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Benefits of dramatherapy for Autism Spectrum Disorder: a qualitative analysis of feedback from parents and teachers of clients attending Roundabout dramatherapy sessions in schools

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Objective. To investigate parent/carer and teacher feedback on dramatherapy provided by Roundabout dramatherapists for children and young people with Autism Spectrum Disorder (ASD) in schools. Design. A qualitative study of written feedback from parents/carers collected after treatment had finished. Methods. Forty-two comments on dramatherapy were analysed using Interpretative Phenomenological Analysis (IPA). Results. Five themes emerged from the data and were reported using verbatim quotes under the following headings: Feelings: a safe place to explore; Peers: being included and making friends; Social skills: role play provides a short cut to learning about and practising social skills; Structure: predictability lessens anxiety; and Families: supporting the whole system. There were no negative comments about the dramatherapy treatment recorded on the feedback forms. Conclusion. The findings revealed overwhelming support from parents/carers and teachers for the use of dramatherapy for children and young people with ASD. These results are encouraging and indicate that further study of dramatherapy treatment is warranted in order to build the evidence base for such interventions in this client group.

Keywords: autism spectrum disorder; dramatherapy; qualitative research; schools

‘The thing about being autistic is that you gradually get less and less autistic, because you keep learning, you keep learning how to behave. It’s like being in a play; I’m always in a play.’ (Temple Grandin)

Introduction

The prevalence of Autism Spectrum Disorder (ASD) has been increasing in the last few decades and is now estimated at 1% of the child population of the UK (Baird et al. 2006), resulting in more families and schools requesting support. ASD, including Autism and Asperger’s syndrome, are developmental disorders with onset before the age of 30 months. The majority of people with ASD have some degree of learning disability, while a small minority are high functioning.
There are approximately 500,000 people with ASD in the UK, with 133,500 of these being under 18. The main diagnostic criteria for ASD include a triad of impairments: impairments in reciprocal social interaction, impairments in language and communication; and repetitive and stereotypic interests and behaviours (Goodman and Scott 2012).

People on the autistic spectrum have been described by Frith (1989) as having ‘literal minds’, meaning specific deficits in emotional intelligence, theory of mind and the use of metaphor. As a result, their behaviour can be seen as inappropriate or immature and considerable difficulties are encountered with peers because of an impaired ability to understand what other people are thinking and feeling. Children and young people with ASD are therefore at risk of suffering from anxiety and depression as they mature and become more aware of their social impairments and limited life opportunities.

Dramatherapy is particularly appropriate for this client group (National Autistic Society, 2012, www.nas.org.uk) as it develops social skills and supports the expression of feelings through structured work that helps reduce anxiety. The dramatherapist can model clear, expressive communication, as well as facilitate the development of relationships with others, which gives participants numerous opportunities to rehearse and replay social skills until they are learned and integrated into behaviour. Carrette (1992) has suggested that it is the very flexibility of dramatherapy and the spectrum of creative-expressive methods at therapists’ disposal that enables it to respond appropriately to each child’s needs, with the aim of maximising their potential. Such potential will vary considerably depending on participants’ abilities and special needs, but the content of sessions can range from non-verbal movement and sensory awareness work to role play within sophisticated storytelling and performance.

There is a lack of published research assessing dramatherapy for clients on the autism spectrum, with much previous work employing single-case study designs (Dunn, 1988). One study used a pre-post design to evaluate a social skills programme consisting of art and group therapy for children on the autistic spectrum (Epp 2008). This showed significant improvement in assertion scores, and decreased internalizing behaviours, hyperactivity scores, and problem behaviour scores in the students aged 11–18. However, although this intervention included art therapy, it used a cognitive behavioural approach and therefore cannot be used as evidence for the effectiveness of dramatherapy-based treatment. Other research evaluating interventions designed to improve social skills has been limited by small sample sizes, lack of consensus about how to measure social skills, and little post treatment follow-up (Rao et al. 2008).

There has recently been research published suggesting that social skills training is a successful intervention for children and adolescents with Asperger’s syndrome and high functioning autism. Lerner et al. (2011) used a ‘socio-dramatic affective-relational intervention’, a type of drama-based social interaction intervention, to improve social skills via in vivo practice. They found encouraging improvements in assertion and the ability to detect emotions in adult voices and
less parent reported social problems after an intensive six-week summer intervention. This study included 17 participants aged 11–17 years and was well designed, employing manualised interventions and standardised measures from multiple informants. Nevertheless, it was conducted in the United States, and did not use dramatherapy or trained dramatherapists, so the findings are not necessarily generalisable to other contexts or practitioners.

