

Effectiveness Of School Based Art Therapy For Children Who Have Experienced Psychological Trauma

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Abstract

The University of Manchester

Frances Elizabeth Markland

Doctorate in Educational and Child Psychology

'Effectiveness of school based Art Therapy for children who have experienced psychological trauma'

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Experiencing trauma in childhood can have a pervasive impact on child development. There is evidence to suggest that non verbal creative therapies aid the processing of traumatic memories and therefore present as a child centred treatment option for children who have experienced trauma. Art therapy is known to be an effective intervention for children who have experienced trauma however the outcomes of delivering art therapy interventions in specific contexts are not yet well researched. The present study sought to investigate the efficacy of school based art therapy as an intervention for children who have experienced psychological trauma. The study explores what areas of adjustment are achievable and how school based art therapy contributes to this adjustment.

A multiple case study analysis was conducted to explore the experiences of three pupils who had attended art therapy interventions at their schools. Each case study used semi structured interviews, post intervention, to gather the views of the pupil, art therapist, a member of school staff and the pupil's parent / guardian. The data was analysed using thematic analysis and the results are presented as thematic network maps.

The cross case synthesis revealed that after attending school based art therapy the pupils demonstrated positive adjustment in a range of areas. The thematic analysis suggested that the pupils had a greater understanding of themselves, increased resilience skills and a belief in a positive future. School based art therapy was found to be a wholly child centred therapeutic experience for the pupils, with the data suggesting that this child centred experience was facilitated by the process of the therapy, the non verbal creative art making and the context of delivery.

This study provides the initial evidence to suggest that school based art therapy is an effective intervention for children who have experienced developmental trauma and presents avenues for future research.

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CHAPTER 1 INTRODUCTION

1.1 INTRODUCTION TO MY INVOLVEMENT IN THE RESEARCH AREA

This research study was conducted to fulfil the requirements of the University of Manchester Doctorate in Educational and Child Psychology. At the time of choosing the research area I had just started employment as a Trainee Educational Psychologist for a Local Authority in the North West of England. The Lead Educational Psychologist informed me that ‘Safeguarding and Trauma’ was a priority area for research within the authority and suggested that a research topic was developed within this area.

The literature about childhood trauma was something that had always interested me. During my first year on the doctorate, I attended several university seminars which related to this topic and became more aware of how developmental trauma can impact on all areas of a child’s life. Children who have lived in homes where there is domestic abuse was a particular topic which made me think about the importance of the school environment as a source of support for these children. The seminar I attended about this topic also highlighted to me how schools can often be unaware of the trauma children are experiencing. I was surprised to learn that there were very few support programmes in schools to support children who have experienced trauma and how symptoms of trauma can often be missed, instead categorised as ‘bad behaviour’ (Perry 2002).

In addition, a previous job role had lead to me witnessing the potential long term effects of childhood trauma. In the years prior to starting the doctorate I worked for an organisation which provides support to homeless men and women, aged 16+. This role saw me working with many individuals who were engaged in persistent substance misuse and experiencing a wide range of mental health difficulties. Through listening to the stories of many of these people and gaining their trust over time, I was shocked to hear how many had experienced trauma in their child or adolescent years and received no therapeutic support. Reflecting on some of the

stories with the psychological knowledge I now have, I can see how the repeated traumas experienced by some of these people were the start of their journey to homelessness. During my time working in this role I experienced a large amount of frustration as I desperately wanted to help support their mental health needs but did not have the training or qualifications to know how to. This deep frustration is one of the things that inspired me to train to be an Educational and Child Psychologist and is one of the reasons why I feel passionate about ensuring children who have experienced trauma receive appropriate support.

While thinking about my research area I was informed that there was a team within the local authority called the Children's Emotional and Trauma Support team (CETS), who deliver creative therapies in schools to children and young people who present with significant emotional needs and symptoms of trauma. After meeting with the Co-ordinator of this team, the opportunity arose to conduct research into the art therapy branch of the team. The Co-ordinator was keen to develop outcome measures to demonstrate the changes in the pupils after attending the school based art therapy interventions. After consulting the literature I realised that there were not any known outcomes specific to school based art therapy for children who have experienced trauma from which to develop a measure. This therefore represents a gap in the literature to identify what outcomes can be achieved for school-based art therapy. This provided the initial idea for the development of the present study.

1.2 INTRODUCTION TO THE PRESENT STUDY

The present study consists of four more chapters and this section is intended to present a brief overview of the content presented in each chapter.

1.2.1 Chapter Two: Literature Review

This chapter provides the reader with a review of literature which is relevant to this study. This includes discussion about: childhood trauma and why it is important to support children who have experienced trauma; the profession of art therapy and why creative therapies are thought to be useful for children who have experienced trauma; the role of schools in supporting pupils' emotional wellbeing; the role of the Educational Psychologist to support schools to be evidenced based.

The potential adverse life long outcomes of childhood trauma present a substantial cost to both society and health professionals who are in charge of treatments. Van der Kolk (2005) states that:

Childhood trauma, including abuse and neglect is probably our nation's single most important public health challenge. (p.2)

The experience of trauma in childhood may occur due to a single isolated incident, for example involvement in a car accident, or as an ongoing experience of repeated trauma at different points across the developmental lifespan, for example living in a war zone. Trauma related to an isolated event can often lead to psychological, behavioural and physiological symptoms that are described collectively as Post Traumatic Stress Disorder (PTSD; DSM IV 1994). PTSD is the only diagnostic category for trauma however most children who experience childhood trauma do not meet the diagnostic criteria for PTSD and will often be diagnosed with various other co-morbid conditions (Cook 2005).

Weber and Reynolds (2004) cite that early identification of trauma in children is essential to ensure that treatment approaches for disorders that mimic PTSD symptoms (more specifically, stimulant medication for ADHD) are not prescribed to children whose behaviours are trauma related, as this can aggravate neurological symptoms and “*violate the prime directive of health care: first, do no harm.*” [p.127].

Additionally precursors to trauma in children will often involve ongoing exposure to negative environmental circumstances, and not single isolated events. Van der Kolk (2005) argues that the complex array of symptoms exhibited by children who have experienced trauma across developmental periods cannot be sufficiently explained by PTSD diagnostic criteria. The over-riding biological and psychological impact of trauma needs to be understood in line with child development and the environmental circumstances children find themselves in, which may subsequently act as risk or protective factors. To fill this gap and provide adequate diagnostic criteria, van der Kolk and colleagues¹ have proposed ‘Developmental Trauma Disorder’ (full outline

¹ From the Complex Trauma taskforce of the National Child Traumatic Stress Network.

found in van der Kolk 2005), which encapsulates the impact trauma has on children's functioning by categorising symptoms into 4 areas:

1. Exposure.
2. Triggered pattern of repeated dysregulation in response to trauma cues.
3. Persistently altered attributions and expectations.
4. Functional impairment.

It is this concept of 'developmental interpersonal trauma' and the signs and symptoms explained through 'Developmental Trauma Disorder' criteria that are pertinent to this study.

The pervasive impact of trauma on a child's physiological, neurological and psychological processing and development, distorts self regulation of cognition and affect and leaves the child at an increased risk of future psychopathology when they are older (Schore 2001). It is essential that the trauma symptoms are recognised by professionals so that these children are provided with sensitively tailored, trauma specific interventions. Supporting children who have experienced trauma involves creating safe environments for these children to re-visit and process their traumatic memories. Streek-Fischer et al. (2000, p.915) cite that it is fundamental for children to process trauma however they must firstly revisit it in an environment that is sensitive to their needs, where they can view the trauma at a safe imaginary distance.

Art therapy has been suggested as an appropriate therapeutic intervention for individuals who have experienced trauma because art provides a non-verbal means of exploring trauma and therefore does not rely on verbal explanations that people find so hard to elicit. Traumatic memories are often coded as visual images (Johnson 1987) and therefore a visually based therapy may facilitate the expression of these memories more readily than purely verbal therapies. Working with art enables children to represent their trauma in symbolic and metaphorical ways which is less threatening, reducing anxiety and providing a vehicle for people to begin to construct a narrative of their trauma (Kozłowska and Hanney 2001). Making a piece of art work expresses memories stored at both conscious and unconscious levels. It allows for non verbal images to gain verbal descriptions and a temporal order restored.

Trauma narratives are mastered which re-contextualises fragmented memories and allows them to be processed into the past tense (Gannt et al. 2009).

Eaton, Doherty and Widrick (2007) conducted a review of peer reviewed literature to ascertain the efficacy of art therapy as a treatment option for children who had experienced trauma, 26 studies were identified and after methodological exclusions, 12 studies were reviewed. The authors concluded that art therapy was an effective therapy for children who have experienced trauma however advised that their results must be interpreted with caution. There were vast differences in the amount of sessions, context, structure and formality of the art therapy interventions which were reported. This makes generalising that an 'art therapy intervention' is an effective intervention for children who have 'experienced trauma' questionable. Eaton et al. (2007) discuss the necessity for more empirical research to be undertaken in this field, with researchers summarising and quantifying findings to demonstrate clear outcomes through clinically rich qualitative analyses and where possible larger quantitative analyses.

Wengrover (2001) advocates that schools can provide a supportive context for the provision of creative interventions for children. The author highlights that for families that do not engage well with authorities, providing support to children during school time may be the only chance they have for help. She advocates that arts therapies have a positive social value and so are less stigmatizing. Additionally, arts therapists can meet the multidimensional needs of children with special educational needs as they employ sensory, motor and cognitive emotional skills. She calls for the development of working models of arts therapies within education settings to support the common goals of both the education and psychotherapy culture in schools: to support the wellbeing of children and young people.

The present study therefore aims to explore three pupils' experiences of school based art therapy in order to identify the areas of adjustment that are achieved and how school based art therapy contributes to this adjustment.

1.2.2 Chapter Three: Methodology

This chapter outlines the theoretical underpinnings to the study and describes the research design and how it is to be conducted. The chapter begins by describing the rationale behind the study and outlining the two research questions the study intends to answer:

1. What are the potential areas of adjustment in pupils whom having experienced developmental trauma, attend an art therapy intervention at their school?
2. How does school based art therapy contribute to improve adjustment for children and young people who have experienced developmental trauma?

The critical realist epistemological and ontological positions of the study are discussed and the researcher presents the axiology, stating her beliefs and values that are held which are relevant to this area of research.

This chapter proceeds to explain and critically evaluate the design of the study. It is designed to be an exploratory case study analysis and will follow a multiple case study design in accordance to procedures outlined by Yin (2009). A theoretical framework is presented and it is explained how the multiple case study design will follow literal replication logic, with each case study expected to show that school based art therapy for children who have experienced developmental trauma, produces positive outcomes.

The study is designed to contain three cases with four participants in each case:

- A Pupil
- An Art Therapist
- A School Staff Member
- A Parent / Guardian

Purposive sampling criteria were devised to firstly identify each pupil participant. Once a pupil had been identified, the other three participants in each case were directly chosen due to their relationship with the pupil and fulfilment of a specified inclusion criteria.

The pupil participants recruited to the study are: a 15 year old female with refugee status who attends a mainstream high school; a 14 year old male who attends a specialist school for key stage three children with social emotional and behavioural difficulties; an eight year old male who is a looked after child, attending a mainstream primary school.

Theoretical propositions are presented to outline how and what data is to be collected in each case. Theoretical propositions are developed from the original theoretical framework and are useful in exploratory case studies which contain 'how' questions as they provide a focus to the data collection and prevent irrelevant data being collected.

The main method of data collection is semi structured interviews and the data is to be analysed using thematic analysis. A critical discussion about the methods for data collection and analysis is presented to explain why each method was selected for this study. Consideration is given to how the study is designed to maintain standards of reliability and validity and the ethical principles relevant to this study are highlighted and discussed in turn. This chapter concludes by presenting the research time line and the operational risk analysis for the study.

1.2.3 Chapter Four: Results

This chapter presents the results the study. The results of each individual case study are presented, alongside a case vignette describing the pupils' experiences before art therapy and photographs of two of the images produced within the therapy. The results present the thematic networks produced from the analysis of the thematic data in each case. The basic, organising and global themes relevant to each research question are discussed in turn. This chapter concludes with the cross case synthesis and presentation of the cross case findings to each research question. These findings are presented in two new thematic networks which are produced using the basic themes from each case.

1.2.4 Chapter Five: Discussion

This chapter presents a discussion about the cross case findings of the study. Each of the themes produced in the cross case thematic networks are further discussed drawing upon data presented in each individual case and considering the congruence of the data across the three cases. Rival explanations which may provide alternate explanations to the research findings are examined and the theoretical framework of the study is revisited to outline whether there was literal or theoretical replication of the data across the cases. The researcher then presents her reflections on the research process and discusses the changes that were made to the research design during the course of conducting the study. The chapter concludes by discussing the implications of the research findings for practice and outlining implications for future research.

CHAPTER 2 LITERATURE REVIEW

2.1 TRAUMA

There are many reasons why children may experience trauma in their childhood; children who are subject to neglect or abuse, children who witness domestic abuse, children who live in war zones or children who lose a close relative, all are potentially at risk of being emotionally traumatised from their experiences. It is well known that children who have experienced trauma are at an increased risk of developing future psychopathology when they are older (Schore 2001; Streek-Fischer and van der Kolk 2000). Childhood trauma can impact on an individual's quality of life in adulthood and has been related with negative outcomes including an increased risk of substance misuse (Sansone, Whitecar and Wiederman 2009) and the development of eating disorders (Kong and Bernstein 2009). In a study of 211, 12 – 15 year olds, experience of childhood trauma was significantly associated with an increased risk of developing psychotic symptoms; this risk significantly increased if adolescents were also early cannabis users (Harley, Kelleher, Clarke, Lynch, Arseneault, Connor, Fitzpatrick and Cannon 2009). The potential adverse life long outcomes of childhood trauma present a substantial cost to both society and health professionals who are in charge of treatments. Van der Kolk (2005; p.2) states that:

Childhood trauma, including abuse and neglect is probably our nation's single most important public health challenge.

The experience of trauma in childhood may occur due to a single isolated incident, for example involvement in a car accident, or as an ongoing experience of repeated trauma at different points across the developmental lifespan, for example living in a war zone. Trauma related to an isolated event can often lead to psychological, behavioural and physiological symptoms that are described collectively as Post Traumatic Stress Disorder (PTSD; DSM IV 1994). PTSD is the only diagnostic category for trauma however most children who experience childhood trauma do not meet the diagnostic criteria for PTSD and will often be diagnosed with various other co-morbid conditions (Cook 2005). It is not uncommon for children with symptoms of PTSD to be diagnosed with Attention Deficit Hyperactivity Disorder, conduct

disorder, oppositional defiance disorder or a major depressive disorder (Perry 2002), as many trauma related symptoms are also markers for these disorders. These alternate diagnoses may compromise the overall support traumatised children receive as they mask the trauma at the root of the symptoms and generate treatment approaches that relate to the diagnoses; treatment approaches that might not be valid when the presenting symptoms are products of trauma (Kearney, Wechsler, Kaur and Lemos-Miller 2010). This raises two important points for practitioners working with children with the aforementioned alternate diagnostic labels:

1. It is possible that some of these children have experienced trauma and are not receiving any specifically directed, evidenced based trauma interventions.
2. Alternate diagnosis may be disguising ongoing trauma.

Weber and Reynolds (2004) cite that early identification of trauma in children is essential to ensure that treatment approaches for disorders that mimic PTSD symptoms (more specifically, stimulant medication for ADHD) are not prescribed to children whose behaviours are trauma related, as this can aggravate neurological symptoms and “*violate the prime directive of health care: first, do no harm.*” [p.127].

Additionally precursors to trauma in children will often involve ongoing exposure to negative environmental circumstances, and not single isolated events. Van der Kolk (2005) argues that the complex array of symptoms exhibited by children who have experienced trauma across developmental periods cannot be sufficiently explained by PTSD diagnostic criteria. The over-riding biological and psychological impact of trauma needs to be understood in line with child development and the environmental circumstances children find themselves in, which may subsequently act as risk or protective factors. To fill this gap and provide adequate diagnostic criteria, van der Kolk and colleagues² have proposed ‘Developmental Trauma Disorder’ (full outline found in van der Kolk 2005), which encapsulates the impact trauma has on children’s functioning by categorising symptoms into 4 areas:

² From the Complex Trauma taskforce of the National Child Traumatic Stress Network.

1. Exposure.
2. Triggered pattern of repeated dysregulation in response to trauma cues.
3. Persistently altered attributions and expectations.
4. Functional impairment.

It is this concept of ‘developmental interpersonal trauma’ and the signs and symptoms explained through ‘Developmental Trauma Disorder’ criteria that are pertinent to this study. Literature related to each of the four areas will be further explored below:

1. Exposure

- a. Multiple or chronic exposure to developmentally adverse interpersonal trauma.*

It is important to recognise that children may experience chronic exposure to trauma across developmental milestones. The brain’s ability to respond to stressful situations mirrors age related development and therefore the severity of stress caused by experiences will be different dependant on the age of a child (Weber and Reynolds 2004). Additionally, a child’s ability to self regulate and adapt to stressful situations is thought to be linked to the attachment relationship with their main caregiver which is established in infancy (Bowlby 1969; Ainsworth & Bowlby 1991). The strength or weakness of this relationship can impact on attachment style and the experience-dependant maturation of the infant brain; determining the neurological pathways which will govern affect regulation (Schore 2001). Accounting for *developmentally* adverse interpersonal trauma, allows for neuropsychological and developmental knowledge to be considered and for circumstances such as persistent neglect/abuse to be categorised as traumatic.³

Research has demonstrated that there are links between developmentally adverse experiences and trauma symptoms. Kearney, et al. (2010) highlight how the effects of childhood maltreatment (which includes physical/sexual/psychological abuse, neglect, or exposure to intimate partner violence), can be integrated with the effects

³This would not qualify as a definition of a traumatic event under Criterion A of current PTSD diagnostic criteria (DSM-IV).

of PTSD as both produce symptoms that follow similar trajectories, in particular self regulation deficits.

b. Subjective Experience

Alongside recognition of a known exposure to developmentally adverse interpersonal trauma, is recognition of the importance of the individual experience of the child at the time of the trauma. It is thought that it is the child's "inability to modify the impact of the overwhelming events" (Streech-Fischer, et al. 2000 p.909) that is central to the traumatic stress experience. When children feel overwhelmed and unable to make sense of their environment the brain is not able to provide a 'plan of action' of how to respond and therefore feels very unsafe. In order to safeguard 'itself' the brain instantaneously switches from a fearful response to 'fight/flight' mode which promotes survival.

The primitive survival structures in the limbic system are central to this response. Once activated, conscious processing in the cortex is over ridden and an individual's responses are instantaneously guided by the sub cortical structures in the limbic system, this produces the evolutionary 'freeze, fight, flight' response. The activation of the limbic system interrupts verbal consciousness and memory traces are stored sporadically within nonverbal areas of the brain, without narrative organisation or verbal coding (Schore 2001). As the hippocampus is suppressed and the amygdala is activated, associations and fearful trauma related memories are subsequently encoded context free, in implicit sensorimotor form which makes the temporal order of traumatic memories difficult to locate. A child's subjective experience is encoded as sensory sensations and images within the emotional brain (amygdala) without the availability of Broca's area to apply language to the memories (van Dallon 2001).

Gantt and Tinnin (2009) hypothesise that in the time it takes the brain to recover and engage back to dominant (conscious) verbal thinking, the necessary integration between the left and right hemispheres is diminished and therefore the fragmented traumatic memories are stored in the emotional nonverbal brain (left) without any input from the rational verbal brain (right). The implicit non verbal encoding of traumatic memories is one of the hypothesised reasons as to why people find it incredibly difficult to verbalise their trauma narratives.

2. Triggered pattern of repeated dysregulation in response to trauma cues.

Neurologically the impact of trauma on children is an ongoing process. When adults experience trauma this can modify key neurobiological systems within the brain; when children experience trauma this can *establish* the organisation of neurological patterns within the brain, which impact on how the child will subsequently regulate their behaviour and emotions (Perry and Pollard 1998). Schore (2001) cites that disruption to early periods of right brain development due to infantile relational trauma, leads to the development of maladaptive socio-emotional processing systems with the brain. Consequently these children are growing up without the ‘know how’ to recognise and appropriately regulate their own emotions and feelings towards themselves and other people.

Patterns of dysregulation can lead to children who have experienced trauma having atypical reactions to external environmental cues that may be perceived as neutral stimuli to others. Cognitively children may become confused when faced with stressful stimuli, or misinterpret external cues. It is not uncommon for children to over/under react to stimuli that reminds them of their trauma and being consciously aware of these cues does not appear to reduce the intensity of their reactions (van der Kolk 2005). These children can be ‘on guard’ at all times and require predictability and routine as novel information is perceived as highly threatening.

The dysregulation can also appear in a child’s behaviour through avoidance of trauma cues which could include: certain environments, particular people, a specific object or animal. It is also common for children to re-enact their trauma through repetitive play experiences or drawings. Clements (1996) found that children would often use drawings of monsters as a metaphor of their traumatic experience or as a depiction of their abusive parents. Additionally, Sunderland (2000) cites an example of a girl who was well behaved at school apart from at playtimes when she would charge into groups of children in the playground and knock them over. She was re-enacting her own trauma of being ran over at a bus stop by a large truck when she was a toddler, although this time she became the perpetrator.

3. Persistently altered attributions and expectations.

Distorted cognitive thinking styles can lead to negative self attributions of self blame and self disgust and a belief that the trauma will re-occur (van der Kolk 2005). Difficulties with socio-emotional processing can lead to further difficulties forming social relationships (Schoore 2001) with the child being extremely mistrusting of others and not having the expectation that significant adults can/will provide them with protection and safety.

4. Functional impairment.

The ongoing neurological impact of developmental trauma can have an adverse impact on a child's experience of school and the vital cognitive skills employed in day to day learning. Streeck-Fischer and Van der Kolk (2000), cite: memory, concentration, attention and visuo-spatial skills as cognitive areas negatively affected in children who have experienced trauma. Traumatized children can occupy a constant state of hyper-arousal where they persistently monitor their surroundings for potential threats. These children therefore struggle to engage in their class work and remain on task as they are not able to allocate all their attentional resources to the present task (Dyregov 2004). These children can be troubled by intrusive thoughts and memories which will also make sustained periods of concentration and attention difficult.

Socially, children who have experienced trauma, especially if related to a main caregiver, can find it hard to make and maintain relationships with peers and significant adults and may present with particularly challenging behaviour within an education environment (Bomber 2007). It is likely adults will observe incidents of impulsive behaviour and interpersonal violence as the child struggles to competently modulate their own feelings, recognising emotions and learning which environments are 'safe' (Streeck-Fischer et al. 2000).

2.1.1 Supporting children who have experienced trauma

The pervasive impact of trauma on a child's physiological, neurological and psychological processing and development, distorts self regulation of cognition and affect and leaves the child at an increased risk of future psychopathology when they are older (Schoore 2001). It is essential that the trauma symptoms are recognised by professionals so that these children are provided with sensitively tailored, trauma specific interventions. Supporting children who have experienced trauma involves creating safe environments for these children to re-visit and process their traumatic memories. Streek-Fischer et al. (2000, p.915) cite that it is fundamental for children to process trauma however they must firstly revisit it in an environment that is sensitive to their needs, where they can view the trauma at a safe imaginary distance:

In order to 'process' their traumatic experiences these children first need to develop a play space, an 'as if space', in which they can 'look at' the trauma without making it real ... As long as they are unable to talk about their traumatic experiences they simply have no story. Instead the trauma will be expressed as an embodiment of what happened: the body will tell the story: with striated muscles (in action) or smooth muscles (as psychosomatic problems). The task of therapy is to help these children develop words in order for them to be seen and understood, both by others and by themselves.

The importance placed upon developing words to enable traumatic memories to be verbalised is linked to the limbic encoding of the trauma experiences and formation of implicit memories. As detailed earlier, traumatic memories are encoded and stored as implicit memories within the amygdala without any input from the verbal brain. Unlike, non traumatic memories, these memories are not neatly stored with a context, sense of time and meaning. They are a mixed up arrangement of raw sensations, emotions and perceptions at the time of the trauma (King-West and Hass-Cohen2008), which are inaccessible to the verbal areas of the brain that could assign meaning and time to them. In order to enable the verbal right brain to realise and accept that a traumatic event is over, Gannt et al. (2009) advocate that traumatic memories need to be organised into a verbal narrative.

Providing a safe space for children to re-visit their traumatic experiences and find a sense of mastery over them is an important part of the treatment for psychological trauma (Gaensbauer & Siegel 1995; Thomas 1995).

2.1.2 Evidenced based trauma treatments for children and adolescents

Taylor and Clemtob (2004) conducted a systematic literature review to investigate the evidence base for the treatment of children and adolescents with PTSD and/or trauma symptoms. 102 articles were identified and after methodological exclusions eight randomised controlled studies were selected for review. The results of this review suggest that access to Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), or supportive counselling can reduce PTSD and trauma symptoms in children and adolescents. The authors cite that there was tentative evidence to support the efficacy of both individual and group treatments. However they was not evidence to suggest one treatment option was more effective than another; specifically highlighting two studies which found no differences in outcomes for access to CBT and supportive counselling. The authors conclude that there is a lack of controlled research studies which assess the impact of different treatment options for children who have experienced trauma and recommend that further systematic treatment research is conducted to expand the present knowledge of this field.

Another treatment option cited as being widely used by Psychiatrists to support children and adolescents with PTSD is pharmacotherapy, including selective serotonin reuptake inhibitors (Cohen, Mannarino & Rogal 2001). However, Taylor and Clemtob (2004) and Caffo, Forresi and Strik Lievers (2005), both highlight finding no randomised controlled trials of their efficacy and advise for further research to be conducted in this field to ensure clinicians are able to make informed decisions about this treatment option for children and adolescents.

More recently, Trauma Focused Cognitive Behavioural Therapy (TR-CBT; Cohen, Mannarino & Deblinger 2006) has been proposed as an effective treatment option for children and adolescents who have experienced trauma. TF-CBT consists of parallel

individual and then joint parent and child therapy which is built upon the use of gradual exposure to traumatic experiences. Cohen and Mannarino (2008) cite that the components of the therapy can be summarised by the acronym PRACTICE:

- Psychoeducation and Parenting skills
- Relaxation skills
- Affective regulation skills
- Cognitive coping skills
- Trauma narrative and cognitive processing of the traumatic event(s)
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing safety and future developmental trajectory [p.159]

The authors cite that randomised controlled trials assessing the efficacy of TF-CBT with sexually abused and multiple traumatised children have found positive results, reducing symptoms of PTSD and emotional and behavioural difficulties. TF-CBT is therefore advocated as being an effective treatment for children aged 3-17 years old who have experienced trauma. However, further research conducted by researchers other than Cohen and Mannarino is likely to increase confidence in these findings.

2.1.3 Why consider creative therapies?

While the results reported above in relation to TF-CBT are encouraging, this intervention relies on both parental and child attendance at therapy and for the child to be able to discuss the details of the traumatic experiences verbally, both of which might not always be possible.

