Brooke, 1995; Hagood, 2000; Murphy, 2001), trauma (Gantt & Tinnin, 2009), Post Traumatic Stress Disorder (PTSD), (Gantt & Tinnin, 2007), learning difficulties (Strand, 1990), depression (Gussak,



Fig. 1. "Self Portrait" (soft pastels, paper). Newly arrived group participants considered their strengths while making representations of self.

2007; Ponteri, 2001), and Attention Deficit Hyperactivity Disorder (ADHD) (Henley, 1998, 1999).

A recent review of classroom-based creative therapies programmes with refugee and non-refugee children found that creative therapies contributed to improvements in coping, resiliency, pro-social behaviours, self-esteem, emotional and behavioural problems (especially aggressive behaviours) (Beauregard, 2014). The review also suggested the benefits of expressive arts programmes for participants are in the re-construction of meaning. The review suggested creative therapies are well suited to some populations such as refugee young people. Arts based therapies are non-threatening, normalise emotional expression and offers a playful approach to treatment (Beauregard, 2014). Creative therapies are also better suited to very young children who may not have the verbal skills to communicate their internal states. The review also referred to research which looked at creative therapies targeting specific treatment aims such as reducing emotional problems or building resilience (Figs. 1–4).

Creative therapy interventions specifically for refugee young people

Arts and music therapy is a way to reconstruct meaning and identity (Koch & Weidinger-von der Recke, 2009), work with traumatic experiences (Bensimon, Amir, & Wolf, 2008; Eaton, Doherty, & Widrick, 2007; Gantt & Tinnin, 2009; Wertheim-Cahen, van Dijk, Schouten, Roozen, & Drožžek, 2004) and retell stories (Neuner et al., 2004; Sampson & Gifford, 2010), address grief and loss (Choi, 2010) and rebuild social connections (Betancourt et al., 2010).

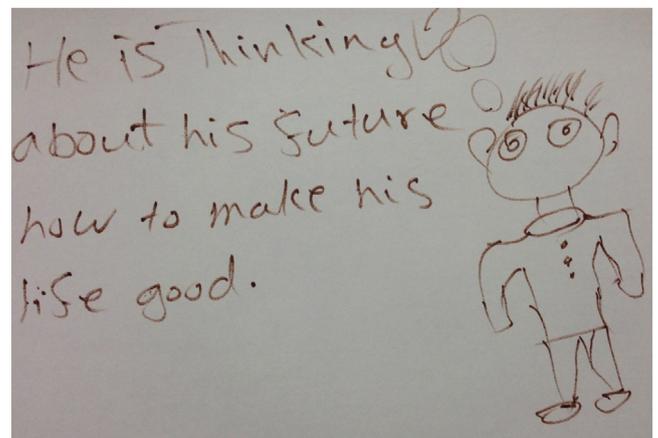


Fig. 2. "My thinking today" (felt pen on paper). Current state of mind was communicated on paper by this young refugee from the Middle East.

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