This study aims to address this gap in the literature by systematically evaluating written feedback from parents/carers and teachers on dramatherapy delivered by Roundabout, a leading dramatherapy charity in the UK, for people with ASD.

**Roundabout**

Roundabout is a registered charity established in 1985 providing a dramatherapy service London wide. Deborah Haythorne is the co-founder and co-director of Roundabout and has played a central role in developing its evaluation systems and evidence base. Emma Godfrey is a Psychologist and Dramatherapist, who has been collaborating with Roundabout to develop their research and evaluation methods. Roundabout consists of a large team of professional Health and Care Professions Council registered dramatherapists working on over 40 weekly projects with a range of service users. Roundabout has developed a specialism in working with people with ASD in a wide variety of settings. These include working with adults in day services, in residential homes and in the community, and with children and young people in and out of school. Because of its appeal, immediacy and flexible approach, Dramatherapy is particularly effective, irrespective of age, ability and background.

The combination of dramatherapists and clients has many variables e.g. two therapists to one child/adult, one therapist to a group. In a group setting each session may provide space for up to three or four clients, where individual and group aims would be addressed through the creative process of dramatherapy. The therapists will begin the process by receiving referral forms from the service users, or their parents, carers or teachers. The dramatherapist will assess suitability for therapy through meeting potential service users and parents/carers/teachers. This process is followed by weekly Dramatherapy sessions, and weekly feedback meetings. Therapists may set up further meetings with parents/carers and teachers to offer feedback and they will write reports at the end of therapy.

**Evaluation**

Currently Roundabout runs 11 weekly projects with people with ASD. These take place in specialist provisions within three primary schools and five secondary provisions. Roundabout also works in two adult settings and runs an after-school group in conjunction with the National Autistic Society. The evaluation of these projects takes a number of forms depending on what is accessible to the service users. Some evaluation methods are self-reporting, such as Psychlops.
Kids (www.psychlops.org.uk/kids) and ‘Hopes and Wishes’ for pre and post evaluation. Other evaluation methods are filled out by the therapists, such as Strengths and Difficulties Questionnaire, Behavioural Summarised Evaluation, and Therapy Outcomes. All of these projects are evaluated by written feedback from parents/carers and teachers on the responses of the service user to the dramatherapy intervention. On the feedback form, they are also asked to give their consent for the content of their feedback to be used for publication. Consent to attend therapy is given in writing by parents/carers prior to sessions starting and assent to participate in sessions is sought from the service users before they attend and is returned to during the Dramatherapy work. Confidentiality is explained to service users in an accessible way including the statement ‘See it here, hear it here, leave it here’ and information is shared on a need to know basis.

**Aims for sessions**

Roundabout’s projects use dramatherapy to generate a number of benefits for all the children and young people. Dramatherapy aims for each individual are identified through the referral form and the assessment process. These individual aims fall within the framework of the main aims which help service users with ASD to achieve their full potential, improve their mental well-being, and take full advantage of the educational, cultural and social opportunities available to them. These aims are achieved through the following outcomes:

- Increased confidence and self-esteem
- Improved sense of self and how to relate to others
- Increased opportunities to develop creativity and imaginative thinking
- Improved co-operation and turn-taking
- Greater social and communication skills
- Improved skills to work effectively alone and with others
- Improved mental health

The basic structure of a session remains the same every week in order to increase confidence and reduce anxiety related to change. However within the basic structure the main theme for each week will change in response to feedback from the group in the sessions and the issues that arise over the course of the project. The dramatherapists work with both verbal and non-verbal forms of communication, introducing structured ways of saying hello and goodbye, songs, ball and drama games, storytelling, imaginary play, movement work and relaxation to achieve their aims.

The issues associated with ASD create difficulties in forging strong and supportive relationships. The anxieties the condition often generates can make familiar situations challenging, and make new situations an ordeal. Children and young people with ASD struggle to work with the national curriculum, and need a high level of support and expertise if they are to progress or thrive at school. People with ASD often have their own means of communication, but this can further
isolate them from family, friends and the wider community. Dramatherapy offers a therapeutic approach that can address many of these significant and difficult issues.