It is known that people can find traumatic memories impossible to explain verbally; van der Kolk (2006) refers to this as an ‘unspeakable terror.’ This can make trying to verbally discuss past traumatic experiences exceptionally difficult. Even when people are able to talk about their experiences, it is known that individuals of all ages find it exceptionally difficult to find words that feel appropriate to describe emotions associated with trauma (known as alexithymia; Gannt et al. 2009). Therefore describing events using words may not justify the power of an individual’s experience or be able to competently convey the strength of emotions felt. Individuals who remain unable to express their traumatic experiences can be at risk

of future mental health difficulties as alexithymia is suggested to be a mediator in the relationship between childhood trauma and self injurious behaviours (Paivio & McCulloch 2004). Non verbal creative interventions offer a treatment option which is able to facilitate this aspect of trauma symptomology and may therefore provide support for people who are unable to access verbal therapies.

Additionally, children in particular may find it incredibly difficult to ‘develop words’ to talk about their traumatic experiences due to their developmental age and/or vocabulary development. For all children, talking in depth about feelings requires a high level of emotional literacy. In addition to this, for children who acquire English as an additional language accessing a verbal therapy may be inappropriate due to the stage of their language acquisition. Children who are English language learners may not have the required proficiency in the English language to talk with a therapist about their traumatic experiences. It is therefore suggested that trauma therapies that do not rely on verbal ability may be easier for all children to access.

Gil (2006) suggests that like TF-CBT, creative arts therapies also employ a process of gradual exposure and can work with affective material which relate to a child’s traumatic experiences. However unlike TF-CBT, creative therapies offer children access to a more fluid intervention which is not restricted by any pre-defined agenda. Creative therapies are cited as potentially being more favourable as they are able to follow the child’s lead, enabling them to set their own pace for self expression. Malchiodi (2008) cites that despite recognition of efficacy within clinical practice:

Creative therapies have not yet been extensively studied to determine if they qualify as evidence based practices in the field of trauma intervention with children. [p26]

Thus highlighting a gap within the literature for further research into this field.

2.1.3 Art Therapy and Trauma

Art therapy has been suggested as an appropriate therapeutic intervention for individuals who have experienced trauma because art provides a non-verbal means of exploring trauma and therefore does not rely on verbal explanations that people find so hard to elicit. Traumatic memories are often coded as visual images (Johnson 1987) and therefore a visually based therapy may facilitate the expression of these memories more readily than purely verbal therapies. Working with art enables children to represent their trauma in symbolic and metaphorical ways which is less threatening, reducing anxiety and providing a vehicle for people to begin to construct a narrative of their trauma (Kozłowska and Hanney 2001). Making a piece of art work expresses memories stored at both conscious and unconscious levels. It allows for non verbal images to gain verbal descriptions and a temporal order restored. Trauma narratives are mastered which re-contextualises fragmented memories and allows them to be processed into the past tense (Gannt et al. 2009).

Working creatively encourages children to become active participants in the therapeutic process (Malchiodi 2008). This active component may be considered a strength of creative therapies as active participation promotes a non verbal means of accessing implicit sensory memories, which must be expressed and processed in order to resolve the trauma (Rothchild 2000). Accessing sensory memories via ‘action-orientated’ therapy helps to form a bridge between explicit memory and the stored implicit memories of the trauma (Malchiodi 2008). Children are able to externalise in symbolic form, the trauma experiences that they are unable to describe and at a safe distance give them a visual identity, a process referred to as “iconic symbolization” (Michaesu and Baettig 1996). Malchiodi (2008) also hypothesises that as creative therapy enables progressive exposure of the trauma memory, with opportunities to experiment, re-model / change, repeat or re-frame a self expression, it may also aid in preventing emotional numbing/ dissociation that can occur in children who have experienced trauma.

Eaton, Doherty and Widrick (2007), conducted a review of peer reviewed literature to ascertain the efficacy of art therapy as a treatment option for children who had experienced trauma, 26 studies were identified and after methodological exclusions,

12 studies were reviewed. The authors concluded that art therapy was an effective therapy for children who have experienced trauma however advised that their results must be interpreted with caution. Eaton et al. (2007) cite that the nature and extent of the trauma the children had experienced was not clearly defined in 50% of the studies and there were vast differences in the amount of sessions, context, structure and formality of the art therapy interventions which were reported. This makes generalising that an 'art therapy intervention' is an effective intervention for children who have 'experienced trauma' questionable. Eaton et al. (2007), discuss the necessity for more empirical research to be undertaken in this field, with researchers summarising and quantifying findings to demonstrate clear outcomes through clinically rich qualitative analyses and where possible larger quantitative analyses.

2.2 ART THERAPY

2.2.1 What is Art Therapy?

Art Therapy is a form of psychotherapy that uses art media as its primary mode of communication. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment.

(The British Association of Arts Therapists; BAAT, 2010)

In the UK all Art Therapists must be registered with the Health Professions Council (HPC) and can practice within a variety of settings including health, education, community, residential or private. Within art therapy, the relationship between the client and the therapist is cited as being paramount. It is thought that communication within art therapy is a three way process between the therapist, client and art work. The theoretical underpinnings of art therapy are drawn from both philosophical and psychological perspectives, including theorists Freud, Jung, Milner, Winnicott and Klein (Waller and Daley 1992). There is a range of art therapy practice within the UK and art therapists may use more than one type of art therapy within their practice in order to meet the differing needs of their client group, time scales and therapeutic brief (Hogan 2009).

Art therapy may be directive or non directive and Hogan (2009) presents a 'continuum of art therapy' in an attempt to portray this diverse array of practice,

including: creating art to serve as a cue to verbal psychotherapy; analytic art therapy which emphasises the transference relationship between client and therapist; group interactive therapy; group therapy that concentrates on support for one individual member; art making which may span across several sessions and where the emotions generated across production, materials used and evolution of the work may be discussed; art making which may span across several sessions and where the therapist creates a 'holding' environment and the art work is paramount, viewed as a container of the clients emotions without verbal analysis.

There is a growing understanding within the profession of art therapy for therapists to become engaged in research processes to contribute to the art therapy literature and ensure they provide evidenced based practice (Gilroy 2006). There is recognition that this evidence base needs to reflect the diversity within the profession and the eclectic mix of influencing paradigms and professional practice, which can co-exist representing a healthy discipline (Freshwater and Rolfe 2004). Gilroy (2006), discusses the evidence based for art therapy with children and adolescents, commenting that there is a lack of outcome research within the British literature. She advocates the necessity for documenting and evaluating consistent practice to help build the evidence base for practice with children in the UK and help determine "which client population benefits from which approach in which setting?" [p.148].

2.2.2 Art Therapy in Education

In a survey of arts therapists, Karkou (1999) found that although education was rated by art therapists as their fourth main working environment, (after the health service, social/community work, and voluntary services) there was a growing desire from art therapists to work within education settings. Children with emotional and behavioural difficulties were cited as the main client group the art therapists working within education settings were working with and 77% of the art therapists noted working with pupils on a 1:1 basis and 50% with groups of students. The results highlighted Winnicott as the main theoretical influence on therapists' practice while also recognising the strong representation of eclectic approaches.

Karkou (1999) recommended further development work of art therapy within education settings to include an increase in group work, addressing other specific

client groups, greater involvement of parents and the forming of greater links with the teaching staff in schools. The survey depicted art therapy within education as a infantile relationship, concluding that in order for art therapists to find their place within the education system the profession needs to demonstrate evidence that their input can help to facilitate gains in emotional wellbeing and consequently learning.

Wengrover (2001) acknowledges that despite general agreement about the efficacy of school based psychotherapies there is still a lack of reported research about the use of arts therapists within education. She describes the process of working as a creative therapist within an education setting as being like the meeting of two cultures that need to develop a greater understanding of each other conceptually, and at a practical level. Systemic processes within the cultures of schools can make creating and maintaining a therapeutic environment difficult for therapists. Session times may be pre-determined by the length of lessons, whole school calendar events can cause disruptions to continuity of sessions, and appropriate room availability can compromise the provision of materials within sessions. Therapists may feel like minorities when working in school and hide behind their own language of psychotherapy which can be confusing for teachers.

Despite the difficulties reported, Wengrover (2001) outlines her support for schools as prime candidates in the provision of creative interventions, highlighting that in families that do not engage well with authorities, providing support to children during school time may be the only chance they have for help. She advocates that arts therapies have a positive social value and so are less stigmatizing. Additionally, arts therapists can meet the multidimensional needs of children with SEN as they employ sensory, motor and cognitive emotional skills. She calls for the development of working models of arts therapies within education settings to support the common goals of both the education and psychotherapy culture in schools: to support the wellbeing of children and young people.

2.3 SUPPORTING EMOTIONAL WELLBEING IN SCHOOLS

2.3.1 National Context

Within an educational setting, children who display ongoing difficulties, regulating their emotions, forming pro-social relationships and displaying challenging behaviour are likely to be categorised as children with Social Emotional and Behavioural Difficulties (SEBD). In England in January 2011, there were 30, 220 pupils across state funded primary, secondary and specialist provisions with a statement of SEN where SEBD was the primary need. This composition totalled 14.2% of all pupils with a statement of SEN (National Office of Statistics 2011), which makes SEBD the third largest primary need on statements of SEN in the country.

It is unclear whether this figure is due to an increased awareness of social emotional and behavioural issues in schools and therefore an increased recognition of appropriate stages of intervention, or due to an increased level of need within this area within the population. The difficulties children who have experienced trauma display within educational settings (see section 2.1) make it likely that within these 30 220 pupils there will be children who have experienced trauma. In order for these pupils to access the optimum support for their trauma symptoms it is important that professionals working within schools have an understanding of the needs of this population and the most appropriate forms of intervention.

Supporting the social and emotional wellbeing of children and young people has become a beacon of recent governments' policies, casting spot lights onto professionals within health, education and social sectors with a strong focus on child centred multi-disciplinary work. Following the tragic death of Victoria Climbié and resulting Laming Inquiry (2003), new policies and legislation were introduced to address gaps in systems and target inter-agency support for children's wellbeing and mental health. The green paper entitled, "Every Child Matters - Change for Children" (ECM; DfES 2004), outlined the previous government's aspirations for all children, grouping these into five key outcomes: be healthy; stay safe; enjoy and achieve; make a positive contribution; achieve economic well-being. These five outcomes marked the framework by which services were subsequently being built

around. Under the legislation of the Children Act 2004, local services have undergone reform to establish new ‘Children’s Services’ which have brought together professionals from education, social and health sectors. Multi-agency working and early intervention have been prioritised with the aim to deliver integrated support to all children and young people in line with the five ECM outcomes.

More recently, the publication of the Green Paper, *Support and aspiration: A new approach to Special Educational Needs and Disability* (DfE 2011) calls for reform of systems which aim to support children with SEN. Emphasis is placed on early intervention and the paper calls to reduce an ‘over identification’ of children with SEN. The paper highlights that between 2005 and 2010 there was an increase of 23 per cent in the number of pupils classified as having behavioural, social and emotional difficulties (BSED). While the reasons for this increase are uncertain, it is important that the future steps taken to reduce the number of children with BSED identified as having a SEN, are also supported by policies which acknowledge the importance of supporting the complex and diverse mental health needs of the children and young people whose needs fall under this banner.

The need for policies to focus on delivering strategies to support children’s mental health is not a new concept. Just over a decade ago Meltzer, Gatward, and Goodman (2000) conducted a survey of the mental health of children and adolescents in Great Britain. The survey collected data for over 10,000 children and young people aged 5 – 15 years old. Assessing the data against the ICD-10 International Classification of Mental and Behavioural disorders (WHO, 1992) 10% of the sample was reported to have a clinically significant disorder. This prevalence rate highlighted the vast need for an increase in mental health and wellbeing support for the children and young people of Great Britain. Despite an increase in awareness and positive policy development since 2000 to support emotional health and wellbeing, a UNICEF (2007) report card (detailing an overview of child wellbeing in rich countries), found that the United Kingdom was ranked in the lowest third on measures of mental health and wellbeing, and came last in the measures of children’s subjective wellbeing. This would suggest that there is still a huge amount of work to be done.

2.3.2 Evidenced Based Interventions

Schools have become a primary setting for the delivery of strategies and programmes aimed at increasing children's mental wellbeing. Emotional literacy is now expected to be delivered in Primary and Secondary schools through the DCSF Social and Emotional Aspects of Learning (SEAL) programme which is part of the national Behaviour and Attendance strategy. All schools were expected to achieve National Healthy Schools Standard by 2010 with 'Emotional Health and Wellbeing' as one of the four core standards that must be met under specified minimum core criteria (DCSF 2009). The Health Development Agency (2004; p8), cites that alongside the direct benefits to pupils, successful emotional health and wellbeing programmes will additionally contribute to school improvement across three areas: teaching and learning; behaviour and attendance; staff recruitment and retention.

However, to acknowledge a programme as successful relies on the existence of data to evidence its success. The importance of evidence based practice when delivering mental health initiatives within schools is outlined in the guidance booklet for the 'Targeted Mental Health in Schools' project (TaHMS; DCSF 2008, p.3):

At the core of the TaMHS project is the view that it is better to use the most rigorous evidence available and to be aware of its limitations, than to base the delivery of key services to children and families on assumptions or precedent.

Schools are called upon to be informed by the research evidence about the decisions they make when planning and developing mental health provision and to begin to create their own local evidence base.

While there is recognition that universal approaches to delivering emotional literacy in schools can be effective (Wells, Barlow and Stewart-Brown 2007), schools must continue to monitor and evaluate practice to ensure provision continues to meet the needs of their individual school populations. Individual differences in the demographics of the school, population of students, time and length of interventions and facilitator experience are a few of many variables that may influence the impact of an intervention. Measuring individual pupil and whole school emotional literacy

may pose quite a challenge for schools and collaboration with other professionals who are adept in research practices is advised (Aviles, Anderson and Davila 2006).

Haddon, Goodman, Park and Deakin Crick (2005) provide an example of researchers and schools collaborating to evaluate emotional wellbeing within the school environment. In this study Haddon, et al. (2005) evaluated their self developed, 'The School Emotional Environment for Learning Survey' and cite that it was found to be a useful tool for both (the two participating primary and secondary) schools at an organisational level; informing School Improvement Planning and highlighting the importance of inter and intra personal relationships for both staff and students within the school environment. Overlooking questions about the reliability of data due to the potential conflicting interests of the researchers to find positive effects, this study highlights a successful collaborative between professionals in the fields of research and schools.

However the discussion from the authors also demonstrates how differences in their approach to feeding back the results of the surveys to the different schools had a great impact on how the data was received. It was observed that providing verbal and visual data (particularly graphs) simultaneously produced a defensive stance from the school, whereas primarily verbal feedback was viewed as a formative process, creating cooperative discussion and planning for the future. Thus demonstrating that while it is important for collaboration between professionals to aid research processes within schools, in order for the research to fully inform practice (restarting the scientific process /cycle), "researchers" in whatever professional capacity must be sensitive to the cultures and processes of schools.

2.4 ROLE OF THE EDUCATIONAL PSYCHOLOGIST (EP)

2.4.1 Supporting schools to be evidence based

The profession of Educational Psychology is one that by definition provides a bridge between the context and processes of a school and the scientific study of people:

Educational (adjective) - Education (noun): the process of educating or being educated.

Psychology (noun): the scientific study of the human mind and its function.

(The Compact Oxford English Dictionary, 2008).

Therefore it may be argued that educational psychology as a profession provides the best placed professionals to apply scientific research methods to the study of education. EP's are defined within the literature as 'scientist – practitioners' (Lane and Corrie 2006; Fallon, Woods and Rooney 2010). Indeed, MacKay (2002) cites that educational psychology must hold its roots firmly in mainstream psychology where research is central; research must remain central to the role of the EP and the future of the profession. With the nationwide drive for multi-agency working and evidence based practice across all public sectors, EPs need to be more actively engaged in research to help develop knowledge and an evidence base for their own professional practice (Fox 2003) and gain a greater understanding of the practice of other professional colleagues (Hughes 2006).

Although the importance of research and evidence based practice is recognised within the profession (Fredrickson 2002; MacKay 2002), recent literature would indicate that research does not feature as a main component in the role of practising EPs (Ashton and Roberts, 2006; Farrell, Woods, Lewis, Rooney, Squires and O'Connor 2006). Eodanable and Lauchlan (2009) claim that in order to enable research to be a priority in the day to day work of EPs, 'research' must be prioritised in each Educational Psychology Service delivery model with all EPs occupying an active involvement.

EPs are presently working in a profession that as a whole is in a transitional state. The development of Children's Services has by proxy encouraged focus back onto

defining what is distinct about the role of EPs. Individual EPSs have to respond actively to changes and the case study reported by Fallon et al. (2010) gives an example of an EPS seeking to shape their service delivery model to define their unique contribution within new organisational structures.

In the coming years it is likely that organisational level variation in how EPs work is contracted is more likely to influence future professional identity than debate about the functions of the role, per se (Fallon, et al. 2010). However, the role of the EP within EPS's service models has long been criticised as being too narrowly focused on SEN and statutory work, with time constraints within many services historically and presently preventing EPs undertaking more research and 1:1 therapeutic work (Farrell, et al. 2006). MacKay (2007) argues that therapeutic work needs to be resurrected within EP practice to ensure the mental health needs of children and young people are met in schools by professionals who have the greatest training in child and adolescent psychology. In local authorities where EPs are currently unable to deliver therapeutic interventions other agencies are likely to be brought into schools to deliver such a service. Maybe it is here where current EPs can support the wellbeing of children and young people by using their research skills and knowledge of child and adolescent psychology to help inform schools in their decisions.

With EPs unable to offer the time, schools are offering more and more therapeutic interventions, varying from off the shelf manuals to professional psychotherapy, there is a possibility that this surge to 'buy in' services/programmes to meet pupil's emotional needs will overtake the necessary research and planning that must take place beforehand to ensure these purchases are evidence based. The TaMHS, (DCSF 2008) project guidance booklet goes some way to giving schools a quick point of reference for the evidence base of different therapeutic interventions to meet specific emotional and mental wellbeing needs. However the added contextual variable of delivering some of the recommended interventions within a school rather than a clinical setting impedes the ecological validity of some of this 'evidence'. As psychologists familiar with working in the context of a school, there is a potential role for EPs to 'identify and optimise the most valuable components' (Greig 2007; p.31 point 9.) of specific interventions for specific school populations and advise schools accordingly.

While EPs are encouraged to be engaged in multi agency working (Hughes 2006; Farrel, et al. 2006) it may be argued that EPs also have a professional responsibility to understand the work of other agencies and professionals working within schools. EPs may be asked in consultations about referrals to professional counsellors / counselling psychologists who are working in the same schools, and an understanding of the different theoretical stances these professionals may be working from would undoubtedly be beneficial. Where EPs are unable to offer their time for 1:1 pupil therapy they may be asked to give their professional advice about the efficacy of schools buying in other psychotherapies. It is important that when asked for professional advice or when signposting schools to other agencies, EPs are evidence based in these decisions.

Gersch and Goncalves (2006) highlight that within the current educational climate there is potential for creative arts therapists to be ‘purchased’ by schools to offer positive therapeutic support for children with social, behavioural and emotional needs. Gersch et al. cite that there is scope for closer collaborative working between EPs and creative arts therapists and in their questionnaire based survey, 59% of the 22 EPs who responded acknowledged that joint working with creative arts therapists on casework is important to their practice. It is suggested that an awareness of the roles of creative therapists could be beneficial to EPs as this is another avenue to signpost staff to in planning meetings and will help a larger amount of children access specialist support; which for EPs is often constrained due to their time restrictions. The survey also demonstrated that the majority of the EPs rated highly the benefits of creative arts therapies for children with varying difficulties and SEN.

EPs are in a process of adaptation and reorganisation, trying to find their place within Children’s Services against the backdrop of a profession in transition (Fallon, et al. 2010). There are questions about the potential changing role of EPs and a clear ascertain from some practitioners (MacKay 2002; Eodanable and Lauchlan 2009) for an increased focus on the application of research and therapeutic skills. Within the current context, practising EP’s can begin to demonstrate the unique contribution of their research skills by working closely alongside schools who are striving to be ‘evidence based.’ By developing their own knowledge of the evidence base for specific interventions delivered in schools (through primary or secondary research),

and the therapeutic work of other professionals they are likely to signpost to, EPs can ensure the bridge between education and psychology is firmly supporting the evidence base for mental wellbeing support in schools.

2.5 LOCAL CONTEXT

In a Local Authority (LA) in the North West of England a team was developed within the Children's Services directorate to support the wellbeing of children and young people who presented with significant emotional needs. This team was entitled the Children's Emotional and Trauma Support team (CETS) and consisted of creative arts therapists, a counsellor and an EP. CETS was originally developed to support refugee and asylum seeking (RAS) children and young people as a large quantity of these students and families were arriving in the area and presenting with difficulties related to experiences of trauma. Since 2000, the team has expanded and developed and 2009/2010 statistics show that CETS is working across 62 schools within the LA delivering creative arts therapies (including music therapy, art therapy, drama therapy and horticultural therapy) to RAS children, looked after children (LAC) and indigenous children who have experienced trauma. CETS is now a well established school based provision with a broad referral pathway that is accessible to pupils in mainstream and specialist provisions across the city. CETS has 3 main aims:

1. To support children and young people to enjoy and achieve – by bringing creative therapeutic support to them in their schools.
2. To influence change and build capacity within schools – raising awareness of the needs of the targeted group of pupils and the needs relating to therapeutic processes within schools.
3. To build up partnership working with other organisations –to develop practitioner capacity and ensure referrals from schools can always be met.

CETS is striving to develop evidence based outcome measures to help support and evidence the work that they do. In 2009 the partnership between CETS and the Educational Psychology Service was strengthened with the involvement of an Assistant Psychologist conducting research with the Horticultural Therapy team. This paved the way for further collaboration between the two teams and a Trainee

Educational and Child Psychologist was subsequently asked to research the work of the Art Therapy team who deliver school based interventions to children who have experienced trauma.

2.6 SUMMARY

Experiencing trauma in childhood can have a pervasive impact on child development. There is evidence to suggest that non verbal creative therapies aid the processing of traumatic memories (Gannt, et al. 2009) and therefore present as a child centred treatment option for children who have experienced trauma. Art therapy is known to be an effective intervention for children who have experienced trauma (Eaton, et al. 2007) however the outcomes of delivering art therapy interventions in specific contexts are not yet well researched.

Schools are advocated as being supportive contexts for the delivery of creative interventions (Wengrover 2001) and it is suggested that EPs may be able to demonstrate the unique contribution of their skills by working closely alongside schools who are striving to be ‘evidence based.’ With present constraints on EP’s roles making it difficult for EPs to access time to deliver therapeutic interventions, EPs can still ensure children and young people receive the most appropriate mental health support by developing their own knowledge of other professionals’ roles and therapeutic work within schools.

The literature review highlights that school based art therapy may provide an accessible means of therapeutic support to children who have experienced developmental trauma. However, it is not yet known what outcomes are achievable when children who have experienced developmental trauma attend school based art therapy, or how school based art therapy contributes to these outcomes.

CHAPTER 3 METHODOLOGY

3. 1 CHAPTER OUTLINE

This chapter outlines the theoretical underpinnings to the study and describes the research design and how it is to be conducted. This includes critical discussion of the multiple case study design and selection and recruitment of participants. Methods for data collection and analysis are presented and the steps taken to ensure ethical principles and standards of reliability and validity are maintained throughout the study are outlined. The chapter begins by explaining the rationale for the study and presenting the research questions the study aims to answer.

3.1.1 Rationale For Study

Developmental trauma can have a devastating impact on a child's overall development, education and quality of life. Gantt et al. (2009) suggest that emerging neuroscience research can explain why non verbal based therapeutic interventions like art therapy, that work therapeutically with clients own self created images may aid the processing of traumatic memories within the brain. Therefore working with non verbal therapies may provide a window of opportunity to help children explore their experiences in a non-threatening way and provide therapeutic support.

Eaton, et al. (2007) present evidence which acknowledges that art therapy is an effective intervention for children who have experienced trauma. However, the authors conclude that differences in the delivery, length and context of interventions and the varied nature of trauma experiences reported means it is still unclear exactly what outcomes are achievable, in which contexts and for whom. This presents an opportunity within the research cycle to extend the work of Eaton, et al. (2007) by conducting clinically rich qualitative analyses which seek to begin to explore how and why art therapy is an effective intervention, when delivered in a certain context for a specific client group. The present study therefore seeks to extend the work of Eaton, et al. (2007) by exploring what outcomes are achievable when art therapy is

delivered within the context of a school, to children who have experienced developmental trauma.

Epistemologically, before it can be stated that school based art therapy is able to support positive outcomes and potentially the processing of traumatic memories in all children and young people who have experienced developmental trauma, evidence to support this view needs to be gathered in carefully characterised case studies. These case studies will hypothesise that art therapy, delivered in the context of a school will contribute to positive adjustment in children and young people who have experienced developmental trauma. The case studies will seek to explore the experience of attending art therapy at school, asking, what outcomes are achievable and how does school based art therapy contribute towards these outcomes?

3.1.2 Research Aim:

To examine the process of delivering art therapy in schools to children who have experienced developmental trauma; investigating what areas of adjustment are observed and identifying possible factors that may contribute to these outcomes.

3.1.3 Research Questions

1. What are the potential areas of adjustment in pupils who having experienced developmental trauma, attend an art therapy intervention at their school?
2. How does school based art therapy contribute to improve adjustment for children and young people who have experienced developmental trauma?

3.2 RESEARCH DESIGN

3.2.1 Ontological and Epistemological Position

Discussion of epistemology and ontology is concerned with defining the nature of reality (ontology) and how we know and make sense of this reality (epistemology). The epistemological and ontological stance a researcher aligns them self with will proceed to influence the design, conduct and interpretation of a study (Willig 2002). Therefore before starting a piece of research it is important for researchers to adopt both an ontological epistemological stance.

This study adopts a critical realist stance (Bhaska 1989) and follows the two main principles outlined by Snape and Spencer (2005) which claim that:

- An external reality exists independent of our beliefs and understandings.
- Reality is only knowable through the human mind and socially constructed meanings.

A critical realist believes that there is one true reality and that this can be understood by exploring an individual's beliefs and constructions about the world. However these beliefs and constructions will be shaped by personal and societal mechanisms that are independent of thought, therefore accurately describing our experience of reality is beyond our linguistic and cognitive capabilities. Critical realists therefore believe that all research is fallible as it is constricted by the difference between the actual reality and a persons' conceptualisation of reality (Sawyer 2000).

Critical realist ontology entails that the world is made up of structures and objects which have 'cause and effect' relationships with one another (Willig 2002). Whereas a positivist approach would follow traditional empirical investigation procedures to repeatedly show how 'A causes B,' a critical realist approach cites that effects are caused by a combination of objects and structures interacting within a particular context. Sawyer (2000) argues that consistent regularities of 'A causes B' are only likely to occur under closed conditions or artificial contexts, as both do not occur in the social world any search for regularity is punitive. Positivism he argues therefore

misrepresents society as it reduces complex social interactions down to an individual experience or individual atoms.

In contrast, Sawyer (2000) cites that critical realist research is more amenable to the social sciences as it seeks to explore and highlight the substantial connexions among phenomena rather than ascertain formal associations and regularities. Critical realism acknowledges that the operation of causal mechanism depends on the constraining and enabling effects of contexts and the emergent powers that arise from certain relationships (Sawyer 2000). In this sense critical realism supports human agency and acknowledges the importance of viewing a person's experience within the facilitating and constraining contexts which they exist.

Sims-Schouten, Riley and Willig (2007) cite that this is an advantage of employing a critical realist approach and that this also promotes an ethical stance. The authors claim that attempting to analyse an individual's construction of reality without considering the position of this construction within the materiality with which they have to negotiate, would not do justice to this individual's lived experience. This recognition is pertinent to aim of the present study, which seeks to explore the impact of delivering art therapy within the constraints and facilitators of a school environment, to pupils who have had to 'negotiate' and bring with them 'a lived experience' of developmental trauma.

Critical realism has therefore influenced the design of this study and the knowledge I have sought to discover. The research questions were developed to gather knowledge about the reality of each pupil's lived experience of attending the art therapy at school whilst being mindful that the context of the therapy and materiality of the pupils' existence within and outside school would be influential to this. I have therefore sought to discover what areas of adjustment were achieved, (research question one) and what aspects of the therapy were important to achieving this for each pupil, (research question two). I have also designed the study to ensure data can be collected about the pupil's experience of their home context as I acknowledge that the experiences, values and beliefs acquired through their lived experience of their

home context will also influence the operation and experience of the mechanism (or art therapy).

3.2.2 Axiology

Critical realists believe that all research is fallible and I acknowledge that I will not be able to present the true reality of each pupil's lived experience of art therapy as this is beyond my cognitive capacities and linguistic capability. In addition, I acknowledge that my own beliefs and values as a researcher are likely to shape my interaction with and interpretations of the data. The following list presents the beliefs and values that I hold that are relevant to this area of research and how they have influenced the present study:

- I believe in a developmental view of trauma and the corresponding impact this can have on all areas of functioning for children and young people.

A developmental view of trauma acknowledges that many children have experienced trauma through different life experiences and these experiences will impact of all areas of functioning and may be described or labelled in different ways. Therefore studying children who have experienced trauma is possible without having to find children who have received a medical 'trauma' diagnosis. Had I not held this view the sampling criteria to the research would be different. Not holding this view would require that in order to study children who have experienced trauma, child participants in the research would need to have a diagnosis of Post Traumatic Stress Disorder.

- I believe in the value of offering children access to long term psychotherapeutic approaches rather than long term psychopharmacology programmes.

This is why the present study aims to explore the effectiveness of a therapeutic intervention.

- I believe that a child's access to therapeutic support should not rely on their willingness/ability to engage in conversation.

This is why the present study focuses upon exploring the effectiveness of a non verbal therapy. Had I not held this belief this study may also have explored verbal therapies, comparing pupils' experiences of verbal and non verbal school based therapy.

- I believe that schools are a huge source of safety and security for children.
- I believe that therapeutic environments can be created within a school building.

These two views influenced the decision to research the delivery of art therapy in a school environment. If I had not held this view it may have been appropriate to investigate another context of delivery, for example a community health clinic.

Whilst acknowledging that my values and beliefs will influence my interactions with the data, I have taken steps to increase the reliability and validity of the data (see section 3.7). I have also sought to be reflexive throughout conducting this study and have engaged in professional supervision to support a process of critical questioning with my supervisor and discuss my own reflections and self evaluations of my role within the research process. For further discussion about reflexivity see section 3.7.3 and my personal reflections are presented in section 5.6.

3.3 CASE STUDY METHODOLOGY

“A case study is 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 methodology is applied to research which aims to present a descriptive and detailed understanding of a person’s experience of a situation or phenomenon of interest (Cohen, Mannion & Morrison 2007). A core feature of case study research is the importance placed upon investigating contemporary experiences/phenomenon within real life contexts, which the researcher has little or no control over (Yin 2009). Unlike in an experiment where the researcher actively separates a phenomenon from its context to specifically measure certain variables, researchers using case study methodology wish to understand the dynamic interplay between a phenomenon and its context.

Cohen, et al. (2007) cite ‘observing effects in context’ as one of the strengths of case study methodology. A case study can illuminate a unique example of a real person’s distinctive and dynamic experience of a real life context. In this sense, case studies are able to illustrate a depth of detail that other methodologies cannot and can aid researchers in finding out how and why, certain abstract concepts may /may not fit together. Adelman, Kemmis and Jenkins (1980) cite this strength as the ability to “recognise the embeddedness of social truths” and claim that an advantage of doing a case study is that insights into differing viewpoints can be extrapolated from the richness of data gathered, and alternative explanations can be offered.

Case study methodology was chosen for this research as the literature review would suggest that although there is evidence for the broad research area (art therapy with children who have experienced trauma), there is not enough clinically rich qualitative evidence to explain outcomes when focussing on specific contexts of delivery and/or client groups (Eaton, et al. 2009). Therefore in line with Salkovskis (1995) hour glass model of research, on this occasion it is important to be collecting

detailed information to inform initial ideas and further develop theoretical understanding. Only after this in depth information is gathered can more rigorous studies can take place (for example involving control groups), which may in turn inform future research focussing on generalisability of outcomes (for example survey based research). Case study methodology was therefore chosen as it provides the scope to support the empirical gathering of such in-depth information at an exploratory stage of theoretical development.

3.3.1 Case Study design

Case study designs vary in their type and purpose. Yin (2009) explains how a case study can contain a single or multiple cases and can be described as being exploratory, explanatory, or descriptive. An exploratory case study aims to develop hypotheses for future research; an explanatory case study aims to explain/test findings from previous research; a descriptive case study aims to give a narrative account of the phenomenon of interest.

Yin (2009) advises that the appropriate methodological design of a piece of research is closely linked to the type of research question being asked. ‘How’ and ‘why’ research questions have an explanatory nature and so associate well with case study methodology which requires operational links to be traced over time. ‘What’ questions can either be seeking quantifiable information through the use of surveys/experiments, or exploratory information using any type of methodology that will enable the researcher to form hypotheses to support further research.

This research seeks to explore if school based art therapy can contribute towards adjustment in a young person who has experienced developmental trauma and what features of the therapy and school context are important to this process. Therefore it is designed to be an exploratory case study analysis and follows case study methodology as outlined by Yin (2009).

3.3.2 Case Study Methodology: Critical Analysis

Case study methodology has been criticised for lacking the rigor and systematic organisation of data which other research methods necessitate and regularly utilise (Yin 2009). Critics suggest that case studies do not support empirical gathering of information and are open to researcher bias when selecting which data to include in the findings. Shaughnessey, Zechmeister and Zechmeister (2003) claim that it is exceptionally difficult to report reliable conclusions about cause and effect relationships across (reportedly similar) case studies when a researcher lacks external control over variables. Furthermore, Yin (2009) explains that a historical lack of agreed protocol stating how to conduct a case study has resulted in many case studies lacking clear documentation about the procedures followed. As a result, case studies have been accused of being unreliable as they cannot be replicated with the same exact conditions, following the exact same procedures.

In addition, Cohen, et al. (2007) cite that one of the main limitations of using case study methodology is a proposed inability to generalise beyond the findings of a discrete study. The specific spatial and temporal boundaries of case studies have also led to researchers questioning if findings can be generalisable beyond the immediate case. However, Yin (2009) asserts that case studies are not designed to generalise to populations but to theoretic propositions. Case studies aim to expand theories through analytical generalisation and therefore are not seeking to apply knowledge to exact populations through repeated statistics.

Although case studies fit well within the qualitative research paradigm, case studies can contain both qualitative and quantitative data and therefore should not be viewed as a qualitative ‘research method’ (Yin 2009). Nevertheless, even though they are able to employ different types of data traditionally case study research has opted for more analytic rather than statistical generalisations (Robson 2002).

Cohen, et al. (2007) summarise strengths of case study methodology to include that:

- Case studies are accessible to wide audiences who do not need specialist knowledge to interpret their results.
- They are strong on reality.
- They can produce findings which can have immediate and practical applications, at an individual, group, systemic or policy development level.
- They do not require a team of researchers and can be implemented by a single researcher.

Case study methodology is advantageous to this research as it supports a key aspect of the study: the emphasis on exploring a phenomenon within its real life context (Yin 2009). The school environment is hypothesised to be an important feature of the contribution the art therapy, delivered by the Children's Emotional Trauma Support team, makes to adjustment in the children and young people. Therefore in order to explore the contribution the art therapy makes to any adjustment, data also needs to be collected to investigate the impact of delivering the therapy within the school environment. Unlike in an experiment, no external control over environmental events is needed by the researcher. Case study methodology is therefore appropriate as it has the capacity to enable a comprehensive and thorough exploration of the young person's experience of attending the therapy, whilst also investigating the impact of the real life environment it occurs within.

Furthermore, gaining a rich picture about the environment the therapy was conducted in will require using a variety of data collection methods, including interviews with people who were able to observe the young person, before, during and after the therapy. Unlike alternative methods, for example histories, case studies can encompass a variety of data to present evidence about a contemporary event; including collecting data from documentation and from people who have observed the phenomenon (Yin 2009).

In Summary

Case study methodology was chosen for this study as it supports the necessary in depth exploration of the phenomenon of interest, (art therapy with children who have experienced trauma) within its real life context (a school environment).

3.4 CASE STUDY DESIGN

This study is designed to be an exploratory case study analysis and will follow a multiple case study design in accordance to procedures outlined by Yin (2009).

3.4.1 Theoretical Framework

Yin (2009) advises that multiple case study designs must initially start with the development of a rich theoretical framework. This will state the circumstances by which the phenomenon of interest is likely to happen and can be claimed to be found and conversely, the conditions when it is not likely to be found. This respectively represents both literal replication logic and theoretical replication logic in case study design. The theoretical framework for this study was informed by the literature review (Section 2) and is as follows:

This study aims to show that participating in school based art therapy leads to positive adjustment in pupil's who have experienced developmental trauma.

Participating in school based art therapy leads to no noticeable adjustment in pupil's who have experienced developmental trauma.

Hartley (2004) notes that theoretical frameworks are constantly developed to inform and make sense of the data gathered, therefore theoretical frameworks cited at the start of case studies have often been expanded and enhanced by the end.

3.4.2 Multiple case study design

A multiple case study design was adopted as it is thought that multiple case studies produce more compelling and therefore more robust evidence (Yin 2009). The multiple case study design will follow literal replication logic, with each case study expected to show that school based art therapy for children who have experienced developmental trauma, produces positive outcomes. As the study is following a replication, not sampling logic there is not a set statistical criterion to specify the number of cases needed to depict a 'powerful effect'. Yin (2009) advises that the number of cases to include should therefore be informed by the number of replications the researcher believes is required to establish certainty of the results.

For this study, the researcher decided that there would be three cases in total. It was thought that this would produce a manageable amount of data and would enable the possibility for three literal replications to provide evidence in support of the theoretical framework. In addition, the researcher decided that three cases would also enable the case study design to remain flexible and open to adaptations (Yin 2009). Having three cases pre-supposes the possibility that one of the cases produces unexpected data and does not support a literal replication of the theoretical framework. If this occurs the design can be adapted so this case, which offers contrasting data, enables a theoretical replication while the two remaining cases can still be used to create a literal replication.

Accurately defining what a 'case' is, is one of the most important tasks facing researchers wishing to use case study methodology (Yin 2009). Factors that may be defined as a case can include: an individual; a group; an organisation; an event; a decision process. Yin (2009) advises that a 'case' should be the main 'unit of analysis' within the study and this can be found by carefully examining a study's main research questions. Once a unit of analysis is established, the case should be further defined by clear spatial and temporal boundaries (what it includes / excludes, when it starts and ends), and should be concrete, real life phenomena not abstract thoughts or hypotheses.

The definition of ‘a case’ in this study is as follows:

- A case will comprise of an art therapy intervention delivered in a school by an Art Therapist from the Children’s Emotional Trauma Support team, to a young person who has experienced developmental trauma.
- Starting point of the case: When a referral is made to the Children’s Emotional Trauma Support team.
- Ending point of the case: At the end of a post therapy review meeting at the pupil’s school (which is usually 2 – 3 weeks after the last therapy session).
- A case will include data about a pupil’s engagement and presentation in school before, during and immediately after their participation in art therapy.
- It will also include data about setting up the art therapy within the school.
- It will not include any data about the pupil’s presentation in the months succeeding the last art therapy session and therefore conclusions about any potential long term impact on adjustment will not be able to be made.

Each case will constitute a ‘whole’ study and conclusions from each case will be drawn separately and then converged (across all 3 cases) to demonstrate how the research questions are/are not answered.

3.4.2.1 Units of Analysis

Within each case data will be gathered from embedded multiple units of analysis (Yin 2009). Yin (2009) explains that each embedded unit of analysis acts as a sub-unit to the main unit of analysis / phenomenon of interest. Having multiple rather than a single unit of analysis enables a wider range of data to be collected. In this study, each case study contains three units of analysis:

- To determine what the potential outcomes/areas of adjustment are for pupils who attend art therapy at school.
- To explore the pupil’s experience of attending art therapy at their school
- To investigate the interplay between the art therapy and the school environment

3.5 PARTICIPANTS

Selecting the participants to be included in each case study coincides with selecting which cases (from the art therapy interventions delivered by the Children's Emotional Trauma Support Team; CETS) to be included in the research. Before deciding how many participants will be required in each case to collect sufficient and relevant information about each unit of analysis, the researcher needed to find out more information about the art therapy interventions delivered by CETS and who the key people within this experience are. Therefore prior to designing the research methodology the researcher conducted a semi structured interview with the Coordinator of CETS to inform her knowledge about art therapy and the operating processes established to coordinate the delivery of the therapy within the schools in the Local Authority. A summary of the information gathered is presented below:

Once CETS receive a referral from a school the Coordinator will arrange to meet with a member of school staff and a family member to gain further background information about the pupil, ensure the referral is appropriate for their criteria and decide which form of creative therapy the pupil is best suited to (for example, art therapy / drama therapy).

The art therapy interventions are delivered at the participants' school on a 1:1 basis with a professional Art Therapist. Each session is delivered in approximately 1 hour time slots; 45 minutes for the therapeutic interplay between the therapist and participant, 15 minutes for the therapists' reflections and planning for future sessions. Schools must provide access to an agreed space within their building where the therapy can take place each week. The interventions are delivered across consecutive weeks in school term time. CETS will delivery art therapy on a short term (across an academic half term – a term) or long term (across 2 academic terms+) basis. An 'exit interview' is conducted between the therapist and participant in the final session. This is audio recorded and made available to the young person as an MP3 audio file which they can keep as a reminder of their achievements during therapy. A review meeting is held at the school when the therapy has ended.

3.5.1 Status of CETS Art Therapy Interventions

CETS have been delivering creative therapies in schools within the Local Authority for 9 years. The art therapy branch of the team has not yet been externally evaluated although internal evaluations of outcomes are conducted by the individual therapists at the end of each intervention using a self developed rating measure. All art therapists within the team are all professionally qualified and accredited psychotherapists (through the British Association of Art Therapy and the Health Professions Council) and have joined the team at different points over these 9 years. The 'exit interview' and resulting MP3 is being introduced to the therapeutic process from April 2010 and this will be the first study which includes data about its use with children and young people. All the art therapists who work for CETS were made aware of the present study at a team meeting and all were supportive of their potential inclusion in the study.

3.5.2 Number of Participants

As this research study is seeking to extend the work of Eaton, et al. (2009) by exploring how art therapy contributes to adjustment in children who have experienced trauma, when delivered in a specific context (school) with a specific trauma group (developmental); a child who has experienced developmental trauma and participated in school based art therapy, is the only empirical criteria of a specific participant to be included in each case study.

After discussion with the CETS Co-ordinator, the researcher was aware that in order to collect a broad range of data about the phenomenon of interest, data would need to be collected from people who are able to provide insight from four different perspectives, the: pupil's; school's; CETS; and the family of the pupil. Therefore in order to collect data to explore all four experiences of the phenomenon of interest a total of four participants are required for each case study:

- A Pupil
- An Art Therapist
- A School Staff Member
- A Parent / Guardian

3.5.2 Selection of Cases

Researchers applying case study methodology will often directly select specific cases to be included in their study based on their known outcomes, which can demonstrate unique, extreme or critical case examples (Robson 2002). The present research is designed to follow literal replication logic therefore would hope to include three cases that predict similar outcomes.

The three cases included in this study were not directly selected by the researcher as it was thought that selecting three specific cases based on their reported outcomes would threaten the reliability and validity of the research. The researcher was aware that information about the outcome of potential cases could be gained from the coordinator of the Children's Emotional Trauma Support Team. However this information would only reveal the coordinators perceptions of 'a case with a positive outcome' which may not be the same as the perceptions of the school or pupil and therefore may not be an accurate representation of 'a positive case'. Additionally if the results show the Children's Emotional Trauma Support Team in a particularly positive light across all three case studies, the validity of the research may be questioned. To avoid this, the researcher developed sampling criteria to select the three pupil participants, which would consequently automatically select the three cases (art therapy interventions).

In addition, it was decided that after an initial sample had been identified, three pupils would not be specially selected from the sample. Instead, the first three participants to agree to take part in the research would be automatically included, with their experiences of art therapy in school forming the three separate case studies. However, in order to increase the breadth of the case studies, exclusion criteria were applied to the initial sample to ensure that each case study contained a different art therapist and a different school. Therefore after the pupil and therapist for case study 1 had been identified, all other pupils attending this school, or who had received their therapy from this art therapist were excluded from potential selection for case study 2. This process was repeated when selecting case study 3.

The researcher was prepared to include any of the identified case studies, including cases that could be perceived as being less successful as this would further support the validity of the cross case analysis. The professional experience of the researcher

led her to believe that it would not be surprising to find a case that shows the impact of art therapy as being inconclusive. However, this would not be problematic to the study as the research is not evaluating whether or not art therapy is effective. The research is developed from Eaton, et al. (2009) whom concluded that art therapy does work for children who have experienced trauma. Therefore if a case study did show negative results the researcher would not be looking for lines of questioning other than to explain the dissonance of perspectives and plausibility of delivering art therapy within a school environment.

When designing the sampling criteria the researcher was aware that CETS delivered both long term (20 + sessions) and short term art therapy and was aware that ‘number of sessions attended’ may produce a legitimate variability between the cases and the resulting evidence found in relation to each research question. In order not to restrict the possibility of this knowledge being found ‘number of sessions attended’ was not included as part of the sampling criteria for the initial pupil sample.

3.5.3 Sampling Criteria

Purposive sampling criteria were devised to firstly identify each pupil participant. Once a pupil had been identified, the other three participants in each case were directly chosen due to their relationship with the pupil and fulfilment of the inclusion criteria below:

- The *art therapists* must be professionally qualified art therapists with the British Association of Art Therapy; members of staff on the Local Authority Children’s Emotional Trauma Support team; have worked with a pupil whose therapeutic intervention is to become one of the three case studies.
- The *school staff members* must be a member of school staff who is well known to the identified pupil participant and who has been a link contact for the CETS during the delivery of the art therapy intervention.
- The *parents* must be the parent or guardian of one of the pupil participants. This would normally be the resident parent of the child, however a non resident parent would be included if they are well known to the child and have been aware of their participation in the art therapy.

There was no scientific reason to limit the gender, school age range, or type of school setting attended by the pupils in the potential sample. Therefore the pupil participants could be both male and female. They could be attending mainstream primary or secondary schools, or a specialist school within the North West Local Authority where the research was being undertaken. The pupils could be within any Key Stage at their Schools.

The criteria employed to identify the sample of pupils was:

1. The pupil has been referred to the Children's Emotional Trauma Support team by their school with known history of developmental trauma, but does not have to have a formal diagnosis of Post Traumatic Stress Disorder (PTSD).
2. The pupil is due to complete their art therapy intervention with a Children's Emotional Trauma Support team Art Therapist between May and July 2010.
3. The pupil has not been involved in any other therapeutic intervention while attending the art therapy sessions.

3.5.4 Participant Recruitment

In April 2010, the researcher met with the Co-ordinator of the Children's Emotional and Trauma Support Team (CETS Coordinator) to identify the initial (pupil) participant sample in accordance to the criteria above. There were 6 potential pupil participants and to ensure anonymity the pupils were identified as pupils A, B, C, D, E and F. Before the pupils could be approached to take part, parental permission for their involvement in the research had to be gained. The researcher produced an information sheet for parents with a detachable consent form⁴, which outlined the nature of the research and what the pupil would be asked to do. The researcher had two options:

1. To post the information sheet and consent forms out to the parents of all 6 potential participants and seek postal replies.
2. For the CETS Coordinator to directly approach each parent and talk them through each point of the information sheet and ask for written consent. This

⁴ Appendix A

would be possible as the CETS Coordinator was due to meet with each pupils' parent(s) at individual review meetings, which were pre-scheduled in line with post therapy exit processes designed by CETS.

The researcher decided that the approach which was best fit for purpose would be for parental consent to be directly sought by the CETS Coordinator, at the end of each review meeting. The researcher made this decision as it was hoped that this would:

- a. Create a more personable approach to the research and increase the likelihood of a higher response rate than via postal consent.
- b. Enable any questions / queries to be answered immediately, or passed to the researcher and responded to in short time scale.
- c. Ensure that the researcher could be confident that each parent had accessed all the information on the research information sheet and was giving fully informed consent.
- d. Support the short timescales of the research data collection period.

In addition, discussion of the research at the review meetings also enabled the CETS Coordinator to introduce the opportunity of participation in the research to the school staff members and parents.

The researcher discussed the parental information sheet and consent form with the CETS Coordinator and ensured she was aware of each parent's right to refuse engagement without any reason. The researcher was confident that the CETS Coordinator had no motivation to pressurise any parent into agreeing consent as there were double the amount of potential cases than was required. In addition, as a registered art therapist herself, the CETS Coordinator was familiar with working to ethical codes of practice (British Association of Art Therapists 2005).

The first three parents approached about the research all gave their consent for both their child and themselves to take part in the research. All three schools also agreed for the research to take place on their premises' and to allow time for a staff member to be interviewed. Consent forms and information sheets for all participants are presented in Appendix A.

After written parental consent had been gained each pupil was introduced to the opportunity to take part in the research by the art therapist they had been working with. Each art therapist was asked to explain to their pupil that a piece of research was taking place looking at art therapy in schools and they had an opportunity to take part as the researcher was interested in talking to pupils whom had attended art therapy at school. The pupils were told that the research interviews would take place at school and would be completely confidential. It was hoped that pupils would feel more at ease and able to ask questions, explore anxieties or decline engagement by having a familiar adult explain the research to them. In addition it was conversely hoped that endorsement of involvement from a familiar adult would ensure each pupil felt safe and secure with taking part.

Once verbal consent from each pupil was gained by the art therapist, information and consent forms were posted to each school staff member and data collection could begin.

3.5.5 Outline of Participants

Information about the participants recruited to the researcher is presented in the table below:

Table 3.1 Descriptive information about participants

	Case 1	Case 2	Case 3
Pupil Pseudonym	Khanyasia	Nathan	Christopher
Sex	Female	Male	Male
Age	15	14	8
Ethnicity	Black African	White British	White British
Type of Setting child attends	Mainstream High School	Specialist School for Key Stage 3 pupils with Social Emotional and Behavioural Difficulties	Mainstream Primary School
Number of art therapy sessions attended	61	58	7
PTSD Diagnosis	No	No	No
Additional Information	Has Refugee Status. Arrived in UK from Zimbabwe in July 2006.	Diagnosis of ADHD Significant periods out of school	Diagnosis of Attachment Disorder. Looked After Child, in foster care.
Art Therapist	Female	Male	Female
Parent	Birth Mother	Birth Father	Birth Mother
Role of School Staff Member	Head of Year	Teaching Assistant	Teaching Assistant

3.6 METHODS FOR DATA GATHERING AND DATA ANALYSIS

3.6.1 Data Gathering

Yin (2009) advises that within case study designs, data gathering methods should be linked to a case study's theoretical propositions, with data collected from the embedded units of analysis in each case. Therefore it is preferable to define theoretical propositions prior to data collection as this helps to organise what data needs to be collected in each case study. By doing this, case study researchers are also guided to consider any potential rival hypotheses which may dispute the theoretical propositions stated. Considering rival explanations before data collection ensures that researchers can also purposefully plan to gather data in support of these, thus strengthening the validity of the eventual reported findings.

3.6.1.1 Theoretical Propositions

Theoretical propositions are developed from the original theoretical framework and direct researchers to where and what they should be examining in each case study. They are useful in exploratory case studies which contain 'how' questions as they provide a focus to the data collection and prevent irrelevant data being collected (Yin 2009). Each proposition can link together the required data collection methods to each unit of analysis, thus providing a guide to:

- What should be examined; the evidence needed to answer the research question (the unit of analysis within the case).
- How information about this is to be gained; the data collection methods.

The theoretical propositions for this study are displayed in Tables 3.2, 3.3 and 3.4. Each table outlines the unit of analysis, related proposition and focus of the data to be collected, the data collection method(s). Further explanation about each data collection method is presented in section 3.6.2.

Table 3-2 Theoretical proposition, data collection method and unit of analysis

Unit of Analysis: To determine what the potential outcomes/areas of adjustment are for pupils who attend art therapy at school.		
<i>Proposition</i>	<i>Focus of data to be collected</i>	<i>Data Collection Methods</i>
After attending art therapy the pupils will show fewer symptoms of trauma and therefore positive adjustment will be observed in learning, behaviours and social skills.	Pupils' presentation before and after therapy.	Documents in pupil's referral information to CETS. Semi structured interviews with the parent, school staff member, art therapist and pupil.

Table 3-3 Theoretical proposition, data collection method and unit of analysis

Unit of Analysis: To explore the pupil's experience of attending art therapy at school.		
<i>Proposition</i>	<i>Focus of data to be collected</i>	<i>Data Collection Methods</i>
Pupils will find school based art therapy to be a positive experience, providing a non threatening, accessible means to explore and process traumatic memories.	The role of the art work in the therapy.	Photographs and audio of pupils explaining each image to their therapist.
	Pupils' experiences of attending school based art therapy, their perceptions.	Semi structured interview with pupils.
	Perceptions about the impact delivering therapy at school made to pupil's experience.	Semi structured interviews with parent, school staff member, therapist and pupil.
	Observations of the pupils within therapy sessions –any external signs that trauma being processed.	Semi structured interview with therapist.