Dramatherapy sessions offer permission people with ASD to express and be themselves. The sessions also offer clearly defined boundaries and structures that help build trust and familiarity in the sessions and with each other. In this therapeutic environment, people with ASD are able to explore communicating their needs, feelings and interests and have attention paid to these needs and to work with them in a creative way.

Methods
A basic thematic analysis was conducted on 42 pieces of written feedback obtained from parents/carers and teachers. The sessions were carried out by Roundabout dramatherapists with children and young people with ASD. Parents/carers and teachers were asked to report any feedback on their child/student’s participation in the dramatherapy after they had finished attending sessions. This meant that feedback could include observations made whilst the child or young person was attending Dramatherapy and observations post therapy. It also meant that there was the opportunity to comment on the impact of the Dramatherapy on the participant’s school and home experiences. The analysis of the feedback was conducted using an Interpretative Phenomenological Analysis (IPA) approach, which aims to explore in detail how participants makes sense of their personal and social world as described by Smith et al. (1999). IPA acknowledges both researchers and participants are engaged in a dynamic process and that interpretations are informed by their social and cultural contexts (Smith et al. 2009).

Comments about the impact of dramatherapy were read several times and additional insights were gained by repeated readings of these texts. Initial interpretations of data were annotated onto the texts consisting of descriptive summaries and points of interest, then connections between these key words were identified, and organised into clusters of super-ordinate themes. This process involved continual reference to the original text and reflection on any personal perspectives that might influence interpretation to ensure that the final analysis was grounded in the data. Emergent themes were reviewed by another researcher and respondent validity was conducted via feeding back the themes to some of the original participants for verification. Lastly, quotations which best encapsulated each theme were selected and recorded.

Results
Five themes emerged from the data and are reported using verbatim quotes under the following headings: Feelings: a safe place to explore; Peers: being included and making friends; Social skills: role play provides a short cut to learning about and practicing social skills; Structure: predictability lessens anxiety; and Families: supporting the whole system. There were no negative comments about the dramatherapy treatment recorded on the feedback forms.
Feelings: a safe place to explore
This theme relates to how the dramatherapy group provides a safe place where clients feel accepted, which facilitates the exploration of difficult experiences and emotions.

“F has benefitted from attending dramatherapy in many ways. He has had the opportunity to socialise and express his feelings in a safe environment. It is the only activity where he has not headed straight for the door and it is the highlight of his week.”

“I was very concerned about the aggression J showed when he became angry. Although this still happens, it certainly happens less frequently. Dramatherapy has given J a ‘safe place’ to explore some truly disturbing experiences from his early years and has been extremely beneficial.”

“It has allowed him to be creative & access a practical approach to develop a variety of skills which he can find challenging in class. He has become open about how he feels about learning in primary school which has been positive as C often does not share these thoughts.”

Peers: being included and making friends
This theme relates to how the Dramatherapy group supports service users to develop their social interaction skills and explore their understanding of friendship.

“The sessions have helped her to better understand social interaction and get used to how other children behave without the confines of school. The sessions have also encouraged her to be creative and to use her imagination.”

“L benefited greatly from group sessions, especially as she worked with peers she was not fond of, and this pushed her out of her comfort zone. It taught her to be more tolerant.”

“He has benefited from being able to express himself in a setting where he feels totally included. T is a very creative child and a visual learner so attending the sessions has enabled him to express himself even more.”

“It has really helped him to understand his emotions and friendships more. At times he has found it challenging but it’s been great for him to do that in a safe and caring environment where the people running it understand his issues.”

Social skills: role play provides a short cut to learning about and practicing social skills
This theme relates to how the Dramatherapy group supports service users to develop confidence and self-esteem through practising social situations, story-making and drama.
“M has been participating in Dramatherapy for two years and he has definitely grown in confidence. He shows greater understanding of the world around him, but still has a long way to go. Dramatherapy brings to him a variety of scenarios that would take far longer for him to experience in the real world. He is constantly playing catch up and Dramatherapy is certainly helping him face his difficulties with greater understanding.”

“G used Dramatherapy very positively. It enabled him to explore many issues, but particularly helped address his anxieties about transition to secondary school. He was given the freedom to be himself and this was extremely valuable.”

“Since attending Dramatherapy, A has developed skills as a storyteller and is able to play different characters. This has helped him greatly in building his confidence and forming friendships. Dramatherapy has been vital for A as it is an outlet for him to express his feelings and to understand how to deal with them.”