Table 3-4 Theoretical proposition, data collection method and unit of analysis

Unit of Analysis: To investigate the interplay between the art therapy and the school environment.		
<i>Proposition</i>	<i>Focus of data to be collected</i>	<i>Data Collection Methods</i>
The advantages of delivering art therapy in a school include increased attendance as pupil not reliant on transport/adult support to attend, less threatening to pupil as already within an environment that promotes safety and security, less stigmatising as not attending 'mental health' clinic. Disadvantages include inadequate facilities for a therapeutic environment, perceptions of other children – potential for bullying.	Positive comments about having the therapy in school.	Semi structured interviews with parent, school staff member, therapist and pupil.
	Negative comments about having the therapy in school.	Semi structured interviews with parent, school staff member, therapist and pupil.

3.6.1.2 Rival Explanations

In addition to collecting data to examine the initial theoretical propositions, case study designs should also include attempts to collect data about other potential influences or ‘rival explanations’ (Yin 2009). Case studies which identify possible rival explanations prior to data Collection are subsequently able to transparently pursue vigorous data collection in support of these alternative lines of thought. Such studies are then later capable of explicitly addressing each rival and

“the more rivals that your analysis addresses and rejects, the more confidence you can place in your findings.” (Yin 2009 p.134).

Rival explanations for this study are presented in Table 3.5 below.

Table 3-5 Rival Explanations

Real Life Rival	Application to Present Study
<i>Direct Rival</i>	An intervention other than the art therapy accounted for the results.
<i>Implementation Rival</i> - The implementation process, not the substantive intervention, accounts for the results.	The way the art therapy was delivered (in school) lead to improvements, not the art therapy itself. Attending any type of therapy in school would have lead to adjustment.
<i>Rival Theory.</i> A theory different from the original theory explains the results better.	Lambert’s pie – therapeutic relationship has bigger impact on adjustment than the art making, having dedicated quality time with a sympathetic adult has led to adjustment. The art making was unimportant.
<i>Commingled Rival.</i> Other interventions not just the target intervention accounted for the results.	Not just school based art therapy, pupil may be attending other therapy outside of school /an increase in targeted support in school at same time as art therapy has lead to adjustment.
<i>Super Rival.</i> A force larger than but including the intervention accounts for the results.	Adjustment was also due to circumstances outside of school environment, for example changes in family circumstances.
<i>Societal Rival.</i> Social trends, not any particular intervention account for results.	School based art therapy had no impact. Adjustment happened naturally with time / the pupil growing up and/or policy development has lead to an increased staff awareness of supporting emotional wellbeing in schools, ex. TaMHS.

To enable examination of possible rival explanations the semi-structured interviews between the researcher and each participant all contain questions which were developed to gain data in support of possible rival explanations. An outline of the script of interview questions asked to each participant can be found in Appendix B. Each script also highlights the questions which were asked to gain information about specific rival explanations.

Additionally, the researcher was aware that each case study would need to present data to the reader that demonstrates:

- Firstly, that art therapy had taken place, as opposed to weekly ‘art making’ with an adult at school;
- Secondly, that this specific type of therapy was central to the outcomes.

The theoretical propositions suggest that the art making is an essential part of helping the pupils process traumatic images, therefore data collection also needs to incorporate collecting data to ascertain if the pupils believed this aspect of the therapy was important or not?

Gilroy (2006), cites that the process of art therapy involves interplay between 3 central factors; the medium (art); the therapist; the client. Therefore to evidence that art therapy had taken place, data collection methods were designed to incorporate all three factors:

- 1) The young person’s experience of the therapy i.e. their interaction with the therapist; interaction with the art materials.
- 2) The therapists experience of the therapy i.e. their interaction with the young person; young person’s use of art materials.
- 3) The visual images that are produced i.e. the medium that facilitates the communication between the therapist and young person during the therapy.

3.6.2 DATA COLLECTION METHODS

To address the research questions data for each case will be collected using mixed methods. Mixed methods of data gathering were chosen to enable a wider variety of data to be collected from the multiple embedded units of analysis within the case study design. It is hoped that collecting data using different methods and from multiple units of analysis will increase the content validity of the areas of interest and provide confirmation of data from multiple sources. Tables 3.2; 3.3; 3.4 outline how each method of data collection is linked to one or more of the units of analysis and case study propositions. For each case study the researcher will collect data from the following sources:

1. Referral documents and notes from CETS Co-ordinators initial meeting with a staff member from the school and the pupil's parent(s).
2. An audio recording of the CETS Artwork Audio Recording (A-AR) interview between each pupil and their respective art therapist, along with photographs of 2 pieces of the pupil's art work from therapy which are discussed in the recording.
3. Semi structured interviews, conducted by the researcher with each pupil, art therapist, school staff member and parent.

Further details about each method of data collection are presented in the succeeding sections.

3.6.2.1 Referral Documents

Prior to taking part in the art therapy an initial assessment of the child's needs is undertaken which forms the baseline for the intervention programme. This includes the CETS Co-ordinators notes from a meeting with the child's parent and a completed 'Stress Indicator Checklist' (SIC). The SIC outlines 26 symptoms indicating possible difficulties the child may be experiencing. This has been developed locally and made accessible to teachers and other staff to facilitate referrals. Access to these documents will help the researcher to build a picture of each pupil's needs prior to accessing the art therapy.

3.6.2.2 Audio Recording of the Artwork – Audio Recording (A-AR) Interview between art therapist and pupil

From June 2010 onwards, CETS have introduced A-AR interviews to form the final part of the art therapy interventions they deliver.

A-AR interviews are structured interviews conducted after the last session of art therapy. The interviews are lead by the art therapist who has delivered the therapy. In this interview the pupil is asked to select and talk about two pieces of art work they have produced during their time in art therapy; one from near the beginning and one from near the end. It is hoped that this discussion will help to evidence a process of change during the therapy. In addition, A-AR interviews aim to enable the art therapists to gain a greater understanding of the pupil's experiences of art therapy, for the pupil to have a multi media reminder of their experience of therapy and for a record of the 'pupil voice' to be created which can be expressed and shared to promote participation in art therapy with future clients.

The researcher will have access to an audio recording of each pupil's A-AR interview with their therapist and photographs of the two images the pupil discusses in their interview. The researcher will have no input into the questions asked in this interview as it is the final part of the art therapy intervention delivered by CETS and therefore forms part of the 'phenomenon of interest.' A full transcript of the questions asked in the A-AR is available in Appendix B.

The recordings made in each of the three case studies were each art therapists' first attempt at conducting such an interview.

3.6.2.3 Semi Structured Interviews

In order to gather 'clinically rich qualitative evidence' the researcher will conduct individual semi structured interviews with the four participants in each case. Semi structured interview methodology was chosen for this study as it supports the exploratory case study design and enables the researcher to gather data about particular areas of interest without restricting the knowledge that can be made known from each participant (Yin 2009).

Cohen et al. (2007) cite that there are different types of interviews which can be defined by the degree of structure and the overall purpose of the interview. Researchers who are aware of the information they do not know and wish to collect comparable data about specific details from different people, will favour a standardised and more quantitative interview. Whereas researchers who are not aware of what they do not know and therefore are seeking to gather non standardised personal information about an individual's unique view of reality will favour more qualitative, unstructured or open ended interview styles.

Patton (2002) makes further distinctions between qualitative interview styles by outlining three different interview approaches that can be used to collecting open ended qualitative data:

1. *An informal conversational interview*

Interview questions are not pre-determined and arise through the natural flow of conversation during the interview

2. *An interview guide approach*

Interview questions are decided in advance, yet can be presented in any order during the course of the interview

3. *Standardised open ended interviews*

The exact wording of all questions is decided in advance and the order of the questions remains the same across all interviews.

In this study, each interview aims to gain each participants' unique view of reality with regard to the main unit of analysis and therefore it was appropriate to adopt a more qualitative unstructured, open ended interview approach. However, in order to ensure the interviews gained sufficient data about each unit of analysis, it was important to ensure that the researcher retained some degree of structure over the questions asked. Therefore each interview was designed to be a semi structured interview which follows an interview guide approach. This enabled the researcher to retain some degree of continuity about the questions asked, ensuring particular focus could be directed to areas designed to produce data about each unit of analysis and rival explanations while still maintaining a natural flow to conversation and not restricting the knowledge that could be made known.

3.6.2.3.1 Advantages and Disadvantages

Semi structured interviews are viewed as advantageous as they enable researchers to actively establish rapport with participants and create a natural flow to conversations during the interview. Interviewers can follow an interviewee's line of thought or interest and probe any particular areas of interest that may arise (Smith & Osborn 2008). This fluidity of structure and process make semi structured interview methodology fit well within an exploratory study that is seeking to gain new information and develop hypotheses and understanding about a topic of interest (Cohen, et al. 2007).

However the flexibility of semi structured interviews can also be viewed as a weakness of the methodology (Yin 2009). As the interviewer is encouraged to follow the flow of the conversation while still asking about relevant areas, the interviewer must be highly skilled to ensure all relevant areas are discussed in the course of the interview. There is no guarantee that all areas will be covered and by asking different questions in different interviews, new data can arise in one interview and not another. In addition, changing the ordering of questions can also produce substantially different responses making it increasingly difficult for researchers to make comparisons of participants' answers (Patton 2002).

Oppenheim (1992) cites that it is not necessarily the wording but participants' understanding of questions that needs to be the same. Changing the wording but maintaining the same meaning can create standardisation through stimulus equivalence. Therefore, it could be argued that semi structured interview methodology is amenable to individual differences of participants and so is an inclusive methodology to employ when gathering data from participants with wide individual differences.

In this study the researcher was aware that the age range of the pupil participants may require the interview questions to be delivered differently. The youngest pupil may require simpler language, visual aids and more concrete choices. A structured interview would not allow for this level of differentiation and an un structured interview would be unlikely to produce quality, relevant data from a young child.

Therefore semi structured interview methodology was thought to be the best fit for purpose.

3.6.2.4 Interview Questions

In a semi structured interview, the interview questions are intended to guide the process of the interview rather than strictly direct its course which subsequently means that the ordering of the questions to be asked is less important than in a structured interview (Smith & Osborn 2008).

For this study, a separate set of interview questions were developed for each of the four participant groups: pupils; parents; therapists; school staff members. Each interview question template was created by the researcher. The questions were designed to gain data about the units of analysis within each case. Questions were also included to look for any exceptions and to seek data in confirmation of any of the rival hypotheses.

In order to gather some easily comparable quantitative data across all three cases, scaling questions were asked at the end of each interview. All scaled questions employed a 1 – 10 scale which was presented visually. In addition, during the interview with the pupil in case study 3 it became apparent to the researcher that he needed additional visual prompts to help him remain focused on the interview and be able to express his answers. Therefore in this interview additional scaling questions were used and some of the pre-prepared interview questions were not asked.

A copy of the interview question templates used with each of the four participants in each case study can be found in Appendix C.

3.6.2.5 Interview Process

At the start of each interview the researcher introduced herself and explained to the participant why they had been invited to take part in the research and checked that they still wished to take part. The three adult participants were then presented with a fresh copy of the participant information sheet which the researcher read through with them and invited any questions. Each adult participant was then asked if they still wished to take part and upon response asked to read the consent form and provide their written consent. An audio recording device was then shown to the participant and was switched on and placed in close proximity to the participant to ensure the audio was picked up. In all the interviews, before asking any questions the researcher ensured that each participant was aware of their ethical rights (as discussed in section 3.8). After explaining the ethical procedures the researcher verbally checked again with all participants that they still wished to take part.

At the end of each interview participants were invited to add any further information they thought was important to share. All participants were thanked for their time and the contribution they had made to the research. The researcher stopped the recording. Further descriptive information about each interview is presented in table 3.6.

3.6.2.6 Transcription

The researcher decided to transcribe each interview herself to ensure she could be confident that no data would be knowingly missed out of the transcription and to increase her familiarity with the data. The audio of each interview was listened to several times by the researcher and the researcher regularly re-listened to sections that she had transcribed to ensure accuracy. In order to present each participant's complete views the researcher decided to produce full transcriptions of each interview.

Table 3.6: Descriptive information about the interviews with each group of participants

	Pupil	School Staff Member	Parent	Therapist
<i>Location of interview</i>	Cases 1 and 2 in a room at their school. Case 3, the room at school where the therapy had taken place.	Cases 1 and 2 in a room at their school. Case 3, the room at school where the art therapy had taken place.	Cases 1 and 3, at the home of the parent. Case 2, in a room at the pupil's school.	Cases 1 and 3 in a room at the office base for CETS. Case 2, at the home of the therapist.
<i>Average length of interview</i>	25 minutes	35 minutes	35 minutes	40 minutes
<i>Verbal Consent</i>	Yes	Yes	Yes	Yes
<i>Written consent</i>	No*	Yes	Yes	Yes
<i>Ethics discussed during interview</i>	Consent Right to withdraw Confidentiality	Consent Right to withdraw Confidentiality	Consent Right to withdraw Confidentiality	Consent Right to withdraw Confidentiality

Notes: *written parental consent already gained

3.6.2.7 Order of Data Collection

Data will be collected in the following order:

1. A week after the last art therapy session the therapist and the pupil will record the A -AR interview. The researcher will then transcribe and analyse this interview using Thematic Analysis (Braun & Clarke 2006). The researcher will pay particular attention to the themes that are generated from the pupil's descriptions of their two pieces of art work. The researcher will not attempt to analyse the photographs of the two pieces of art work herself. The analysis of the art work will be gained from the themes generated from the dialogue given by the pupil's own interpretations. The themes generated will be presented alongside photographs of the two pieces of art work in the results.

2. The researcher will conduct her interview with the pupil. In this interview she will check with the pupil that the themes she has generated about the two pieces of art work are an accurate description.
3. The researcher will interview the art therapist.
4. The researcher will interview the school staff member
5. The researcher will read the referral information about the child held on file at CETS. This is purposely done after the researcher has interviewed the pupils, therapists and teachers to ensure she does not consciously/unconsciously lead the semi-structured interviews to focus on certain areas. A Documentary Analysis of the referral information will be conducted to enable the researcher to present to the reader a brief synthesis of the circumstances experienced by each pupil before their referral to CETS. This will be presented as a case vignette at the start of the results to each case in chapter four. This will also outline the nature of the developmental trauma experienced.
6. The researcher will interview the pupil's parent / guardian.
7. The pupil, therapist, school staff member and parent interviews will then be transcribed by the researcher.

3.6.2 DATA ANALYSIS

3.6.2.1 Analytic Strategy: Relying on theoretical propositions and examining rival explanations

Yin (2009) cites that a high quality case study analysis is conducted when a researcher attends to all the evidence collected, provides a sufficient presentation of the data separate from any interpretations and carefully considers alternative explanations. As there are not yet any specific tools or step by step instructions outlining how to select which case study data to analyse, Yin (2009) advises case study researchers to follow an analytic strategy. The analytic strategy is intended to guide the data analysis, prioritising which data is to be analysed and why.

For this study I followed two analytic strategies:

1. To rely on the theoretical propositions – The theoretical propositions provided a focus with regard to the data that needed to be collected to examine the embedded unit of analysis in each case. This purposeful plan of data collection presented reasoning for why certain data was to be collected. This same reasoning is applied to decide how to locate the relevant data to be analysed. Focusing the analysis on the data that was collected in relation to each theoretical proposition ensured that all relevant data was examined and the evidence needed to examine each embedded unit of analysis could be presented.
2. To examine rival explanations – to ensure any alternative explanations to the theoretical propositions are carefully considered, any evidence related to each rival explanation is also presented and discussed in section

3.6.2.2 Method of data analysis: Thematic Analysis

Thematic analysis is a method of analysis that aims to identify, analyse and report salient patterns of meaning that occur across a data set (Braun & Clarke 2006). These salient patterns are grouped and defined as particular themes and each theme is intended to be reflective of part of the phenomenon of interest (Fereday & Muir-Cochrane 2006).

Thematic analysis differs from other methods of qualitative analysis that code qualitative data to represent patterns of meaning (for example, Interpretive Phenomenological Analysis, see Smith, Flowers & Larkin 2009), as it is not aligned to any particular theoretical framework. It is recognised that the method can be applied to accomplish different things within different frameworks and be performed in different ways (for example, Attridge Stirling 2001; Braun & Clarke 2006; Fereday, et al. 2006). While this flexibility may be viewed as being advantageous, it may also have led to a reported (Braun & Clarke 2006) lack of clarity within the literature with regard to when and how a thematic analysis has been conducted.

Attridge Stirling (2001) cite that it is therefore important for researchers to be forthcoming and transparent about the theoretical frameworks employed and the exact processes followed when reporting thematic analyses.

Thematic analysis was chosen as the method of analysis for this study as it fits within the critical realist framework of the research and acknowledges the active role of the researcher. It enables the large qualitative data sets to be represented in a reduced yet meaningful form and facilitates a unified method of analysis across the data gathered in each case study. Producing thematic networks (discussed in section 3.6.2.3.1) in each individual case study provides a set of condensed data for the cross case synthesis, that is easily comparable. In addition, creating thematic networks ensures there is transparency within the process of analysis and all themes are traceable back to the original data, thus increasing the validity of overall conclusions. Thematic analysis was therefore viewed as promoting a manageable, coherent and fit for purpose method of analysis.

3.6.2.3 Thematic network analysis

A thematic network analysis is a technique developed by Attridge Stirling (2001) to provide qualitative researchers with a means of presenting a systematic guide to the analytical process of conducting a thematic analysis. While conducting a thematic analysis a researcher can use a thematic network to provide a visual representation of the different levels of salient themes generated. This provides both the reader and the researcher with an explicit visual pathway of the levels of data, from the initial themes to final interpretations.

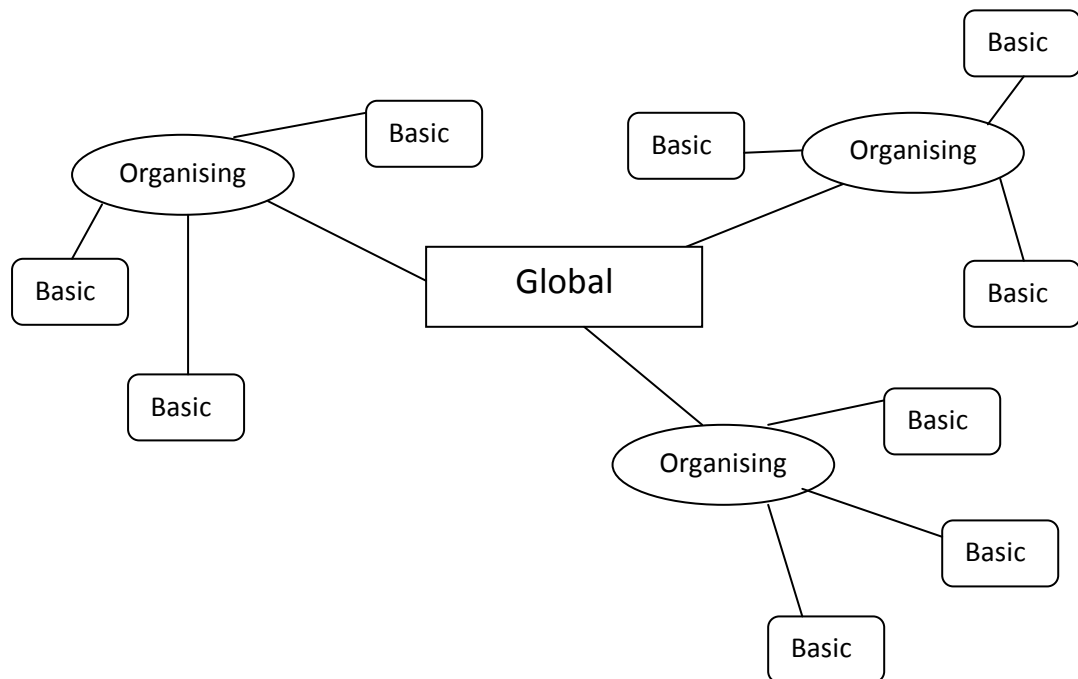
A thematic network is presented as a web like diagram (see diagram 2.1) which contains three levels of text, which represent three different levels of themes:

1. *Basic Themes* – These are the lowest order themes which are derived directly from the text. Each basic theme is a simple representation of an aspect of the data and therefore does not reveal much when viewed in isolation. To make sense can beyond their direct meanings basic themes must be viewed

collectively alongside other basic themes. When grouped together they represent an organising theme.

2. *Organising Themes* – These are the middle order themes which organise basic themes into clusters which represent similar issues. Organising themes represent both the main idea portrayed by a cluster of basic themes and part of an idea/meaning represented by a global them. A group of organising themes represent a global theme.
3. *Global Themes* – These are the super-ordinate themes which are the core of the thematic network and present an assertion about the main idea(s) in the data. A global theme reflects the overall message portrayed by a group of several organising themes. Each thematic network will have one global theme. An analysis which has complex data or several analytical aims may produce more than one thematic network.

Figure 3.1: A thematic network showing basic, organising and global themes



3.6.2.4 Process of conducting a thematic analysis

The thematic analyses performed in this study were informed by the guidelines outlined in Braun and Clarke (2006) and Attridge Stirling (2001) and contained the following steps:

3.6.2.4.1 Familiarised myself with the data

- Listened to full audio of each interview
- Re-listened and fully transcribed the audio from each interview
- Read and re-read the transcripts making initial notes on thoughts or ideas that arose.

3.6.2.4.2 Applied a coding framework to generate initial codes

- A coding framework based on the theoretical propositions was devised to support a thorough and systematic coding of the textual data, breaking it down into meaningful phrases.
- The full data set was coded manually and highlighter pens were used to indicate segments of text representing the different initial codes from the coding framework.

3.6.2.4.3 Search for and abstracted themes from initial coded segments

- All segments of text with the same initial code were grouped together and reviewed to identify any salient, common or significant themes.
- Each theme identified was then recorded manually onto post-its.

3.6.2.4.4 Reviewed and refined themes

- All identified themes were then further reviewed and refined by identifying::
 - Themes which were specific enough to be discrete
 - Themes which were broad enough to encapsulate a set of ideas in several text segments. (Attridge & Stirling, 2001 p.392).
- The segments of text represented by each theme were then revisited to ensure each theme succinctly summarised the text and the full data set was reviewed to check if any further data needed to be coded within any of the themes.

3.6.2.4.5 Arranged themes

- All the themes generated from the original text were arranged on post it notes on a large piece of A1 paper.
- With the theoretical propositions in mind, themes representing a similar issue or meaning were grouped together. Each grouping was presented on a separate piece of paper in preparation for each group to become its own thematic network.

3.6.2.4.6 Constructed thematic networks

- The themes generated from the original text are presented as the basic themes.
- These basic themes were grouped into clusters which could be united by a larger shared issue or meaning. An organising theme was identified for each cluster to represent the overarching essence of what the group of basic themes was about.
- The different organising themes were then reviewed and grouped together to unify under a new global theme representing the overall message portrayed in that specific network.
- Thematic network diagrams were produced to depict each network and the original data extracts supporting each network were revisited to ensure each network accurately reflected the original data.

3.6.2.4.7 Described and explored the thematic networks

- Each thematic network was described with the aid of text segments from the original text.
- The themes that emerged were explored by revisiting the original text and noting underlying patterns in the data.

3.6.2.4.8 Summarised and interpreted the thematic networks

- A summary of each thematic network was produced to highlight the patterns that had emerged in the data.

- Each thematic network was then further discussed and interpreted in relation to the theoretical propositions and the study's research questions.

Three separate thematic analyses were conducted on the complete data sets produced from the semi structured interviews conducted in each case study and then on the data set as a whole in the cross case synthesis. Each thematic analysis was intended to produce a detailed depiction of the themes relating to one of the two research questions:

1. What are the potential outcomes /areas of adjustment in pupils whom having experienced developmental trauma, attend an art therapy intervention at their school?
2. How does school based art therapy contribute to improve adjustment for children and young people who have experienced developmental trauma?

This study applied a theoretical rather than an inductive thematic analysis as the analysis was driven by the theoretical propositions made about each embedded unit of analysis and was conducted within a critical realist framework. I approached the data with specific research questions in mind, rather than wanting research questions to evolve via the coding process (Braun and Clarke, 2006).

Researcher judgement was applied when deciding what constituted a theme. Although the coding process was guided by the theoretical propositions, I aimed to be flexible in my approach to the data and each time the original text was revisited during the thematic analysis, data that had originally seem unrelated was reconsidered in light of the themes that were emerging. As a broad guiding principle a theme was considered to be that which captured something important within the data in relation to the research questions (Braun and Clarke 2006), and was specific enough to be discrete yet broad enough to encapsulate a set of ideas in several text segments (Attridge Stirling 2001 p.392).

Throughout each analysis themes were not decided by the prevalence of a particular word in the data set, or by placing greater authority on data from one participant over

another for example, regarding data from the pupil's interview as being more important than the data from the parent's interview. The data produced from each interview was viewed as being of equal value and the four separate interview transcripts in each case study were analysed as a whole, subsumed into one data set.

However, the researcher believed that exploration and comparison of individual participant views may highlight interesting variation within the data. Therefore when consciously integrating the voices via triangulation through the data, steps were taken to ensure that the voices of each individual participant were not lost from the analysis. When coding the data the researcher used four different coloured post it notes to record the initial codes from the data. This ensured that when establishing the basic themes the researcher was able to see the representation of the individual participant views across the data. Photographic evidence of conducting the thematic analysis is presented in Appendix E.

3.6.2.5 Analytic technique: Cross case synthesis

The analytic technique adopted for this study was a cross case synthesis with pattern matching (Yin 2009). Following this technique, firstly each individual case was analysed creating discrete conclusions to each research question. Findings were then compared across case studies by examining the thematic networks produced for each research question and looking for patterns across the data. This was achieved by breaking each thematic network back down to its basic themes and then building a new 'cross case network' using the basic theme data from all three case studies. To aid this cross case comparison each basic theme was assigned the numeral 1, 2 or 3 to track which case study it had arisen from. This enabled the researcher to examine patterns across cases and determine whether there had been a literal or theoretical replication of the data (Yin 2009). This also allowed any anomalies in the data to be examined and further exploration of the rival explanations. The results of the cross case synthesis are presented in a thematic network for each research question in section 4.5.

3.7 RELIABILITY AND VALIDITY

Cohen, et al. (2007) acknowledge that establishing reliability and validity within case study methodology is a challenge to researchers. Yin (2009) cites that in order to demonstrate quality, case study researchers must aim to explicitly consider and demonstrate reliability and validity in each phase of their study. Although there are many different types, and different tests of reliability and validity (see Cohen, et al. 2007, p133 – 164 for in depth discussion), Yin (2009) cites that there are four tests relevant to case study research:

1. *Construct Validity* – Case study researchers must ensure that they identify correct operational measures for the concepts being studied and that subjective judgements are not used to collect the data. This can be achieved by using multiple sources of evidence and maintaining an observable chain of evidence.
2. *Internal Validity* – Case study research often depends on making inferences between events/concepts that are not directly observed. Researchers must demonstrate that they have attempted to make sure their inferences are correct. This can be achieved through presenting convergent evidence and using analytic techniques of pattern matching, examining rival explanations, and /or using logic models.
3. *External Validity* – Case study research must demonstrate that findings are applicable beyond the immediate case. Case studies rely on analytic not statistical generalisation therefore seeks to generalise to a particular theory not a wider population. In multiple case studies researchers can demonstrate external validity by using replication logic to show similar findings across several cases.
4. *Reliability* – Case study research must strive to minimise errors and bias. Procedures must be clearly operational and have sufficient detail to ensure the case could be replicated by a different researcher and arrive at the same conclusions. This can be achieved by having a case study protocol and /or developing a case study database.

In the present study steps were taken in the design, data collection and data analysis stages to ensure the research demonstrated both reliability and validity. A summary of these steps is provided in table 3.7.

Table 3.7 Steps taken to ensure reliability and validity

Issue Considered	Steps Taken	Phase of research
<i>Construct Validity</i>	<ul style="list-style-type: none"> ▪ Sampling criteria was designed to ensure breadth across cases to depict a more valid representation of what an ‘art therapy intervention’ is like ‘in a school.’ ▪ Used multiple sources of evidence to gain data in relation to each theoretical proposition. ▪ Technique of summarising and checking comments used throughout interviews to ensure data was a true representation of participants’ experiences. ▪ Established an observable chain of evidence to show how original text was analysed to generate themes and then cross referenced with original text. 	Design Data Collection Data Collection Data Analysis
<i>Internal Validity</i>	<ul style="list-style-type: none"> ▪ Use of respondent validation in pupil interviews to check with pupils that themes generated in A-AR interviews were consistent with their views. ▪ Explicit consideration of rival explanations and rival themes. ▪ Triangulation of data sources to present converging lines of enquiry. 	Data Collection Data Collection & Analysis Data Analysis
<i>External Validity</i>	<ul style="list-style-type: none"> ▪ Multiple case study design with use of replication logic across the three case studies. 	Design
<i>Reliability</i>	<ul style="list-style-type: none"> ▪ Sampling criteria developed to ensure cases to be included were selected arbitrarily without knowledge of pupil’s / school’s experiences or therapeutic outcomes. ▪ Procedures are operationally defined in detail to ensure they could be replicated. ▪ Transparency of data collection and analysis: I have been explicit about exact interview questions asked. Thematic maps display the chain of evidence from original data to conclusions. 	Design Data Collection Data Collection & Analysis

In addition the researcher was aware that issues of reliability and validity also needed to be considered with regard to the qualitative data which was collected in the study. Three main threats were identified:

1. The researcher was aware that the professional relationship she developed with the CETS Coordinator may be viewed as a potential threat to the reliability of the data collected in the interviews and her subsequent interpretations of participants' responses via the thematic analysis. It may be argued that the qualitative data was interpreted more positively than it actually was intended by participants.
2. Demand characteristics and potential leading questions could influence how participants responded in the interviews and therefore the researcher could influence the nature of the qualitative data that was gathered.
3. It could be argued that there was a social desirability bias within the therapists' interviews as the therapists would not want to perceive their work and the impact it has had in a negative light and may therefore be overly positive about areas of adjustment.

The following actions were taken to minimise these threats to the research:

1. The researcher has attempted to be explicit about her beliefs and values (section 3.2.2) and engaged in reflexive practice (section 3.7.3) to demonstrate transparency in the process of conducting the study. In addition she met with the CETS Coordinator prior to data collection and the coordinator was fully supportive of the researcher demonstrating rigour in the study and was open to the possibility of findings demonstrating areas of practice that need improving.
2. A record of all the interview questions that were asked is presented (appendix C) and illustrative quotes from the original data are presented alongside the themes generated by the researcher via the thematic analysis.
3. The researcher maintained an observable chain of data analysis from the text extracts through to the thematic networks to ensure there was data triangulation between participants and congruent views were presented. The

views of the art therapists were supported by the views of other participants via the process of thematic analysis.

3.7.1 Case Study protocol

The present study does not express a discrete case study protocol to demonstrate reliability as the information Yin (2009) advises to be contained within a case study protocol is already presented in the following sub sections:

- Design and purpose of the study : Section 3.2 and 3.1.2.
- Data Collection procedures: Section 3.6.2
- Case Study Questions: Section 3.1.1
- Outline of case study report:: Section 5.1

3.7.2 Triangulation

“Triangular techniques in the social sciences attempt to map out, or explain more fully, the richness and complexity of human behaviour by studying it from more than one standpoint”

(Cohen, et al. 2002, p.141)

The process of triangulation is often embarked upon within research studies as a way of increasing the validity of the research findings. Triangulation can occur in many different forms including triangulation of: data sources; different investigators’ interpretations; theoretical perspectives; methods (Patton 2002). The present study employed two forms of triangulation:

1. Data Triangulation
2. Investigator triangulation

3.7.2.1 Data Triangulation

Yin (2009) cites that successful data triangulation occurs in case studies where the events or facts presented in the case study are supported by more than one piece of information. Case study researchers are therefore encouraged to collect information from multiple sources of evidence and use converging lines of enquiry to verify a research finding or conclusion.

In order to achieve data triangulation in the present study, multiple sources of data collection were employed to gain evidence in support of each of the theoretical propositions (see tables 3.2, 3.3 and 3.4). The data gathered was triangulated via the process of thematic analysis as outlined in section 3.6.2.2. The resulting triangulated data are presented as themes in the thematic networks.

While this process satisfies Yin's (2009) criteria for data triangulation within case studies, the researcher was mindful that this process would not preserve the independent views of each of the participants. Indeed, Yardley (2008) discusses that seeking to demonstrate the validity of a person's / groups account by corroborating it with another person's / group can be problematic within qualitative research, as this view does not recognise that for a qualitative researcher, different perspectives are equally valid. In qualitative research, triangulation should seek to enrich understanding of phenomena by viewing it from different perspectives, not by determining one consistent account (Flick 1992).

In the present study, it is acknowledged that there are four different voices being represented in each case study and therefore it was necessary to be mindful of the congruence of views of the different participants. In order to enable a process of data triangulation through the thematic analysis, while still preserving the individual views of each participant the researcher took the following action:

- When searching for and abstracting themes from the coded segments of original text, the researcher ensured that each participant's views were recorded onto different coloured post it notes. See Appendix E.
- When creating the thematic maps, the researcher could therefore see which participant's data had generated a particular basic theme.

- When segments of coded text from two or more participants were combined together to generate a basic theme, this was recorded on another different coloured post it and the researcher made a record on the back of the post it of which participants data the theme had come from.

This enabled the researcher to track the data gained from each participant and build a picture of the interaction between the different views within and between the case studies.

3.7.2.2 Investigator Triangulation

The purpose of investigator triangulation is to ensure that the data analysis is not confined to one perspective. Yardley (2008) suggests that within qualitative research investigator triangulation is achieved by comparing researchers' coding of data. This can be accomplished in one of two ways:

1. The researcher will code a section of the data and then meet with another researcher who has read the transcripts to discuss the emerging codes. This process can help to identify any potential themes the researcher had not yet captured, and highlight any clarifications that may be needed to increase the coherence or consistency of the analysis.
2. More than one researcher codes the same transcript or original text and then they meet to compare their codes and determine the 'inter-rater reliability.'

As the coding of data in the present study was directed by the theoretical propositions it would be unfeasible to follow step 2 as the second coder would be presented with the text out of context. Therefore the process outlined in step 1 was followed. The researcher coded a section of text and met with another Educational Psychologist to discuss the validity of the codes identified for certain segments of text. The Educational Psychologist had doctorate research experience of using thematic analysis and therefore was familiar with the method and was able to offer critique which the researcher was able to evaluate in light of other coding possibilities.

3.7.3 Reflexivity

Reflexivity is an essential part of demonstrating transparency within qualitative research. Willig (2002) outlines two different types of reflexivity which are important to consider when conducting qualitative research:

- *Personal reflexivity* - Researchers are encouraged to explicitly consider the specific ways their values, beliefs and decisions made, may have contributed to the construction of meaning throughout a study and therefore influenced its process and its findings.
- *Epistemological reflexivity* – Researchers are encouraged to engage in a critical appraisal of the assumptions made during the research process and reflect upon how decisions about the research design may have ultimately shaped a study and its findings.

In my role as the researcher in this study, I am aware that the values and beliefs that I hold that are relevant to this research may have impacted upon my interactions with the data. I have endeavoured to be transparent about these values and belief which are outlined in section 3.2.2.

I am also aware that my understanding and knowledge about the profession of art therapy has changed during the course of conducting the literature review and through ongoing discussion with the Children's Emotional Trauma Support team Coordinator. I am conscious that the knowledge base and personal belief I have built with regard to the therapeutic benefits of art therapy, could have sub consciously guided my coding of the data to find positive themes about its application. Therefore I have sought to make the process of data analysis to be as explicit as possible by producing thematic network maps to enable the reader to understand the development of the themes and how meaning has been constructed from the original text.

In addition I am aware that the decision to conduct a purely qualitative study and only gathering data at the end of the intervention process has prevented any qualitative data demonstrating pre and post intervention comparisons being gathered. I am also mindful that the case study design seeks to find literal replication of cases

however the decision to have broad sampling criteria (outlined in section 3.5.3) may have made literal replication across all three cases difficult to achieve. Whereas cases one and two may demonstrate literal replication as they involve pupils of a similar age, who have attended a similar amount of art therapy sessions. Case three involves a much younger pupil who only accessed a short art therapy programme and therefore is more likely to show theoretical replication.

I acknowledge that if the research questions would have had more of a phenomenological stance the findings would have had increased focus upon the individual experiences of each of the participants, rather than presenting them as a whole within each case study. Although I have endeavoured to be mindful of individual views during the coding process, the research questions have ultimately limited the extent to which focus upon individual experiences has been possible. Upon reflection I believe that purposefully seeking to analyse the different views of each group of participants may have given rise to a different understanding of the phenomenon under investigation. Not including a research question which considers the congruence of views between participant groups has prevented this information being found.

3.8 ETHICAL CONSIDERATIONS

Prior to conducting the research, the researcher considered the key ethical challenges inherent within the study and produced a report for the University of Manchester committee on the ethics of research on human beings. This written report explored the main ethical issues and the necessary procedures that would be put in place to protect participants from harm. The researcher met with the committee to verbally discuss the study and it was approved by the University of Manchester Research and Ethics committee on 17.05.2010 as satisfying their ethical guidelines.

This research was conducted in line with professional practice guidelines (British Psychological Society; DECP 2002) and abiding by the ethical principles set out by the British Psychological Society (2006), and Health Professionals Council (2008). All the Art Therapists are also registered practitioners with the HPC and follow the same ethical guidelines.

To ensure participants are protected from harm the following procedures were put in place to deal with the following ethical issues:

3.8.1 Informed Consent

Informed consent was gained from all participants before they engaged in the interviews with the researcher.

The art therapists and school staff members both received research information sheets and consent forms prior to each interview. In addition, at the beginning of each interview the researcher read through the information sheet and offered to answer any questions, before gaining written consent.

Consent for each pupil to take part was sought from their parent / guardian, who also received an information sheet outlining the purpose of the research and what involvement would entail for their child. The information sheet outlined that the interview will be audio recorded and that the researcher will access the referral information CETS holds on file about their child. Parents were informed that a brief anonymised summary of this will be presented in the research to help explain the

circumstances leading to their child's referral to CETS. Consent was gained for all of the above.⁵

The researcher gained additional verbal consent from each pupil at the start of each interview and offered to answer any questions they had.

3.8.2 Right to Withdraw

All participants were made fully aware that they were able to withdraw themselves from the interview at any time if they felt distressed or wished to stop for any reason. In the event of this occurring the researcher had pre-planned to discard this data from the analyses. If a withdrawn participant subsequently wished to re-engage in the interview at a later date, the researcher had planned to ensure informed consent was re-gained from the participant. None of the participants in the present study asked to withdraw.

3.8.3 Confidentiality

All data gathered was kept completely confidential. Only the researcher listened to the audio from the interviews to conceal the anonymity of the pupils. All interview accounts were anonymised and pseudo names were used to report quotes from the transcripts in the write up. In addition, at the start of each interview the researcher explained to all participants her link to CETS in her role as a researcher. Adult participants were talked through the information sheet about the research and all participants were reminded that the research will form part of a Doctorate thesis and that there was a possibility that data may be used subsequently for further publication.

3.8.4 Protection from harm

Consideration was given to the possibility that the pupils may initially be a little anxious to talk to the researcher about their experiences of art therapy. Additionally, the art therapists may have found talking about their therapeutic work with a vulnerable child quite challenging.

⁵ See Appendix A for information and consent forms.

A large proportion of the researchers' present work as an Educational and Child Psychologist in Training involves working on an individual basis with vulnerable children in their schools. All work is conducted in-line with the professional practice guidelines outlined by the British Psychological Society; DECP (2002). The researcher has well developed skills in building rapport with children and ensuring they feel at ease when engaging in discussions with her. She had planned for discussions to be discontinued if any of the pupils started to display signs that it was upsetting them. All participants were under no pressure to answer any questions they felt uncomfortable with. At the start of each interview they were informed that they could either miss questions out or end the discussion if they become uncomfortable at any stage. In the event of this happening the researcher had planned to ensure that suitable school professionals were notified and the appropriate support systems were activated.

3.8.5 Access to research findings

The researcher was available to answer any questions throughout the research process and upon request, all participants will be able to discuss the results of the research with the researcher once the research is submitted as a doctoral thesis.

3.9 Research Time Line

Table 3-8 Time Line

Date	Activity
March 2010	Meeting with CETS Art Therapy Team
April 2010	Meeting with CETS Co-ordinator, identify initial sample of potential cases. Cases 1 and 2 identified, consent slips returned.
June 2010	Case study 1 and 2 pupil therapist A-AR exit interview data transcribed and analysed. Interview data for pupils, school staff members and parents collected.
July 2010	Interview data for art therapists in case 1 and 2 collected. Case 3 identified, consent slips returned
By the end of July 2010	Case 3 pupil therapist A-AR exit interview data transcribed and analysed. Interview data for all participants in case 3 collected.
August – December 2010	Transcriptions of interview data across all three cases.
January – April 2011	Write up of literature review and methodology.
May 2011	Thematic Analysis of data.
June – August 2011	Write up results and discussion.
August 2011	Submit

3.9.1 Operational risk analysis

Prior to starting the research an operational risk assessment was conducted to assess the potential risks to the completion of the research and to outline contingency strategies that will be actioned in the event of any of the risks occurring.

Table 3-9 Potential Risks and Contingency Factors

Potential Risk	Risk Factor	Contingency
Only one case fits the criteria for inclusion at the specified times.	Low	Criteria will be expanded so the same therapist may be involved in more than one case. If necessary this may be repeated with schools.
CETS is disbanded as a provision	Low	CETS part of the Local Authority Children's Services team and its status is secured until September 2011.
Pupil's school does not consent to involvement in the research	Medium	If this occurs a new case will be identified.
Lack of pupil consent	Medium	If this occurs a new case will be identified.
Pupil unavailable on day of interview.	Medium	A new date will be offered.
Parent refuses consent for self but provides consent for pupil.	Low	Case will be completed without the parental data.

CHAPTER 4 RESULTS

4.1 CHAPTER OUTLINE

This chapter presents the results in four parts:

4.2 Case Study One: Case vignette and thematic networks demonstrating findings from the data in relation to both research questions.

4.3 Case Study Two: Case vignette and thematic networks demonstrating findings from the data in relation to both research questions.

4.4 Case Study Three: Case vignette and thematic networks demonstrating findings from the data in relation to both research questions.

4.5 Cross Case Synthesis: Thematic networks from the cross case synthesis are presented to demonstrate findings to each research question.

4.1.1 Case vignette

This will include a brief synthesis of the circumstances experienced by each pupil before their referral to the Children's Emotional Trauma Support team.

4.1.2 Thematic analysis of interview data

The full data set from the interviews conducted in each case study were qualitatively analysed by the researcher following the procedures outlined in section 3.6.2.4 regarding how to conduct a thematic analysis. As the thematic analysis was guided by the theoretical propositions, within each case two separate analyses of the data were performed to produce results relating to each of the research questions. The findings from the thematic analyses are presented as thematic network maps, with explanation of the global theme in each network.

Further explanations of each network can be found in Appendix D. Here the researcher will present the basic and organising themes produced in each network and outline any underlying assumptions and / or connections between the themes. Illustrative data extracts are presented alongside each basic theme.

4.1.4 Cross Case Synthesis of Thematic networks

A thematic network map will be presented for each research question. The thematic map will represent the cross case synthesis of the results data from each case study. The map will be created by using the basic themes produced in each case as the initial data. These themes will be organised into clusters which characterise similar issues and subsequently refined to represent new basic themes. A thematic network map will be created from these basic themes to show the cross case findings.

A diagram depicting which basic themes were taken from each individual case to generate a 'cross case theme' is presented. Each new basic theme is further illustrated with data extracts from the original text.

The similarities and differences between the cases will then be further discussed in chapter 5.

4.2 RESULTS FOR CASE STUDY ONE

4.2.1 Case Vignette

Khanysia and her family are originally from Zimbabwe. From a young age Khanysia was responsible for nursing her grandmother and spent time away from her mother due to her mother's work commitments. Due to persecution Khanysia's Mother moved to the United Kingdom (UK) in 2002 and Khanysia was left in the care of relatives. During the year after her Mother left, she experienced repeated bereavements, firstly of her grandmother and then the uncle whom she was staying with. She moved to stay with another uncle however in 2004 this uncle also died and her mother made arrangements for Khanysia to move to the UK.

In her first few years in the UK, Khanysia experienced the death of her Mother's new partner, being re-housed to a new area of the city and a transition to High School. By school year eight, there were extensive concerns from her mother, two Consultant Child and Adolescent Psychiatrists and school staff members about her emotional wellbeing, aggressive behaviours and vengeful wishes. Khanysia was known to engage in self harm and had twice attempted to commit suicide by taking overdoses. She was judged as being a high risk to further harming herself and other people and there was disagreement between health professionals as to whether she should be admitted as an in-patient or allocated a place within a therapeutic community. Instead she was referred to the Children's Emotional Trauma Support Team and was in year 9 when she started attending weekly art therapy sessions at school.

At the time of referral Khanysia was demonstrating evidence developmental trauma including: patterns of dysregulation in response to trauma cues; altered attributions and expectations which could be seen in a range of functional impairments. These were impacting on her ability to engage with adults and peers; her beliefs about herself and her ability to function within a school environment.

4.2.2 THEMATIC ANALYSIS OF DATA FROM CASE STUDY ONE

4.2.3 Research Question One:

What are the potential areas of adjustment in pupils whom having experienced developmental trauma, attend an art therapy intervention at their school?

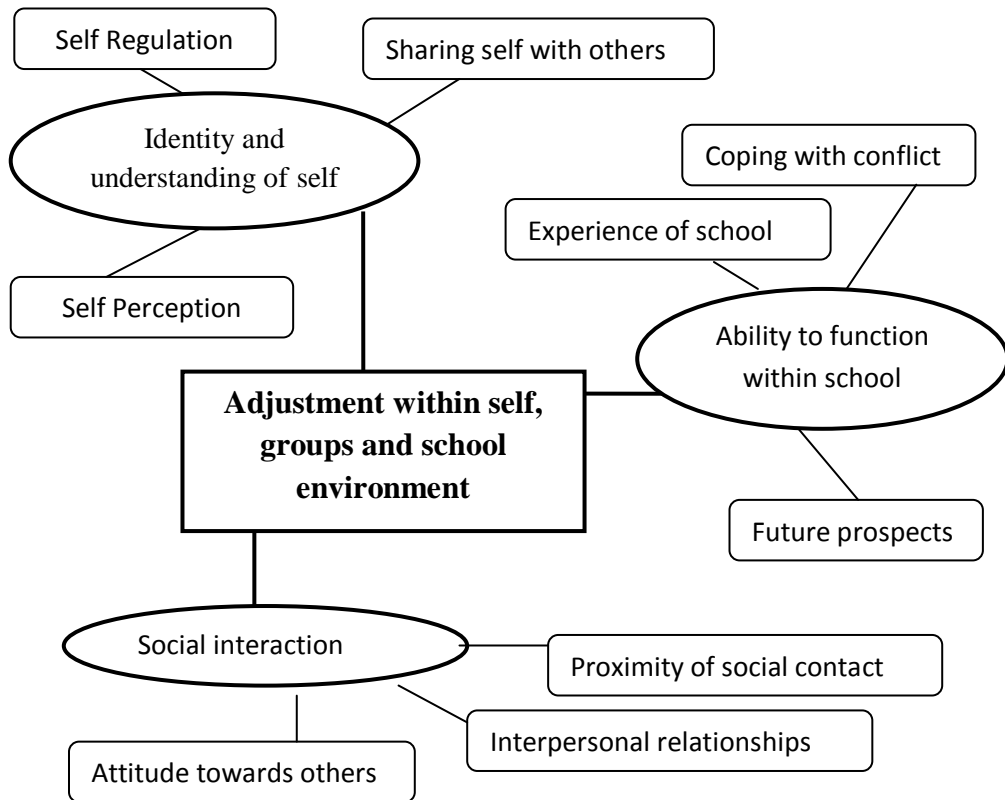
The results with regard to this research question were produced by conducting a thematic analysis of the interview data. This analysis applied a coding framework to the textual data which sought to identify basic themes related to Khanysia's presentation before and after art therapy. This produced 27 themes, 12 themes indicative of her presentation before art therapy and 15 themes indicative of her presentation afterwards. These initial themes were organised into clusters which characterised similar issues and subsequently refined to represent nine basic themes representing nine different areas of adjustment. Thematic network 1.1 was produced from these nine basic themes (see figure 3.1)

4.2.3.1 Thematic network 1.1: Adjustment within Self, Groups and School Environment

This network has nine basic themes and three organising themes. It represents how adjustment has been observed in Khanysia's understanding of and belief within herself, her ability to interact within others and her engagement and contribution to school life.

Discussion of Khanysia's presentation before and after attending art therapy presented a young girl who had experienced a huge adjustment in many areas of functioning. This network illustrates these different areas and demonstrates how adjustment was observed in her ability to function within an individual, group and systemic context. Khanysia changed from a very angry young person who wanted to isolate herself from others, avoid social interactions and engage in persistent conflicts at school, to a happy and relaxed young person who was able to reveal parts of her identity, maintain friendships and participate in the wider school community.

Figure 4.1 Thematic Network 1.1 ‘Adjustment within Self, Groups and School Environment.’



Further descriptions and discussion of the organising and basic themes within this network, alongside illustrative data extracts can be found in Appendix D2.

4.2.4 Research Question Two:

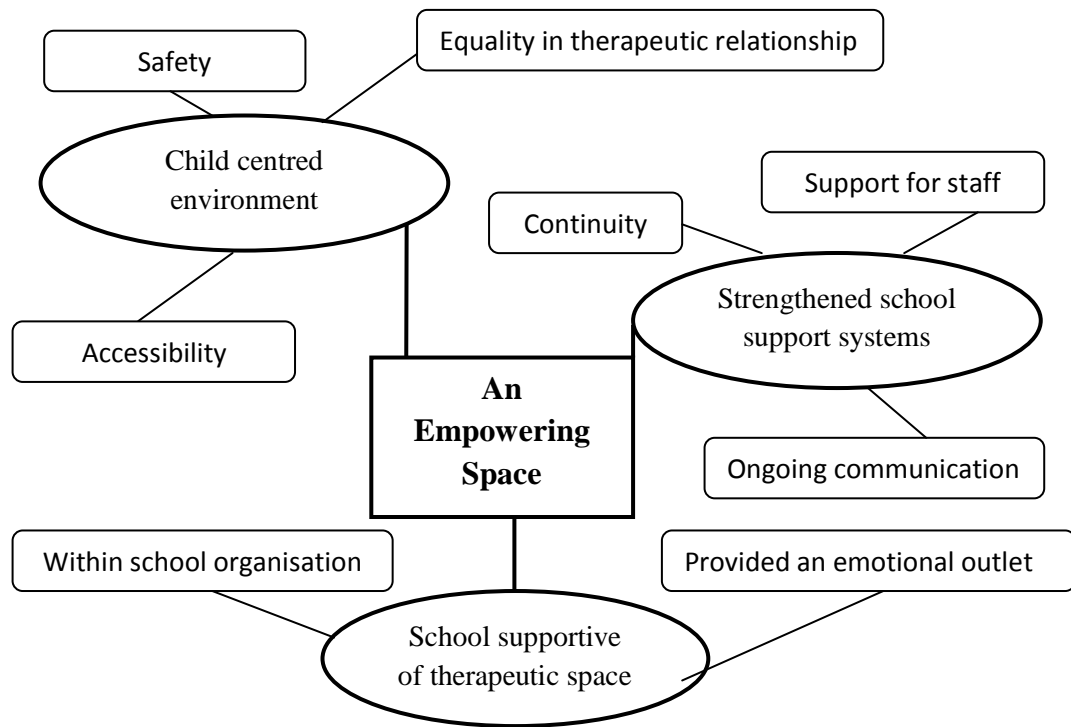
How does school based art therapy contribute to improve adjustment for children and young people who have experienced developmental trauma?

The results with regard to this research question were produced by conducting a second thematic analysis of the interview data. This analysis applied a coding framework to the textual data which sought to identify themes which related the role of the art work, the delivery of the therapy and the impact the school context had on the pupil's experience of art therapy. This coding framework produced 27 initial themes. After clustering the themes together into groups which represented similar ideas, thirteen basic themes emerged. These themes were further organised into two groups of basic themes representing similar ideas. Two thematic networks were constructed from these two groups. Thematic network 1.2 (Figure 3.2) was developed from eight basic themes. Thematic network 1.3 (Figure 3.3) was developed from five basic themes.

4.2.4.1 Thematic network 1.2: 'An Empowering Space'

This network has eight basic themes and three organising themes. It demonstrates how delivering art therapy at her school created an empowering space for Khanyisia to explore her emotions; this was central to her experience of therapy. School based art therapy facilitated weekly provision of therapy within a child centred environment where Khanyisia felt safe. It had a positive impact on wider school systems therefore strengthening her within school support. The logistical arrangements of the therapy were well organised.