“He enjoyed being a dinosaur and expressing himself freely and enthusiastically. It was fantastic to have the opportunity to attend a small group activity geared towards his specific requirements and needs with tutors trained to understand him.”

“S has difficulty expressing emotions appropriately so anything that encourages role play is very valuable for him; he came to enjoy telling me all about the sessions!”

**Structure: predictability lessens anxiety**

This theme relates to how the Dramatherapy session content and structure works for children and young people with ASD, reducing anxiety and building confidence.

“Dramatherapy has been a wonderful opportunity for T to explore and express his feelings in an environment where he can feel relaxed and knows that he won’t be judged. The sessions follow a regular pattern, with the predictability that T needs and the issues raised are ‘resolved’ through the drama, meaning that T can safely go back to the classroom and resume where he left off.”

“R benefitted from his sessions enormously. It gave him valuable time on his own with the therapist and the opportunity to be himself. He was calm during the sessions and went happily, showing he was looking forward to them. R has many anxieties during his day and Dramatherapy enabled him to be less stressed for a short period.”

“H benefitted from 1:1 dramatherapy in a quiet, calm environment. He has limited play skills and interests and it was a positive experience to be able to explore activities and resources in his own time without adult direction.”

**Families: supporting the whole system**

This theme relates to how the Dramatherapy service supports not only group members but the wider community around them.

“As a parent it has been a relief to receive some positive pro-active support to help L rather than just fire-fighting his problems at school.”
“Dramatherapy has been great for her and us. It has helped us to understand how H sees the world. She can act out anything and this will normally flag up her worries.”

“My wife and I have been going through a breakup and with your help the transition for S has been little easier and S seems a lot more confident in own abilities.”

“D is gaining more confidence and willing to try new things and experiences. He has become slightly more experimental with food, actually tasting food stuffs even if he still decides he doesn’t like them.”

**Discussion**

There has been little published research to date exploring the role of dramatherapy in the treatment of ASD and none that the authors are aware of undertaking qualitative analysis. The current study has systematically evaluated written feedback from 42 parent/carers and teachers of service users with ASD. Five themes emerged from the data and these were based around using a predictable structure to facilitate exploring feelings, developing peer relationships and social skills, and supporting families. The findings define the areas where dramatherapy is perceived to be particularly beneficial for children and young people with ASD. They also revealed overwhelming support from parent/carers and teachers for the use of dramatherapy with this client group, as no negative comments were recorded on the feedback forms. These findings are supported by the National Autistic Society, which suggests dramatherapy is a suitable intervention for people on the autistic spectrum, while acknowledging the current lack of research evidence.

Previous studies have found that social skills interventions including drama based elements are successful in terms of parent reported assertion and social problems (Lerner et al. 2011). Although the current study is not directly comparable with this research, it also intimates that parents and teachers are satisfied with the results of dramatherapy and notice improvements in social skills that are sustained after the end of treatment. Chasen (2011) reports anecdotal evidence from parents of children who have attended Dramatherapy as part of Kid Esteem saying that they have noticed the skills gained in the Dramatherapy are also seen ‘in their schools, on playgrounds, at family functions and other social areas of their lives’.

The strengths of this study are the rigorous evaluation of feedback by using IPA and corroborating themes to ensure a true reflection of the participant’s comments via independent coding and respondent validation of themes. Both of these methods are acknowledged ways of assuring the integrity of qualitative data (Elliott et al. 1999). The limitations include the lack of interviews with respondents that could have enabled the exploration of comments in more detail and the lack of self-report measures with which to compare these results. However, many service users find it difficult to understand such measures because of their learning difficulties, while even those without learning difficulties struggle to fill them in correctly because of their language and communication impairments.
Future research into dramatherapy interventions for children and young people with ASD might interview service users and/or parents/carers and teachers to get a more in depth understanding of the impact of dramatherapy. We might also employ controlled designs with multi-informant repeated measures that can evaluate the efficacy of dramatherapy over both the short and longer term. In addition, it might be helpful to examine process, to see which therapeutic techniques and environments are most responsible for any changes and what intensity and frequency is most beneficial to service users.

Conclusion
This study demonstrates endorsement from parents/carers and teachers of children and young people with ASD for the use of dramatherapy in schools. They reported that dramatherapy was a positive intervention that facilitated emotional development, peer relationships and social skills in participants, as well as helping to support the wider family and social system around the child. The results of this qualitative analysis are encouraging and indicate that further study of dramatherapy treatment is warranted in order to build the evidence base for such interventions in this client group.

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