Figure 4.2: Thematic network 1.2 ‘An Empowering Space’

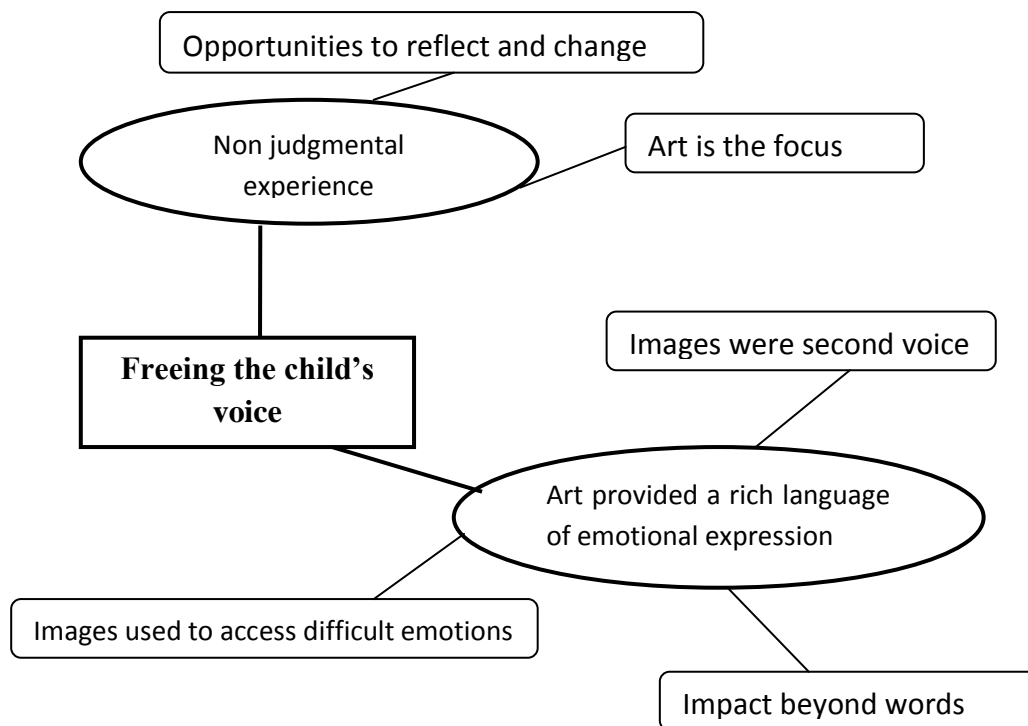


Further descriptions and discussion of the organising and basic themes within this network, alongside illustrative data extracts can be found in Appendix D2.

4.2.4.5 Thematic network 1.3: 'Freeing the child's voice'

This thematic network reflects how school based art therapy contributed to adjustment for Khanysia by providing her with the space where she could revisit, express and reflect upon difficult emotions in a safe and secure environment, without fear of feeling judged by the emerging narratives she worked upon. School based art therapy 'freed her voice' by providing her with the means to express herself and her story, safely.

Figure 4.3: Thematic network 1.3 'Freeing the child's voice'



Further descriptions and discussion of the organising and basic themes within this network, alongside illustrative data extracts can be found in Appendix D2.

4.3 RESULTS FOR CASE STUDY TWO

4.3.1 Case Vignette

Nathan

Nathan, aged 14 attends a Local Authority Specialist Support School for children in key stage three who have social emotional and behavioural difficulties (SEBD). He was born in the United Kingdom and lives with his Mother and Father, two older siblings and his nephew.

Nathan experienced repeated disruption to his primary schooling. By the end of year six he had attended four different settings and had a full year at home with no education. He was also known to have experienced developmentally adverse environmental circumstances and the true nature of the adversity he experienced was not fully known until a disclosure was made to a staff member during his secondary schooling.

Throughout his year seven Nathan was known to Child and Adolescent Mental Health Services (CAMHS) and the Educational Psychology Service. He was seen twice by a Community Psychiatric Nurse who recommended counselling, however after one session the counsellor said that his needs were too severe for him to work with. Nathan's family reported that CAMHS involvement was too formal and that during one session Nathan made no eye contact and 'cowered in the corner of the room.' Nathan had refused to engage with the educational psychologist who had initially visited him at home. The educational psychologist suggested involvement with CETS and he starting attending art therapy in year eight.

At the time of his referral he was demonstrating symptoms of developmental trauma. Nathan was exhibiting daily occurrences of aggressive behaviours towards staff members and other pupils including an incident which saw Nathan holding a knife to another child's throat. He was presenting with repeated patterns of dysregulation, he was unable to regulate his emotions and presented with distorted attributions and expectations. In class he would talk to himself and would often think that his peers were talking about him. At his year seven annual review it was decided that Nathan would receive home tuition for the remainder of the year and re-start attending school for one hour a day in year eight. His art therapy began in year eight.

4.3.2 THEMATIC ANALYSIS OF DATA FROM CASE STUDY TWO

4.3.3 Research Question One:

What are the potential areas of adjustment in pupils whom having experienced developmental trauma, attend an art therapy intervention at their school?

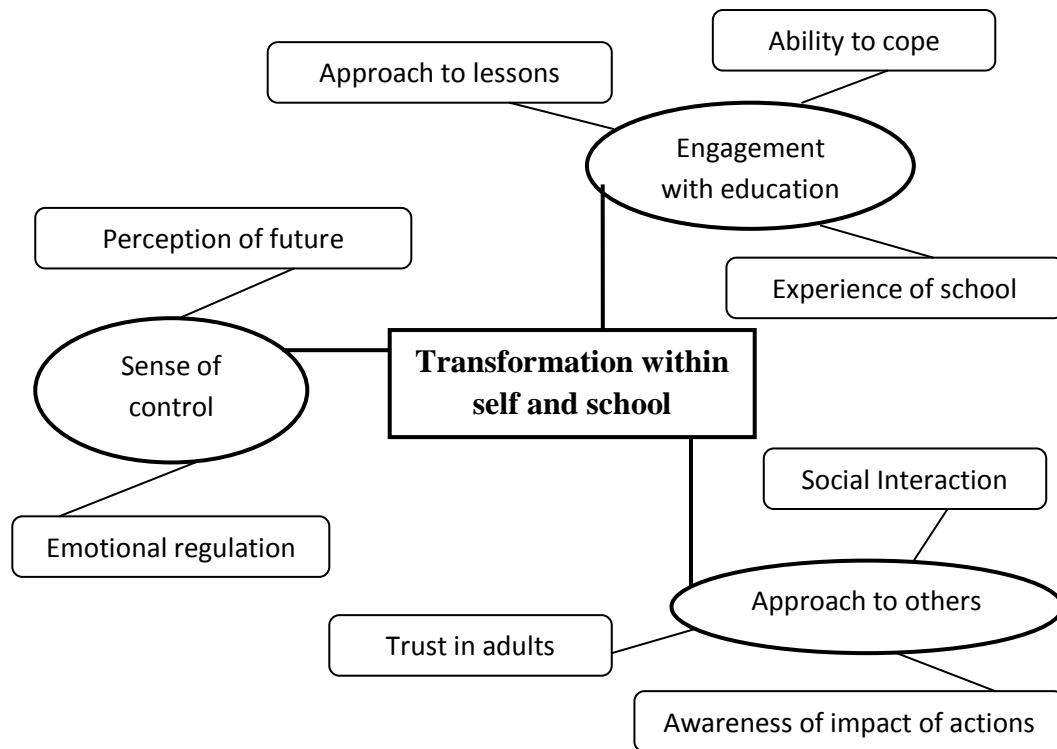
The results with regard to this research question were produced by conducting a thematic analysis of the interview data. This analysis applied a coding framework to the textual data which sought to identify basic themes related to Nathan's presentation before and after art therapy. This produced 29 themes, 12 themes indicative of his presentation before art therapy and 17 themes indicative of his presentation afterwards. These initial themes were organised into clusters which characterised similar issues and subsequently refined to represent eight basic themes representing eight different areas of adjustment. Thematic network 2.1 was produced from these eight basic themes (see figure 3.4)

4.3.3.1 Thematic network 2.1: 'Transformation within self and school'

This network has eight basic themes and three organising themes. It represents how adjustment has been observed in Nathan's experience of school, ability to engage with others and the sense of control he has about his own behaviours and future life.

Discussion of Nathan's presentation before and after art therapy presented a young boy who has transformed within himself and his subsequent ability to interact positively with others. Before starting art therapy Nathan felt unsupported at school and was unable to regulate his emotions and subsequent behaviours. He was aggressive and violent towards others and believed he had no positive future prospects. After art therapy Nathan was able to engage at school, he was calmer when mixing with others and had positive aspirations for his future.

Figure 4.4: Thematic network 2.1 ‘Transformation within self and school’



Further descriptions and discussion of the organising and basic themes within this network, alongside illustrative data extracts can be found in Appendix D3.

4.3.4 Research Question Two:

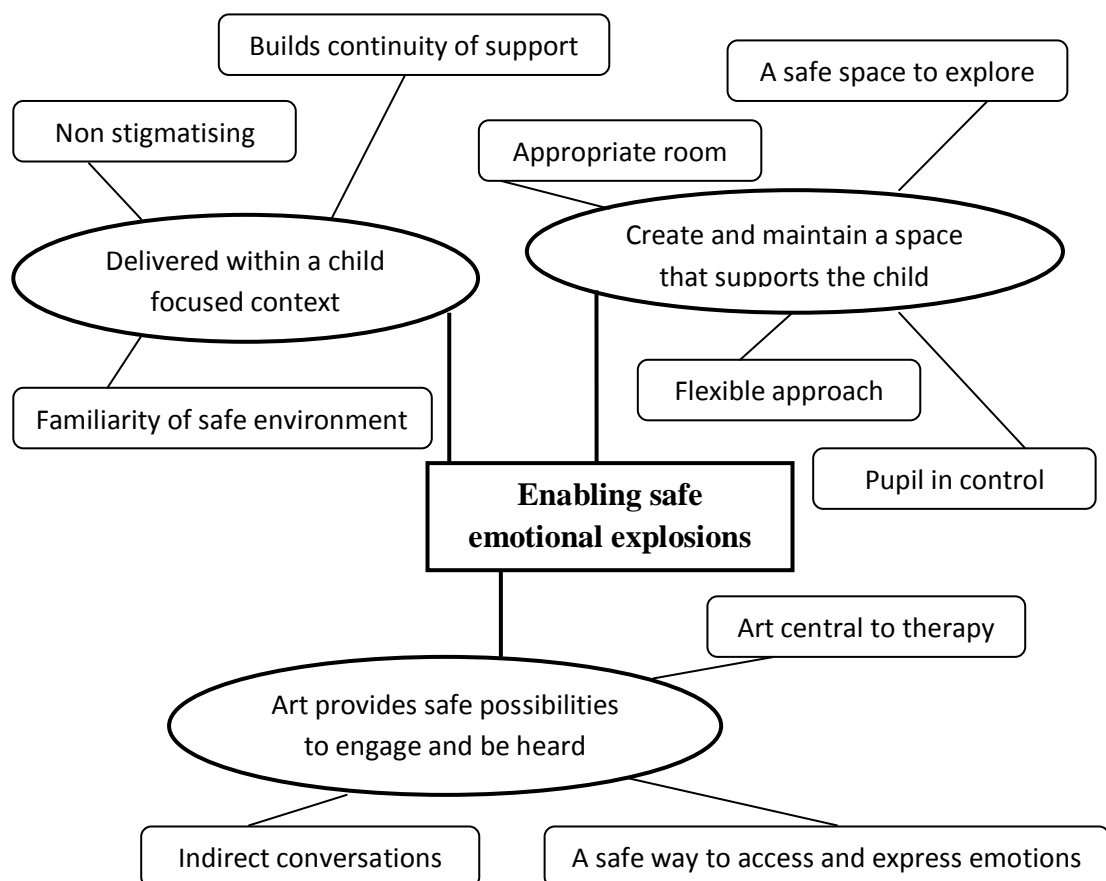
How does school based art therapy contribute to improve adjustment for children and young people who have experienced developmental trauma?

The results with regard to this research question were produced by conducting a second thematic analysis of the interview data. This analysis applied a coding framework to the textual data which sought to identify themes which related the role of the art work, the delivery of the therapy and the impact the school context had on the pupil's experience of art therapy. This coding framework produced 24 initial themes. After clustering the themes together into groups which represented similar ideas, ten basic themes emerged. Thematic network 2.2 (Figure 3.5) was constructed from these ten basic themes.

4.3.5 Thematic Network 2.2: ‘Enabling safe emotional explosions’

This thematic network reflects how school based art therapy contributed to adjustment for Nathan by enabling him to access and explore difficult emotions that could be understood and contained within a safe therapeutic space. Delivering the therapy at his school helped to establish a child focused context which helped Nathan to feel safe and in control. This, alongside the therapists’ flexibility with regard to the composition and style of delivery, supported Nathan’s ability and desire to access the support. He found a new language within his image making and used this express himself and work through difficult emotions and experiences which could be acknowledged by the therapist without needing explicit verbal explanations. School based art therapy offered Nathan a safe space and accessible tools to engage in a supportive therapeutic relationship.

Figure 4.5: Thematic Network 2.2 ‘Enabling safe emotional explosions’



Further descriptions and discussion of the organising and basic themes within this network alongside illustrative data extracts can be found in Appendix D3.

4.4 RESULTS FOR CASE STUDY THREE

4.4.1 Case Vignette Christopher

Christopher, aged 8, attends a mainstream primary school. He was born in the United Kingdom and is living with foster carers.

Prior to this foster care placement Christopher had experienced many transitions in his care environment, in between placements living with his mother and 10-year-old sister. Christopher's early years were highly chaotic. His Father was linked to gangs within the city and was charged with conspiracy to murder when Christopher was five months old. In subsequent years Christopher's mother suffered a mental breakdown, reportedly as having traumatic stress with psychotic features which were suspected to have evolved from post natal depression after the birth of his older sister. Christopher and his sister were cared for by their paternal grandmother, then by a series of foster carers before returning to his mother's care.

In (school) year three Christopher was referred to CAMHS and was diagnosed as having an attachment disorder with attention deficit hyperactivity disorder. Later this year Christopher and his sister were placed into joint foster care via a police protection order. They were moved together to a different foster care placement after two weeks. They remained with this set of foster cares for four months until the placement broke down and Christopher and his sister were separated and placed with different carers. He was referred to CETS in April 2010 and his final placement move happened while he was attending art therapy, after the second session.

At the time of his referral Christopher was demonstrating symptoms of developmental trauma. He had been exposed to interpersonal trauma across his lifespan and was unable to regulate his emotions. He was known to have persistent attachment difficulties and disliked strangers and unfamiliar adults. Patterns of dysregulation were observed in school, with Christopher quickly reacting to small situations and regularly being agitated and physically aggressive towards other children. Cognitively he was known to be an able pupil however there were concerns about his poor concentration and inability to attend in class.

4.4.2 THEMATIC ANALYSIS OF DATA FROM CASE STUDY THREE

4.4.3 Research Question One:

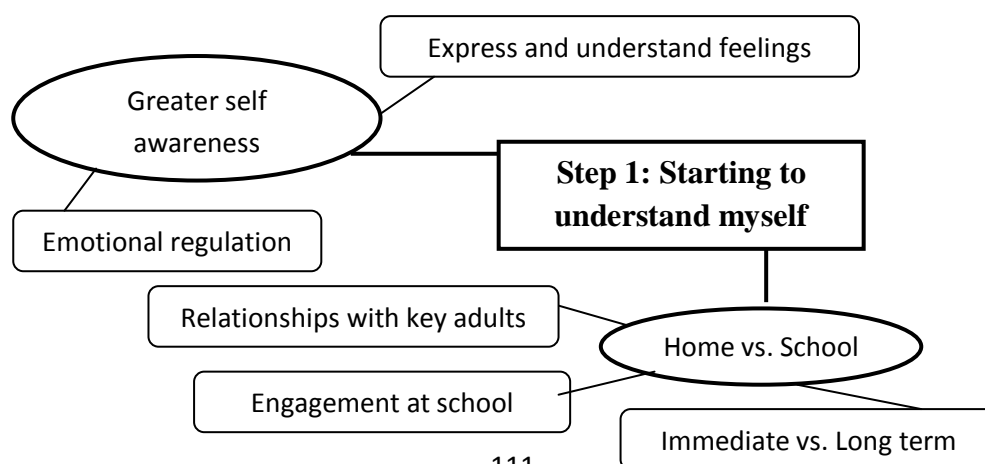
What are the potential areas of adjustment in pupils whom having experienced developmental trauma, attend an art therapy intervention at their school?

The results with regard to this research question were produced by conducting a thematic analysis of the interview data. This analysis applied a coding framework to the textual data which sought to identify basic themes related to Christopher's presentation before and after art therapy. This produced 19 themes, 6 themes indicative of his presentation before art therapy and 13 themes indicative of his presentation afterwards. These initial themes were organised into clusters which characterised similar issues and subsequently refined to represent five basic themes. Thematic network 3.1 was produced from these five basic themes (see figure 3.6)

4.4.3.1 Thematic network 3.1: 'Step 1: Starting to understand myself'

This network demonstrates how attending art therapy has helped Christopher take the first steps towards positive adjustment. He has developed a greater awareness of himself and his feelings and this is being observed in his behaviour and interactions outside of school. However the demands of the school environment are still proving too challenging for him and immediate difficulties with engagement and social interactions still persist.

Figure 4.6: Thematic Network 3.1 'Step 1: Starting to understand myself'



Further descriptions and discussion of the organising and basic themes within this network alongside illustrative data extracts can be found in Appendix D4

4.4.4 Research Question Two:

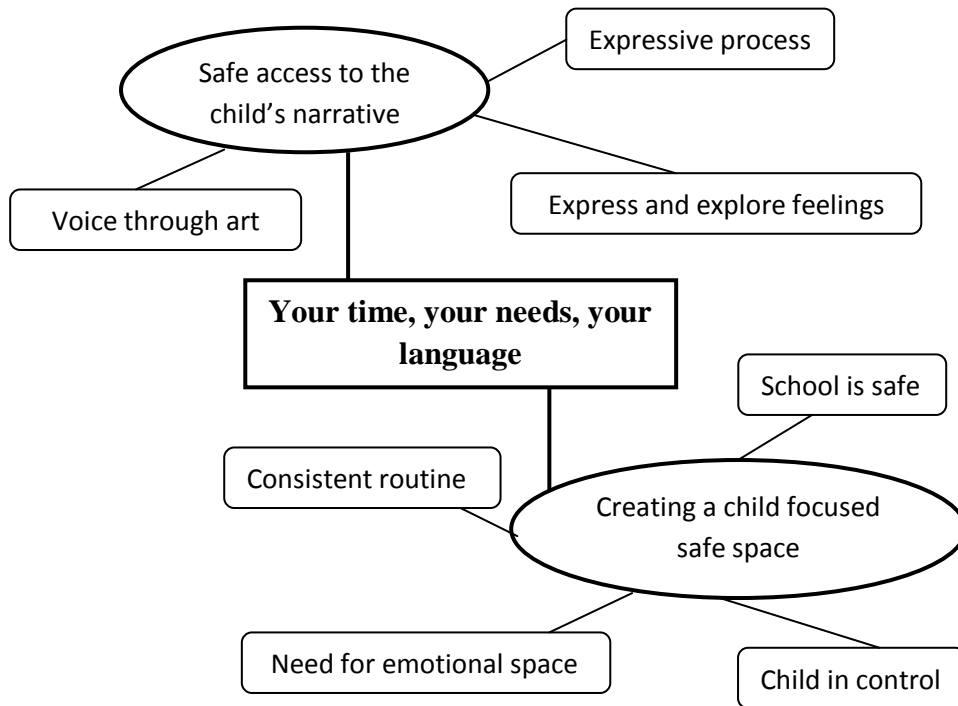
How does school based art therapy contribute to improve adjustment for children and young people who have experienced developmental trauma?

The results with regard to this research question were produced by conducting a second thematic analysis of the interview data. This analysis applied a coding framework to the textual data which sought to identify themes which related the role of the art work, the delivery of the therapy and the impact the school context had on the pupil's experience of art therapy. This coding framework produced 13 initial themes. After clustering the themes together into groups which represented similar ideas, seven basic themes emerged. Thematic network 3.2 (Figure 3.7) was constructed from these seven basic themes.

4.4.5 Thematic Network 3.2: 'Your time, your needs, your language.'

This thematic network has two organising themes and seven basic themes. It depicts how school based art therapy was supportive for Christopher as it was able to facilitate a weekly opportunity for him to have time for himself, where he could be in control and focus upon his own needs. The art provided him with a way to fully express his feelings using in his own creative language and then use this to talk with the therapist. Unlike the changes and transitions he was making outside of school, art therapy was his time to make the decisions and be in control. Delivering the therapy in his school promoted feelings of safety and security and helped him to access the time and begin to form a relationship with another adult.

Figure 4.7: Thematic Network 3.2: Your time, your language, your needs.



Further descriptions and discussion of the organising and basic themes within this network alongside illustrative data extracts can be found in Appendix D4

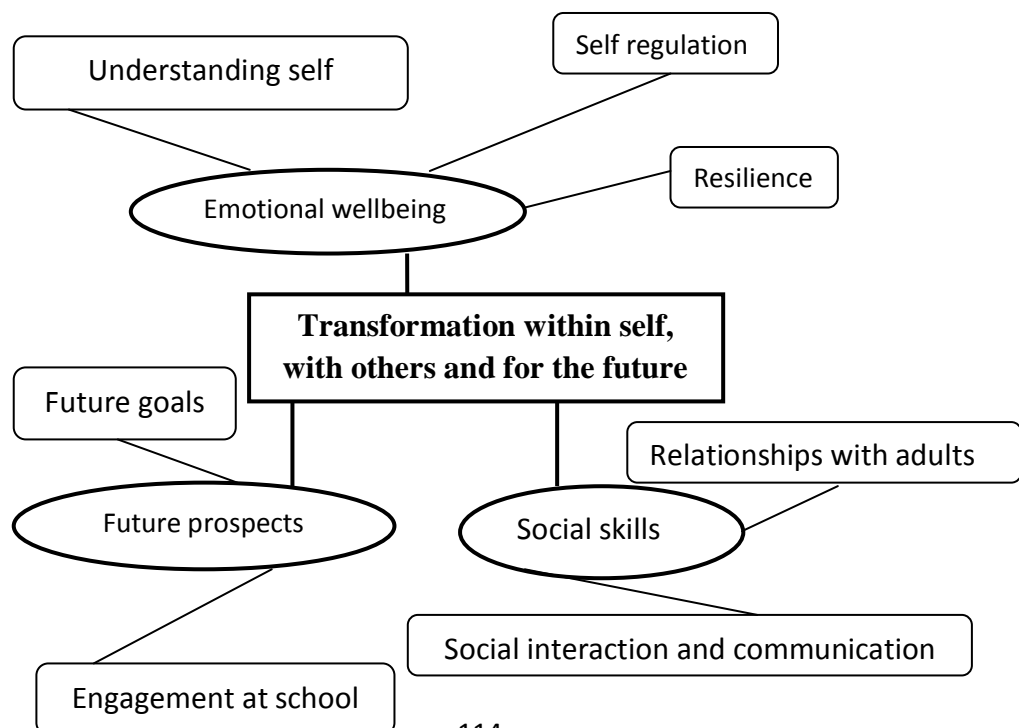
4.5 THEMATIC NETWORKS FROM CROSS CASE SYNTHESIS

4.5.1 Research Question One:

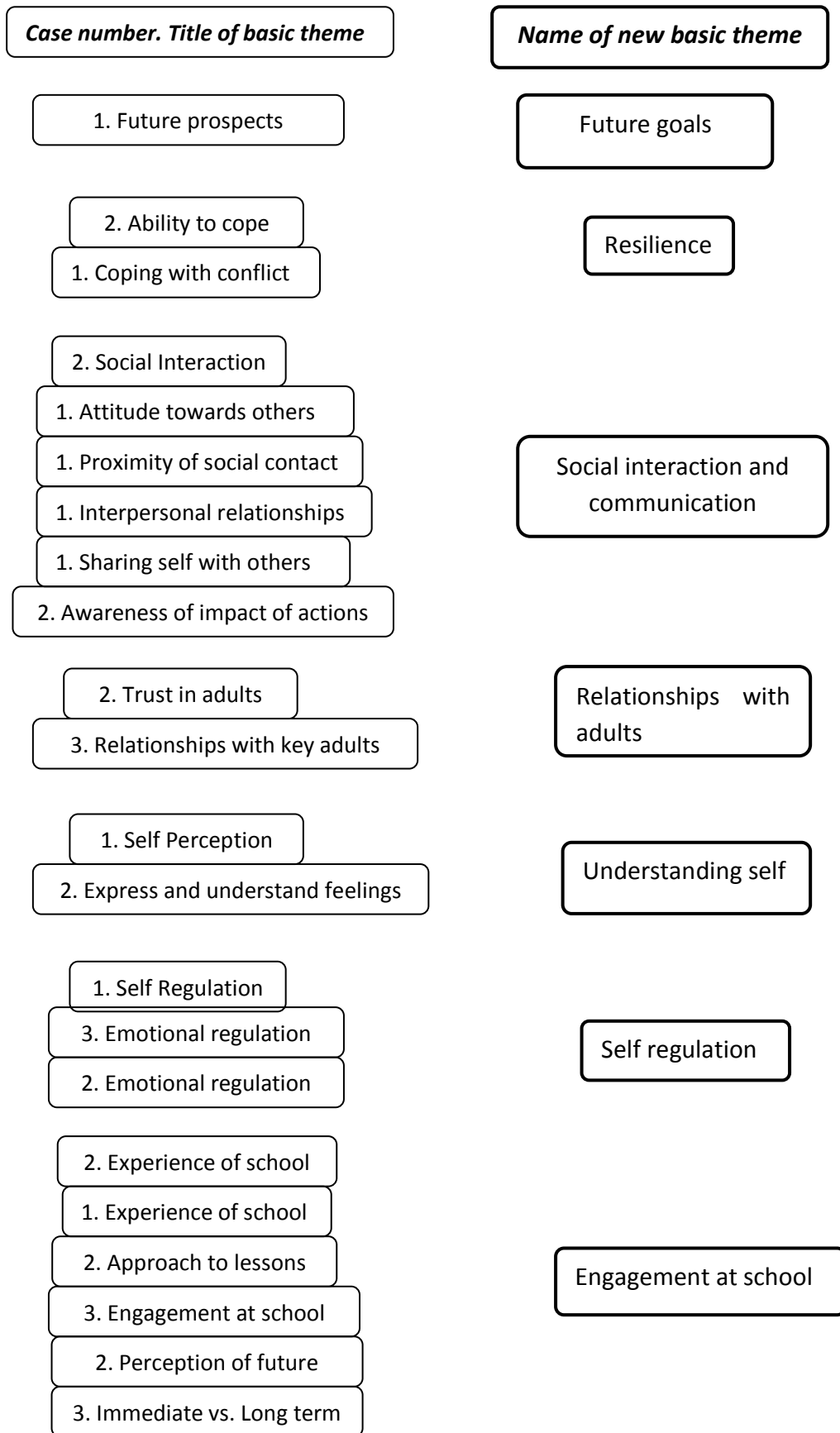
What are the potential areas of adjustment in pupils whom having experienced developmental trauma, attend an art therapy intervention at their school?

Thematic network 4.1 (see figure 4.8) represents the cross case findings to research question one. The basic themes were created by clustering together the ‘initial basic themes’ in thematic networks 1.1, 2.1, and 3.1, into groups which represented similar ideas (see 4.5.2). Some of the themes were immediately identifiable into groups, for example, ‘Ability to cope’ and ‘Coping with conflict’ were grouped to form ‘Resilience.’ Whereas with other themes required the researcher to revisit the original explanations and extracts from the data to ensure the groupings were appropriate, for example, the grouping of ‘Self perception’ and ‘Express and understand feelings’ to form ‘Understanding self.’ None of the initial basic themes were discarded or unable to be grouped with at least one other initial theme. Further discussion about the cross case findings is presented in chapter five.

Figure 4.8: Thematic Network 4.1: Transformation within self, with others and in the future.



4.5.2 Overview of basic themes from individual cases which were combined to create cross case themes for thematic network 4.1



4.5.3 Illustrative Data Extracts To Demonstrate Synthesis Of Basic Themes From Individual Cases To New Cross Case Themes.

4.5.3.1 ORGANISING THEME: EMOTIONAL WELLBEING

This organising theme is developed from three basic themes: self regulation; understanding self; resilience.

4.5.3.1.1 Basic theme: Self Regulation

This theme was generated from the basic themes ‘Self regulation’ in case one and ‘Emotional regulation’ in cases two and three. Data extracts include:

[She was] so very frustrated a lot of the time ... unable to cope with the smallest requests that were asked. [School Staff member]

But he’s erm, he’s .. it’s a lot quicker to calm him down now ... and then the tears will come, the anger will go as quick as it came really and then the emotional side comes of it. ... He’s err ... it takes a lot now to make him angry .. to be honest, whereas before it was the slightest thing y’know. [School Staff Member Case 2]

And like if someone does something to him, his first thing is to react and to lash out whereas I’ve noticed now with him and his sister on contact, if like she would say something, normally he’d just run over and dive on her or run over and hit her or whatever, but now he’s got to the point where he will run over but before he does anything you can see his mind working and thinking, I know I shouldn’t do that, sort of thing ... he’ll stop then, dya know what I mean, whereas before he’d have just dived right in he wouldn’t have stop and thought about it. [Parent Case 3]

4.5.3.1.2 Basic theme: Understanding Self

This theme was generated from the basic themes ‘Self Perception’ in case one and ‘Express and understand feelings’ in case three. Data extracts include:

I was really really angry and I was like, I used to get angry quite a lot very easily. [Pupil Case 1–before art therapy]

I'm nice and I'm trustworthy, and I am really open. [Pupil Case 2—after art therapy]

But with the art therapy he is able to tell you well I felt angry at first but now at the end of it I feel calmer. So I think he is starting to think about when he's angry and when he's calmer and what makes him calmer and what makes him angry ... and I think now he's starting to understand his own feelings as well. [Parent Case 3]

4.5.3.1.3 Basic theme: Resilience

This theme was generated from the basic themes 'Ability to cope' in case two and 'Coping with conflict' in case one. Data extracts include:

Now she's able to apply strategies to, once somebody was winding her up, or something was happening that she .. didn't or wasn't able to cope with in the past. [School Staff member Case 1]

In March this year, she applied for Prefect and the fact that she's gone on to be confident enough to feel that she could deal with situations that may arise as a Prefect is amazing. [School Staff member – Case 1]

Most of the time he actually did come to school but he just ducked out as soon as he got here. Y'know got into an argument with a kid or member of staff and he just couldn't hack it. [Parent – Case 2]

Now he's actually able to sit down and talk with people ... he can sit down and he can talk to 'em, err .. y'know you can have a proper conversation with the teacher [Parent – case 2]

4.5.3.2 ORGANISING THEME: SOCIAL SKILLS

This organising theme is developed from two basic themes: relationships with adults and social interaction and communication.

4.5.3.2.1 Basic theme: Relationships with adults

This theme was generated from the basic themes ‘Trust in Adults’ in case two and ‘Relationships with key adults’ in case three. Data extracts include:

*Actually at the beginning he wouldn't, he wouldn't .. erm, I mean I don't want to say too much about his mannerisms .. but, erm, it's enough to say that he wasn't comfortable being in a room alone with me.
[Therapist Case 2]*

But now ... I think he's willing .. well he's actually able to give people, the benefit of the doubt, well, maybe these are trying to help me? ... So he can actually speak to people as well .. y'know give them, give them a chance. [Parent Case 2]

*Recently he has just started really inappropriate behaviour towards adults and the class teacher within the classroom. Just the way he spoke, was speaking to adults, no respect towards any of the adults in the classroom. Especially with Mrs XXXX a TA in the classroom, he had a really good relationship with her which seems to have deteriorated.
[School Staff Member Case 3]*

4.5.3.2.2 Basic Theme: Social interaction and communication

This theme was generated from the basic themes ‘Attitude towards others; Proximity of social contact; Interpersonal relationships; Sharing self with others’ in case one and ‘Social interaction and Awareness of impact of actions’ in case two. Data extracts include:

She came very quiet, very withdrawn er didn't really socialise with other pupils, was much happier being on her own ... erm, didn't like people to come into contact with her at all, erm .. didn't like to be touched, didn't like to be .. spoken to really. [School Staff Member Case1]

I'll do stuff for people even if it doesn't gain me anything, which before I really didn't want to do. ... And I'm trying to be nicer to people ... which

never goes as planned usually [laughs]... Erm, now I feel actually happier, I feel happy. [Pupil Case 1]

He's very aggressive. Erm .. he'd think nothing of swearing at ya, putting a chair up to you .. staff and kids just the way he was with the other kids and the other staff, y'know he'd think of, he'd think nothing of putting his arms round their neck, not the staff I mean, the kids. [School Staff Member Case 2]

Erm he's not as aggressive now. Like he'll play football and he's not like, purposefully tripping someone up or kicking them or .. it's very rarely that you see that, very rare ... And, he'll say to his peers now, 'aww brilliant, that was a good shot!' Y'know and he'll compliment, he'll compliment them so ..yeah, yeah totally different. [School Staff Member Case 2]

4.5.3.4 ORGANISING THEME: FUTURE PROSPECTS

This organising theme is developed from two basic themes: engagement at school and future goals.

4.5.3.4.1 Basic Theme: Engagement at school

This theme was generated from the basic themes 'Experience of school' in cases one and two, 'Approach to lessons' in case two and 'Engagement at school' in case three. Data extracts include:

I just ended up in fights all the time and not being in school because people kept on annoying me so much I was in fights so much I had to go home and like stay there a week then be back in school and then someone would do something else. [Pupil Case 1]

It [school] was stressful for me. If I done anything wrong I got kicked out straight away. ... Not entirely in school ... not at all in school ... dor –ow what else? ... Yeah, I stayed off school for like 2 months ... Nah, I just like

*dint go in .. because the work was too hard for me and I dint get no help.
[Pupil Case 2]*

*Ooh, errm, I would say 85 -90% better ... erm ... he listens, he wants to
do the work. [School staff member Case 2]*

*Erm .. he is above average in intelligence but it doesn't show in the tests
we have just done, the year 3 tests, because he's not actually getting
anything down on paper because of his attention. [School Staff Member
Case 3]*

4.5.3.4.2 Basic Theme: Future Goals

This theme was generated from the basic themes 'Future prospects' in case one, 'Perception of future' in case two and 'Immediate vs long term' in case three. Data extracts include:

*I wanted to say but just how influential it has been .. and how .. this
child's life has changed because of a weekly session held on a Monday
afternoon, y'know ... the, the difference that it has made to her .. and
how I'm more confident that she will go on, to .. to be incredibly
successful ... because of this therapy. I would have been very very
concerned about Khanysia leaving school in 9 months time .. but no,
y'know , not, not anymore, those fears have gone. [School Staff Member
Case 1]*

*He just wasn't mithered he just wasn't bothered about what happened,
about where he went or ... Nathan was always of the, came to the
conclusion, if you'd spoke to him before the art therapy, that he was
going, he wouldn't even be able to work in Mc Donald's ... that's what
Nathan seen his life being, y'know 'I'll be on the dole, I'll be in trouble'
'I'll probably be in prison ... If you speak to him now, he's y'know 'a
mechanic' which y'know, he's done a, done a course ... if you do speak to
him now and he is, he is full of it more, he want to do this and he wants
to do that and if he can do this. Whereas before he was, y'know, 'I know
I'm never going to do this.' [Parent Case 2]*

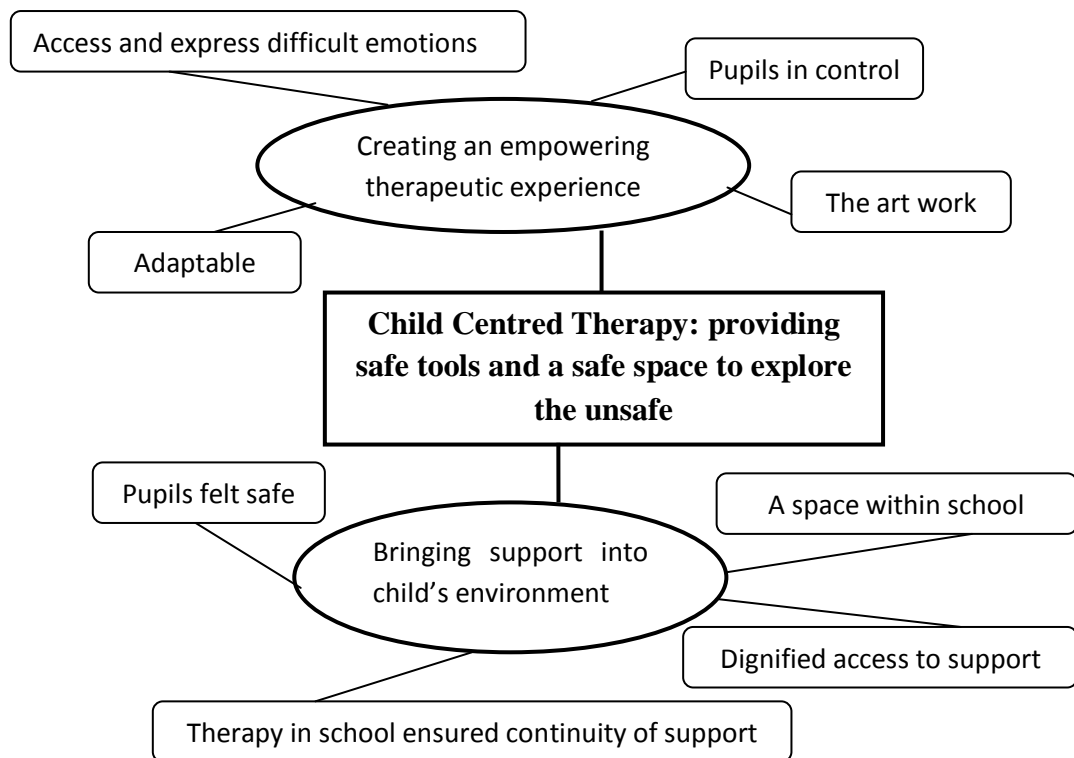
Maybe his behaviour has declined but it is bringing out things that he needs to talk about because he is a very angry little boy and there are a lot of issues there and I think we're only just touching on the surface of what actually has gone on .. with him .. being with mum ... so even though things are worse now I'm sure over time things will start to get better as he has the time to do this. [School Staff Member Case 3]

4.5.4 Research Question Two

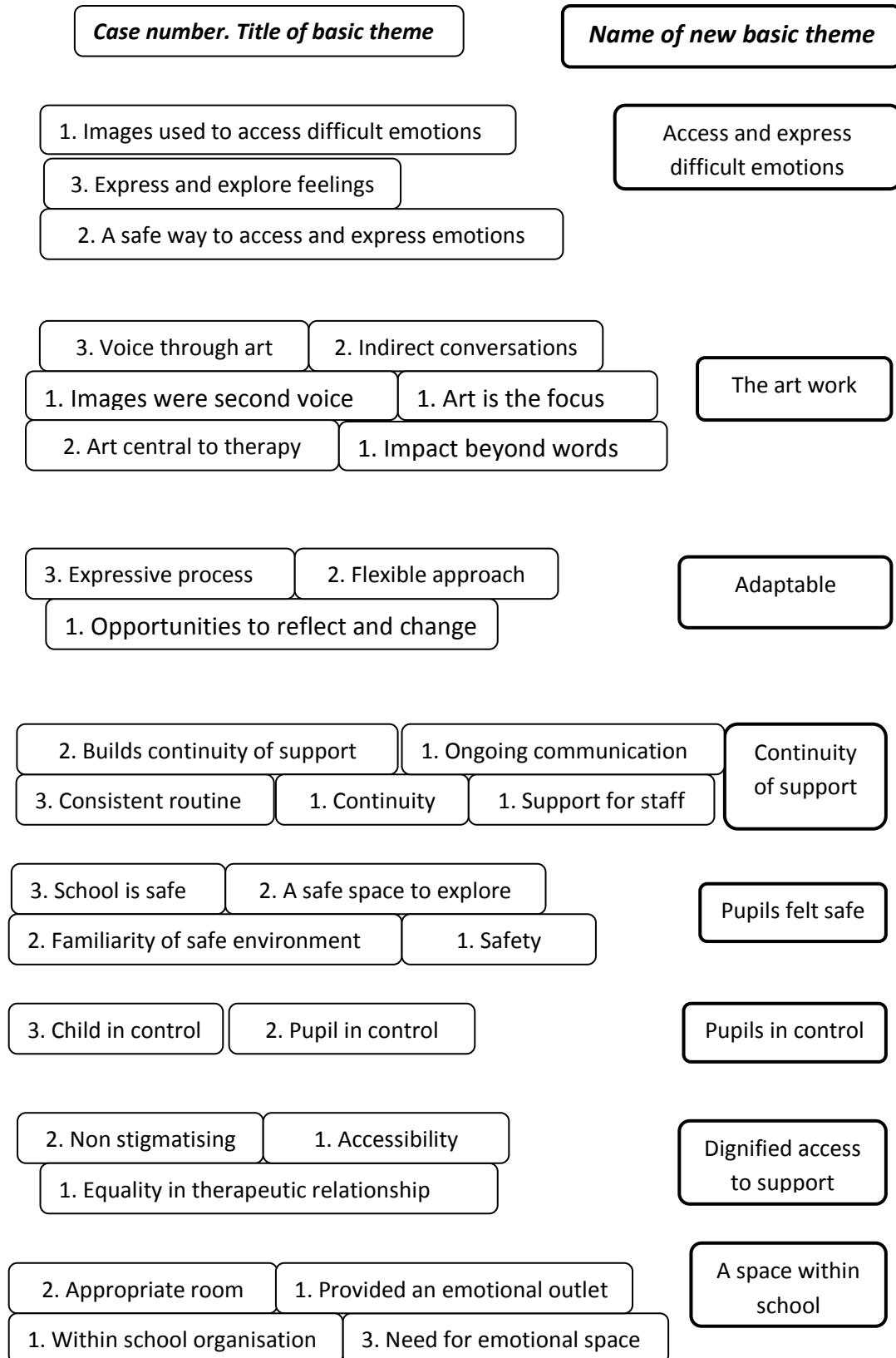
How does school based art therapy contribute to improve adjustment for children and young people who have experienced developmental trauma?

Thematic network 4.2 (see figure 4.9) represents the cross case findings to research question two. Each basic theme was created from the initial basic themes in thematic networks 1.2, 1.3, 2.2, and 3.2, (see Appendix 4.2). None of the initial basic themes were discarded or unable to be grouped with at least one other initial theme. Some themes were immediately identifiable into groups which were able to be described by a similarly named theme; for example, the initial themes which were grouped to make the theme ‘Pupils felt safe’ (see Appendix 4.2). Whereas some thematic groupings were not as obvious and required the researcher to revisit the original explanations, after which a theme which described the group, but not necessarily the individual basic themes, was able to be formed; for example, the initial themes which were grouped to form the theme ‘Adaptable’ (see Appendix 4.2). Further discussion about the cross case findings is presented in chapter five.

Figure 4.9: Thematic network 4.2 ‘Child Centred therapy: providing safe tools and a safe space to explore the unsafe.’



4.5.5 Overview of basic themes from individual cases which were combined to create cross case themes for thematic network 4.2.



4.5.6 Illustrative Data Extracts To Demonstrate Synthesis Of Individual Case Basic Themes To New Cross Case Themes in Thematic Network 4.2.

4.5.6.1 ORGANISING THEME: CREATING AN EMPOWERING THERAPEUTIC EXPERIENCE

This organising theme was developed from four basic themes: adaptable; pupils in control; access and express difficult emotions; the art work.

4.5.6.1.1 Basic Theme: Adaptable

This theme was generated from the basic themes ‘Opportunities to reflect and change’ in case one, ‘Flexible approach’ in case two and ‘Expressive process’ in case three. Data extracts include:

When I got like towards the middle it sort of ... felt like it was helping me because I had a way to sort of release it, like all the pent up energy and, think of other solutions and think of different alternatives to problems what I was drawing like, reflect on some of things I did and like, how could I have done that better? [Pupil Case 1]

At the beginning .. it's enough to say that he wasn't comfortable being in a room alone with me .. so he erm, had a TA that came in with him at the beginning and then erm, after a couple of sessions he didn't want the TA in there but he did want a couple of his friends. .. Now I haven't done this strategy with any other children and I wouldn't do, so I haven't got a model that I impose, it always comes about through the psychotherapeutic relationship that's generated within the, .. with that particular client that I'm seeing. [Therapist Case 2]

He just became freer with materials and was able too .. he wasn't concerned about bringing his anger to the sessions, he was able to act out those feelings ..erm .. he became quite physical with the paints as well, not just sitting down, it was very much about the process not just the image itself .. the process and how he was acting in the session as well. [Therapist Case 3]

4.5.6.1.2 Basic Theme: Pupils in control

This theme was generated from the basic themes ‘Pupil in control’ in case two and ‘Child in control’ in case three. Data extracts include:

Some, some days when XXXX [Art Therapist] came he'd say 'no I don't want to do it' and XXXX [Art Therapist] would never push it he always said ok, y'know I'll stay for the hour if you want to come in later' and sometimes he did, he went in after half an hour when XXXX [Art Therapist] had been there. [School Staff member Case 2]

Like, well he's said, he's said like when he's had the sessions he has said 'oh I really enjoyed that miss' and I'll say well why did you enjoy it, 'because I'm not in the classroom and I can do what I want and I'm not being told, do this do that' .. [School Staff Member Case 3]

4.5.6.1.3 Basic Theme: Access and express difficult emotions

This theme was generated from the basic themes ‘Images used to access difficult emotions’ in case one, ‘A safe way to access and express emotions’ in case two and ‘Express and explore feelings’ in case three. Data extracts include:

I imagine that without the images it might have felt, it might have been a bit like setting up to fail really 'cos I think Khanysia wanted to work with those feeling but didn't really know how. [Therapist Case 1]

He had for the first time found a medium, a way of expressing his worries, fears, hatred, anger, frustration ... bloody mindedness, pissed off-ness ... all these things that he wasn't allowed to say ... and this I think was fundamental as it was the first time that he was able to put whatever these difficult things were inside him into something that was his language .. [Therapist Case 2]

I don't think you'd have got anything out of him if it hadn't have been in the way that you've done it because he wouldn't have opened up and expressed how he felt through words, that's where he would have

clammed up, he would have been like, 'well how do I tell her this' or, he wouldn't have know how to explain it to you, so I think that was .. I don't know .. a big help, yeah the way he is able to express it. It's non verbal and it is all like, through his art and stuff. [Parent Case 2]

4.5.6.1.4 Basic Theme: The art work

This theme was generated from the basic themes 'Art is the focus; Impact beyond words; Images were second voice' in case one, 'Art central to therapy and Indirect conversations' in case two and 'Voice through art' in case three. Data extracts include:

I don't really like talking to people ... I just ... feels too intrusive for me ... usually in talking you started off someone asking me questions about something they thought about ... but with XXXX it was, she only asked me questions about, after something I drew, something I could relate to at that moment not something I couldn't relate to. [Pupil Case 1]

If we both look at a picture that is clearly representing some traumatic event, that's full of emotion .. we just both look at it, we just both look at it and go .. well that's saying a lot isn't it? And he's like, yes it does. And that will be it .. and y'know that's the nature of doing the art therapy. [Therapist Case 2]

I think Christopher found it particularly difficult to talk and I think that's where he really relied on the images. ... Although he found it difficult to verbalise, with the images he was able to verbalise, which was quite a step from not being able to verbalise to say a bit about how he was feeling towards the end. [Therapist Case 3]

4.5.6.2 ORGANISING THEME: BRINGING SUPPORT INTO CHILD'S ENVIRONMENT

This organising theme was developed from four basic themes: a space within school; pupils felt safe; dignified access to support and continuity of support.

4.5.6.2.1 Basic Theme: A space within school

This theme was generated from the basic themes 'Within school organisation and Provided and emotional outlet' in case one, 'Appropriate room' in case two and 'Need for emotional space' in case three. Data extracts include:

There's got to be somewhere where the therapy can take place in the same place on a weekly basis ... erm, in a quiet area away from the rest of the school. I feel that's y'know a real, part of the success for XXXX ... we, we made sure that the meeting room was on the top floor, it was on a quiet corridor that has very very little traffic and has no pupil traffic at all because pupils are not allowed on this particular corridor. [School Staff Member Case 1]

The new school, I got pushed from pillar to post. I worked in about 4 different rooms and that absolutely had an impact .. and I was never comfortable with the room that we used the most anyway because it was the design tech room where you've got 12inch circular saw blades ... [Therapist Case 2]

It's been good for him to have access to it as he needs a way to express his emotions and I don't think he feels he can do that within the confines of the classroom. ... I mean a school day is quite rigid and it is quite set so y'know there's maths then english, everything's continuing in the day and I think he needs time for him sometimes, just for .. to not be told 'do this, do that' and I think it's been beneficial for him in that way. [School Staff Member Case 3]

4.5.6.2.2 Basic Theme: Pupils felt safe

This theme was generated from the basic themes ‘Safety’ in case one, ‘A safe space to explore and Familiarity of safe environment’ in case two and ‘School is safe’ in case three. Data extracts include:

Erm, it didn't feel like I was still at school and I think, erm, it was sort of better than going to like outside school, because sometimes it feels weird being there ... and it just made me feel a lot sort of safer being somewhere familiar. [Pupil Case 1]

Yeah I think it was better that he came into the school to do it rather than y'know, the child be taken out of his school environment and be taken somewhere else to do it. I don't think he'd, well in my opinion I don't think he'd be as comfortable .. as he would have been in here, doing it y'know. He doesn't have to change the environment that he's in. [School Staff Member Case 2]

Because he is a Looked After Child, he is always being taken here and there, and he's been with various foster parents and that. Whereas in school he feels safe, and it's an environment that he knows and he knows the staff around him. [School Staff Member Case 3]

4.5.6.2.3 Basic Theme: Dignified access to support

This theme was generated from the basic themes ‘Accessibility and Equality in therapeutic relationship’ in case one, and ‘Non stigmatising’ in case two. Data extracts include:

Erm, I think like ... mainly that ... it sort of feels like, like, it feels safe in art therapy it doesn't feel like you're being judged all the time ... And she didn't always ask me questions, she let me ask questions as well ... so ... so like ... much more... relaxed atmosphere for me [Pupil Case 1]

[It was useful because it offered] the security for Khanysia that she didn't have to go off site to somebody she didn't know, to a building she

wasn't familiar with, to the other staff she was unfamiliar with. [School Staff Member]

There's not this understanding that you're going to a place where we look after ill people. So a school I would hope is an environment where there is health .. and it's there to benefit. [Therapist Case 2]

4.5.6.2.4 Basic Theme: Continuity of support

This theme was generated from the basic themes 'Ongoing communication; Continuity; Support for staff' in case one, 'Builds continuity of support' in case two and 'Consistent routine' in case three. Data extracts include:

I think it was useful for her in terms of all the experiences that she got from it but also knowing that XXXX [Art Therapist] and I would liaise closely about the support I could offer throughout the rest of the week .. erm, there would be times for example that Khanysia would request that XXXX [Art Therapist] would ask me to email staff erm, and just make them aware that she wasn't having a good time. [School Staff Member Case 1]

She's quite academic she likes going to school so, so ... having it at school it meant if she missed eh, maybe one lesson and then she would go back to .. to her lesson. Then after she could go, go to the next lesson it was like part of her education ... I don't know because er, it was her that was doing it but for me it feels like it's just part of the curriculum that is going on. [Parent Case 1]

With him doing it, like I said, in the school, in the school time... I think that's just, helped him relate things to other people in school, y'know that .. if he was taken out he couldn't speak to no one when he came back and I think he'd feel as though he was singled out. [Parent Case 2]

I think that helped him, because it has been within school and he does have lots of change, like today the social workers got to come and pick

him up early. But within school, it's just within the continuity of the day really to him, it's nothing different y'know he's not been taken somewhere. [School Staff Member Case 3]

CHAPTER 5 DISCUSSION

5.1 SECTION OUTLINE

This chapter presents a discussion of the cross case findings in relation to each research question. Each of the themes produced in the cross case thematic networks, is further discussed drawing upon data presented in each individual case and considering the congruence of the data across the three cases. After discussing the findings in relation to each research question a conclusion about the overall findings of the study is also presented.

The researcher will then examine the rival explanations which may provide alternate explanations to the research findings. The theoretical framework of the study is revisited to outline whether there was literal or theoretical replication of the data across the cases.

The researcher then presents her reflections on the research process and discusses the changes that were made to the research design during the course of conducting the study. The chapter concludes by discussing the implications of the research findings for practice and outlining implications for future research.

5.2 Research Question One

What are the potential areas of adjustment in pupils whom having experienced developmental trauma, attend an art therapy intervention at their school?

The cross case synthesis of the data identified one global theme which addresses this research question: '*transformation within self, with others and in the future*' (from Thematic network 4.1). This global theme was supporting by three organising themes and seven basic themes. To answer this research question, each of these themes will be further discussed drawing upon data presented in each individual case and considering the congruence of the data across the three cases.

5.2.1 Global Theme: Transformation within self, with others and in the future.

After attending school based art therapy all three pupils in this study experienced adjustment, however there were differences between the cases with regard to the extent and range of areas adjustment was reported in. There was clearly positive adjustment in the first two cases yet in the third case the extent of adjustment was more limited. However changes in presentation and functioning could be seen which could be viewed as early indicators of positive adjustment.

The cross case synthesis broadly grouped the areas of adjustment into three categories. Firstly there was adjustment in the pupils' own internal functioning. After art therapy, pupils had a better understanding of their own feelings and were able to recognise and regulate their emotions. Secondly, there was adjustment in the pupils' abilities to engage and interact with other people. Thirdly, there was adjustment in pupils' engagement at school. These three areas of adjustment are respectively represented by the three organising themes:

1. Emotional Wellbeing
2. Social Skills
3. Educational Participation

Positive adjustment was found across all three areas in the first two cases and the data presented clear distinctions about the pupils' functioning before and after attending art therapy. This suggests that the extent of the adjustment was quite large in both cases and that these positive changes were evident across a range of skills and behaviours. In comparison, the extent of the adjustment found in the third case was limited. While there was evidence in the data of positive adjustment in aspects of emotional wellbeing, the data presented little evidence of positive change in social skills or educational participation. In both these areas the results suggest that there was either no adjustment or a negative adjustment in the pupil's functioning. Further discussion about the possible reasons for the differences in the results between the cases is presented in section 5.5 Rival Explanations.

5.2.2 ORGANISING THEME: EMOTIONAL WELLBEING

This organising theme is developed from three basic themes: self regulation; understanding self; resilience. Across all three cases attending art therapy had a positive impact on the pupils' emotional wellbeing.

5.2.2.1 Basic theme: *Self Regulation*

A prominent aspect of this adjustment appears to be an improvement in the pupils' self regulatory skills. It is well cited that children who have experienced developmental trauma can subsequently struggle to successfully regulate their emotions (Dyregrov 2010; Van der Kolk 2005; Weber & Reynolds 2004), and this was evident in all three pupils prior to starting their art therapy. Descriptions of the pupils being 'very aggressive', 'quick to react' and 'unable to cope with small requests,' suggest that the pupils were functioning with high levels of arousal. These descriptions also suggest that the pupils were demonstrating some of the patterns of dysregulation and functional impairment as described in developmental trauma disorder (as outlined in section 2.1).

Children who have experienced trauma can become hyper vigilant to their surroundings, constantly monitoring their environments for potential threats which can lead to them misinterpreting signals from others. Dyregrov (2010) cites that this can be due to the development of exaggerated defence mechanisms which trigger strong reactions far too easily. Therefore learning to successfully regulate and

interpret emotions in relation to situations they encounter is an important developmental task for these children.

The data suggests that school based art therapy has helped all three pupils experience positive adjustment in this area. There is congruence across data sources in the first two cases highlighting contrasting examples of the pupils' abilities to self regulate before and after therapy. In case three there is some evidence of the pupil thinking before reacting outside of school, but contrasting evidence of continuous difficulties with self regulation in school. Thus suggesting that for this pupil at times, gaining control over his emotions is still proving to be too much, however he has begun to recognise and label his different emotions.

It is interesting that both male pupils in this study describe their adjustment as a move from feeling constantly 'angry' to feeling 'calm' and 'chilled out.' It is possible that this relates to a reduction in arousal levels and a transition within the child from their subconscious 'fight/flight' immediate response to stimuli, to being able to engage in conscious thought processing and moderate their feelings and responses to situations. This would suggest that there has been a reduction in triggered patterns of dysregulation and altered attributions, as described in developmental trauma theory (van der Kolk 2005).

Similarly in case one the pupil describes herself as getting 'angry quite a lot very easily' to 'being in control.' This would imply that for all the pupils in this study an important part of the adjustment in their emotional wellbeing has been this shift from persistent feelings of anger to feelings of calmness and being in control.

5.2.2.2 Basic theme: *Understanding Self*

Adjustment was also seen in the pupils' ability to understand their own feelings and so too gain a greater understanding of themselves. Children who have experience repeated traumas can employ dissociation to protect themselves from the intense feelings that are produced, creating divisions between their thoughts feelings and behaviours (Diseth 2005). Therefore helping children to recognise and relate to their different emotions is a significant aspect of interventions which aim to support children who have experienced trauma (Dyregrov 2010).

In the present study, one of the main concerns about the pupil in the first case was that she was ‘cut off’ from her feelings and dissociative behaviours were also reported about the pupil in the second case who was ‘detached’ and would often ‘talk to himself’ at school. The results suggest that these dissociative behaviours diminished during the course of their attendance at art therapy. After art therapy both pupils were able to recognise and relate to a range of emotions and talk to significant adults about their feelings.

Developing an ‘understanding of self’ appeared to be a particularly significant part of the adjustment experienced by the pupil in the first case. Engaging in art therapy also helped her to explore and understand her life experiences and begin to develop an understanding of her own identity.

5.2.2.3 Basic theme: *Resilience*

The present study also found that attending school based art therapy has helped two of the three pupils become more resilient in situations that would have previously caused distress. In the first two cases the results highlighted that after art therapy both pupils were observed to be more able to cope with situations of conflict. It appears that by becoming more aware of their emotions and learning to regulate their feelings, the pupils have also developed better coping strategies. By comparison, the pupil in the third case is still unable to cope with situations of conflict, however as he is not yet able to regulate his emotions this finding is not surprising.

Kravits (2008, p.139) describes resilience as “*the ability to respond optimistically on a consistent basis and adapt to changing circumstances.*” It is thought that children develop resilience through experiencing secure attachments (Schoore 2002) and subsequently using the skills gained from this to establish positive interpersonal relationships; successfully attaching meaning to new experiences and regulating their emotions (Seigal 2001). Resilience is known to be a protective factor in children who experience trauma. Resilient children are less likely to experience long term negative impairments after experiencing trauma, and are less likely to go on to develop PTSD (Bonanno, Papo & O’Neill 2004). Therefore building resilience in children who have experienced trauma can serve as a protective factor to support them in the future.

In the present study access to school based art therapy has helped build resilience in the pupils described in the first two cases. Participating in school based art therapy has strengthened their ability to cope with stress by helping them to access, recognise and regulate their emotions within a securely attached therapeutic relationship. Malchiodi, Steele and Kuban (2008) cite that by engaging in art therapy traumatised children learn that their interactions are meaningful and safe. From this they are able to develop trust, experience pleasure and feel in control; all of which contributes towards the development of resilience.

Attachment theory (Bowlby 1969; Ainsworth & Bowlby 1991) would suggest that throughout the art therapy intervention the therapists were able to emotionally contain the emotions and memories portrayed in the art work and act as a secure base for the pupils. Within this attachment relationship the pupils have been able to safely learn about their feelings and develop stronger self regulatory skills. The data suggests that in cases one and two the pupils have subsequently demonstrated increased resilience by being able to cope in situations of conflict which would have previously activated patterns of dysregulation and altered attributions.

5.2.3 ORGANISING THEME: SOCIAL SKILLS

This organising theme is developed from two basic themes: relationships with adults and social interaction and communication. Social skills was an area where positive adjustment was found in the first two cases, however this finding was not replicated in the third case.

5.2.3.1 Basic theme: *Relationships with adults*

In the present study, both the pupils in the first two cases experienced positive adjustment in their relationships with significant adults after attending art therapy. The pupil in case three also experienced adjustment however this was a decline in a previously positive relationship with a Teaching Assistant at school, and an improvement with his Foster Carer outside of school. His relationship with his Foster Carer was mentioned several times in the data and it is likely that this was an additional factor impacting on the adjustment witnessed in this case. This is further discussed in section 5.4.

Dyregrov (2010) explains that traumatised children live in a frightening and unpredictable world where they are faced with a constant battle to survive, therefore they become more vigilant and less able to put trust in other human beings. These children are unable to completely trust adults to keep them safe and protected from harm. Within this world one of the strongest protective factors in promoting adjustment is the presence of a positive relationship with a main caregiver (Seigal 2001). Therefore in order to promote adjustment it is important for post trauma therapies to be able to help children feel safe enough to accept help from an adult and learn to rebuild relationships with significant adults.

Several of the participants in case one commented how this pupil's relationship with her Mother had improved during the course of her attending art therapy. It was thought that this was jointly due to the progress she was making exploring her memories within the art therapy, and her Mother's ability to spend more time with her at home as she had stopped working. This additional factor, (increased time with parent) could be a potential 'Super Rival' explanation as to why she has experienced adjustment and therefore this is further discussed in section 5.4.

For the pupil in case two, building positive relationships with adults was a noteworthy area of adjustment. For the majority of children school is a place where adults help and offer support however for this pupil school was a place where he had experienced continuous rejection from adults. He progressed from not engaging well with school staff and not being able to be in a room alone with the art therapist, to developing positive relationships with several staff members and being happy to be interviewed on his own to take part in this study. It appears that by establishing and maintaining the therapeutic relationship with the art therapist he subsequently felt secure enough to establish relationships with other adults at school.

This would suggest that an advantage of delivering art therapy within a child's school is that it provides a child with the opportunity to establish a consistent and positive relationship with an adult within the school building. The results from this case suggest that for children who are unable to trust staff members at school, the reciprocal trust experienced within a school based therapeutic relationship can help the child believe 'adults at school do want to help me.' The therapeutic relationship

provided the pupil with a 'secure base' within the school building. This reciprocal trust experienced within the therapy sessions appeared to be generalised from the therapeutic relationship to the wider school environment. School based art therapy has helped this pupil to engage with adults and develop positive relationships with school staff members.

5.2.3.2 Basic theme: *Social interaction and communication*

The present study has also demonstrated how school based art therapy contributed towards adjustment in social interaction and communication skills in two of the three cases. A positive adjustment was found in the first two cases however there was no adjustment in the third case. The data suggests that after art therapy the pupil in the third case was still struggling to play positively with peers and aspects of his social behaviours had deteriorated.

The pupils' ability to socialise and positively interact with peers was noted as a particular area of need in all three cases. The data suggests that prior to attending art therapy the pupils would be overly aggressive in their interactions and physically and verbally abusive towards others. In addition there was evidence in the first two cases that the pupils would also present as being withdrawn and would seek to isolate themselves showing no desire to be near to other people. Therefore prior to starting art therapy the pupils were not able to positively interact with others and at times were reluctant to engage in social interactions.

Social interaction was a significant area of adjustment for the pupil in case one. There was a clear contrast in the data between her 'aggressive outbursts' and reluctance to be amongst others at the start, to her purposefully seeking out social interactions, develop friendships and dating another pupil. The data suggests that this was linked to her growing positive self perception and willingness to explore her identity and believe that other people would want to spend time with her.

In case two the pupil was observed to be far less aggressive towards his peers and had demonstrated signs of empathy towards others, seeking to support some of the more vulnerable students. This presents as a complete contrast to the aggressive and vindictive behaviours described before the art therapy. It was felt that the reduction

in his dissociative behaviours had helped him to begin to relate to other pupils and engage in more pro-social interactions.

The findings from these two cases would suggest that attending school based art therapy has also helped to develop the pupils' social interaction skills. It is likely that through developing a better understanding of themselves and learning to recognise and regulate their emotions, both pupils are now able and willing, to consciously interact with others without feeling frightened or 'on edge'. The functional impairments as described in developmental trauma disorder (van der Kolk 2005; also see section 2.1) appear to have been reduced.

5.2.4 ORGANISING THEME: FUTURE PROSPECTS

This organising theme is developed from two basic themes: engagement at school and future goals. This theme represents how the adjustment observed in the pupils via attending school based art therapy has also had an impact on their engagement at school and therefore their potential to succeed in the future. In cases one and two there was positive adjustment in their engagement at school and participants had positive hopes for the pupils' potential to achieve well in the future. In comparison, the data suggested that in the third case there was a negative adjustment in his engagement at school, yet hopefulness from participants for a more positive future.

5.2.4.1 Basic theme: *Engagement at school*

In the first two cases, participation in school based art therapy helped to increase the pupils' attendance and engagement at school. Prior to starting art therapy both pupils were both experiencing difficulties in structured and unstructured school time and both were both attending school on a part time basis. An important adjustment for both of them was that by the end of their art therapy interventions both were attending full time. The data suggests that the pupils felt safer at school and were able to engage with their learning and participate more actively in school wider life.

It is important for children who have experienced developmental trauma to be able to establish daily routines (Dyregrov 2010) and the present study would suggest that a supportive educational setting can provide this opportunity. It is interesting to note how prior to attending the art therapy, despite whatever in school support had been

offered, both students had been unable to function within a school system and were subsequently limited to part time attendance. This raises important questions about the efficacy of school systems and staff to support secondary aged children who have experienced developmental trauma, to have equal access to and remain supported in full time education.

In the present study it could be argued that the school based art therapy sessions acted as an anchoring point for the pupils, providing them with a constant source of support within the school system and the school building. Drawing on attachment theory (Bowlby 1969; Ainsworth & Bowlby 1991), the therapists could be viewed as the 'secure base' for the pupils and the art therapy sessions providing a 'safe space' in the school environment to express, explore and learn about their emotions. This source of safety and support has helped the pupils come into the school environment, and alongside the positive adjustments that have been made during their course of therapy, develop the skills to help them reintegrate back into full time schooling.

Interestingly the data from case three suggests that a negative adjustment was observed in this pupil's engagement at school. However his attendance at art therapy was still viewed as a positive source of support. There appeared to be conflict in the data between improvements outside of school in comparison with his presentation within school. It was felt that his change in foster care placement was an additional factor in the adjustment observed.

5.2.4.2 Basic theme: *Future Goals*

This theme represents the congruence in the data from the first two cases about the pupils having a positive future after art therapy, and the discussion presented in the third case about a hoped for positive future, despite present negative adjustment.

In the first two cases participants discussed how prior to starting art therapy there were concerns about the pupils' abilities to positively engage in society in the future after leaving school. Prior to starting school based art therapy there was concern that both pupils may pose a threat to the safety of others in the future. In case one there was additional concern that despite being a very intelligent girl the pupil would not

be able to achieve her potential in the future. The pupil in case two was expected to have little prospects of employment and potential future involvement with the Police service.

However, after attending school based art therapy participants in both cases held the belief that the pupils had a more positive future ahead, with the potential to succeed in further education (case one) and gain employment in an area of interest (case two). This view was also held by both the pupils who appeared to be more confident and had developed belief that they have positive attributes which will help them to achieve. Although no long term data was gathered in this study, this finding suggests that there was strong belief in both cases that the adjustments observed in the pupils would be long term. This would suggest that future research evaluating long term gains of school based art therapy would be beneficial.

In comparison, the data in case three highlighted that there were many changes happening in this pupil's life and that although little positive adjustment had been observed to date, the school staff member in particular believed that with longer access to art therapy, positive adjustment would be seen in the future. This suggests that the number of sessions attended may have been an 'implementation rival' explanation, which accounts for the adjustments observed. This is further discussed in section 5.4.

5.2.5 Conclusions

The data from the thematic analyses would suggest that symptoms of developmental trauma (specifically patterns of dysregulation, altered attributions and functional impairment as discussed in section 2.1) that were observed to be present in pupils prior to accessing art therapy, were not observed to the same extent after attending a school based art therapy intervention. If we accept the rival explanations discussed in section 5.4 with regard to case study three, the findings from this study suggest that children who have experienced developmental trauma and subsequently attend school based art therapy can experience the following areas of adjustment:

- A greater understanding of themselves and their emotions.
- An increased ability to recognise and regulate a range of emotions.
- Increased resilience to cope in stressful situations.
- The security to begin to form positive relationships with significant adults, including family members and school staff members.
- A reduction in verbally and physically aggressive behaviour and willingness to engage in positive social interactions with peers and form friendships.
- Increased participation at school including: improvements in attendance; engagement in lessons; socialising with peers.
- A more positive self perception, increased self confidence and belief in a positive future.

5.3 Research Question 2

How does school based art therapy contribute to improved adjustment for children and young people who have experienced developmental trauma?

The cross case synthesis of the data identified one global theme which addresses this research question: '*child centred therapy: providing safe tools and a safe space to explore the unsafe*' (from Thematic network 4.2). This global theme was supported by two organising themes and eight basic themes. To answer this research question, each of these themes will be further discussed drawing upon data presented in each individual case and considering the congruence of the data across the three cases.

5.3.1 Global Theme: Child Centred Therapy: providing safe tools and a safe space to explore the unsafe.

School based art therapy was able to contribute towards adjustment as it offered the pupils access to a wholly child centred therapeutic experience. The cross case synthesis suggested that there were two main factors that facilitated this child centred therapy:

1. The process of the therapy - how it was delivered, the importance of the art work and the non verbal aspects of the therapy.
2. The context of therapy – being able to access the therapy at their school.

These two factors are further explained by the two respective organising themes: Creating an empowering therapeutic experience; Bringing support into the child's environment.

These factors appeared to be important to each pupils' experience of art therapy and there was congruence across the data which implied that if either of these factors had been different (i.e. if the therapy had been delivered differently, or at a different site), the pupils' access to the intervention would have been compromised. Every aspect of the therapeutic experience supported the pupil to feel safe and in control. For these reasons the pupils had the means, and felt comfortable enough to express and explore the unsafe aspects of their lives, in terms of past experiences, beliefs, thoughts and feelings.

5.3.2 ORGANISING THEME: CREATING AN EMPOWERING THERAPEUTIC EXPERIENCE

This organising theme was developed from five basic themes: adaptable; pupils in control; art was the central focus; access and express difficult emotions; talking narratives through the images. This theme represents how the pupils in this study found school based art therapy to be an empowering therapeutic experience. There was agreement across cases that the therapy was able to contribute towards adjustment because the way it had been delivered and the content of the sessions were both completely supportive of the pupils' need to feel safe and in control.

Despite the differences in areas of adjustment across the cases, there was agreement across all cases that art therapy was an appropriate and supportive therapy for the pupils to have experienced. All the pupils in the study liked using the art materials within the therapy and the findings suggest that it was this that enabled them to fully participate in a therapeutic relationship. Creating pieces of art helped them to completely express their emotions and experiences without feeling judged or unsafe. The pupils felt additionally empowered as they were in control of their attendance, what they would do within the sessions and which aspects of their work they wished to discuss.

5.3.2.1 Basic Theme: *Adaptable*

This theme represents how school based art therapy was able to contribute to adjustment because it was an adaptable therapy and had the flexibility to support the varying needs of each pupil. The 'art therapy intervention' was able to adapt to support the needs of the pupils rather than expecting the pupils to function within any predetermined criteria about how each sessions must look like; who attends, what the focus is, how the pupils must behave. The data from the present study suggests that this was an important feature of each pupils' experience.

In all cases the fluid nature of the art materials and the process of making the images appeared to be supportive of each pupil's individual approach and engagement within the therapy. The pupil in case three particularly appeared to benefit from the sensory aspect to the therapy and the opportunity to be physically active within the sessions. He was encouraged to '*bring his anger to the sessions*' and the data would

suggest that he did actively use the art materials to help physically express his feelings of anger. The art therapy was able to support his need to be physically active within the sessions; he did not have to sit still but was able to move around the room and stand up to expressively create his images.

In comparison, the pupil in case one appeared to benefit from the opportunity to use the art work she had produced across the therapy sessions to aid self reflection and re-framing of thoughts and feelings. The data suggests that for this pupil the art work acted as a concrete account of her therapeutic experience. The pieces of work helped her externalise her thoughts and find new meanings. The art therapy was able to support her higher level cognitive abilities and help her to engage in reflecting upon and reframing her past experiences and beliefs. By looking back at previous sessions images she was able to see the process of change within herself across the therapy.

For the pupil in case two, the adaptable nature of the art therapy was extremely important as he would not have been able to access the therapy without the art therapist making changes to how the therapy was set up and delivered. The data suggests that this pupil would not have attended the therapy sessions alone and therefore an essential part of how it contributed towards adjustment for this pupil was to firstly ensure that his complex needs did not prevent him accessing the support.

Considering the complex range of needs children who have experienced developmental trauma can present with (see section 2.1), the present study would suggest that one of the reasons school based art therapy is able to contribute to adjustment in these pupils is because it has the flexibility to adapt to the needs of each individual pupil; thus ensuring that a pupil's individual behaviours and/or personality traits do not prevent access to the therapy and are supported within the therapy sessions.

5.3.2.2 Basic Theme: *Pupils in control*

The findings from the present study would suggest that for the pupils, ‘being in control’ was one of the most valued aspects of their art therapy experience. For children who do not feel in control of their emotions and behaviours gaining a sense of mastery helps to promote feelings of safety and security and lowers arousal levels (Dyregrov 2010). School based art therapy offered the pupils many different opportunities for them to take some control over their therapeutic experience and this appears to be one of the reasons why the pupils felt empowered within the sessions.

The present study would suggest that enabling the pupils to be in control of their attendance is an advantage of delivering the therapy in a school. In comparison to being told by a member of staff that they must attend a certain intervention at a certain time or being taken out of school, the older pupils in particular were able to express their autonomy and independence as to whether they wanted to attend or not. The pupils were therefore making a purposeful choice to attend each session and in this sense were in complete control of their access to the therapeutic support.

Having control and choices within the art therapy sessions was also found to be a helpful aspect of the therapy. All pupils liked to have a choice of art materials and made similar references to ‘doing what I wanted to do’ being one of the best parts of the therapy. This implies that the non directive aspects of the therapy were valued by all pupils.

5.3.2.3 Basic theme: *Access and express difficult emotions*

The present study also found that school based art therapy was able to contribute to adjustment was because it provided the pupils with a safe and controlled way to access and express their emotions. In all three cases the data implies that the pupils were able to portray a greater depth of emotion and express more explicit experiences within their artwork than in comparison to what they were capable of expressing verbally.

One of the reasons why creative therapies are cited as being an advantageous treatment option for children who have experienced trauma is because they do not rely on a child’s ability to verbalise their thoughts, feelings and experiences

(Malchiodi, 2008). The findings from the present study suggest that removing this requirement to immediately verbalise and answer questions about their experiences helped the pupils to feel safe and fully engage in the therapeutic process. The pupils had a safe way to access the unsafe parts of their lives.

5.3.2.4 Basic theme: *The art work*

This theme represents how one of the reasons why the pupils felt safe and empowered within the sessions, was because of the art work. The art work was rated as being an important part of the therapy by all the pupils and there was agreement across the cases that the therapy would have been less helpful without the art aspect to the therapy. The pupils noted that it was better to come to therapy and make things rather than just come and talk to their therapist. However interestingly they were unable to verbally explain why it was helpful. Only the pupil in case one attempted to articulate this explaining that the art work '*sort of made you see how you felt.*'

Gilroy (2006), cites that the process of art therapy involves interplay between three central factors; the medium (art); the therapist; the client. Therefore the therapeutic relationship established within art therapy is intrinsically linked to the art work which is produced. The fact that the pupils advocated that attending art therapy with the same therapist but without the art work would have been less helpful, reinforces this idea about the importance of the art work within the therapeutic relationships which were established.

The findings suggest that the pupils in this study used the art work in their sessions as their 'second voice'. The images produced within the therapy sessions were externalisations of the pupils' thoughts and feelings, and helped them to safely disclose the nature and intensity of their emotions and experiences. The data suggests that without the art work the pupils would have been unable to express their narratives in such detail and therefore the creativity within the therapeutic experience must be viewed as an important factor in promoting adjustment.

The data from this study suggests that the therapeutic relationships which were established offered the pupils a secure base to express and explore their emotions, within a safe space. However, considering the importance of the art work within the

therapy and within the therapeutic relationships, it is possible that without it, these relationships would not have been established.

Malchiodi (2008) discusses how an advantage of art therapy in comparison to other trauma focused therapies is that:

Children are allowed to set their own pace for self expression through play and art, depending on the needs for adaptive coping, the nature of the trauma, temperament, cultural diversity and other factors. (p.26)

It is possible that in the present study, having the art work as the focus of the sessions was another way the pupils were able to feel in control as they were able to dictate what they would 'reveal' and at which point in the therapy. The pupils therefore remained in control and had the tools to express themselves completely, while maintaining a sense of safety.

5.3.3 ORGANISING THEME: BRINGING SUPPORT INTO THE CHILD'S ENVIRONMENT

This organising theme was developed from four basic themes: a space for emotional literacy; pupils felt safe; dignified access to support; therapy in school ensured continuity of support. This theme represents how delivering the art therapy within a school setting was found to be a supportive factor in promoting adjustment in the pupils. There was congruence across all three cases that having the therapy delivered at the school setting made a positive difference to the pupils' access to, and experience of art therapy.

5.3.3.1 Basic Theme: *A space within school*

There was recognition across all three cases that the pupils required specific space within the school timetable to focus upon their emotional wellbeing. It was felt that the daily routine of the school day did not facilitate this and so having the art therapy on the school site was a way in which the schools could provide this level of differentiation to support a pupil's emotional needs. The therapeutic space was viewed in all cases as a place where the pupils could safely release their build up of emotions.

While there was agreement across the cases about the requirement for a therapeutic space, there were differences across the cases with regard to the physical set up and security of the spaces where the art therapy took place. Establishing and maintaining safety and security within the therapeutic space was advocated as being of paramount importance to the art therapists. However, the data from the present study would suggest that the day to day functioning of a school can lead to variations in the spaces where therapy takes place.

Case one had the most consistent and functional therapeutic space however this was also the case which had a senior staff member as the link contact person. This may suggest that having a senior staff member actively involved in the arrangements is beneficial. Across the cases, threats to the security of the spaces included: not having a secure place to store the art work and materials; interruptions to the sessions; moving to a different room; rooms where other people can easily see into; rooms which were also used as functioning classrooms.

Wengrover (2001) cites that differences between the cultures of schools and the culture of art therapy can make it difficult for art therapists to work within school systems, and the present study would support this view. However the present study also suggests that when school staff invest in developing their knowledge about art therapy, a consistent and functional therapeutic space can be maintained alongside increasingly positive working relationships.

5.3.3.2 Basic Theme: *Pupils felt safe*

There was consensus across the cases that bringing the therapeutic support into the pupils' school environments helped to promote feelings of safety and security and made it easier for the pupils to access the support. There was agreement across cases that it was beneficial for the pupils to have the therapy within a familiar environment rather than having to travel off site. Participants in all three cases believed that accessing therapy at school was far less threatening for the pupils than having to attend therapy outside of school. The data from this study suggests that this was because within the school environment the pupils has the security of knowing that there were familiar adults nearby and the safety net that they were able to arrive/leave the sessions at any time if they wished.

School based art therapy created a safe space within a place of safety for the pupils.

5.3.3.3 Basic Theme: *Dignified access to support*

The findings from this study also suggest that school based art therapy was able to contribute to adjustment as it offered the pupils dignified access to therapeutic support. This was particularly important for the teenage pupils in cases one and two.

The findings suggest that delivering the therapy at the pupils' school made it more accessible to them as it removed any possibility of the pupils experiencing any stigma associated with attending a mental health clinic. It was thought that if the art therapy had been presented as a health based intervention rather than a school based intervention the pupils may have approached the therapy sessions differently. This may relate to the fact that both pupils had not had successful involvement with children's mental health services in previous years.

Working non-verbally also helped the pupils feel dignified and without judgement within the sessions. The pupils were able to use their images to express aspects of themselves they could not verbalise and then use the images to work on their difficult emotions without having to explicitly talk about them. This unspoken understanding between the therapists and the pupils was possible because of the strength of the therapeutic relationships. The pupils were able to express their experiences without fear of being judged or fear of being asked to reveal more of their inner selves and give more specific details.

5.3.3.4 Basic Theme: *Therapy in school ensured continuity of support*

Delivering the therapy at the pupils' schools was also found to be a positive aspect of the intervention as it also promoted continuity in the support the pupil was receiving. There was congruence across the cases that having the therapy at school was advantageous as it meant the pupils had a continuous source of safety and support within their weekly routine. In addition, school based art therapy was found to promote continuity of access to education as the therapy sessions were a consistent part of the pupil's weekly routine. Delivering it on site meant that the pupils were not missing larger chunks of their education travelling offsite to receive the support.

Having a consistent therapist and the opportunity to establish positive working relationships between the therapists and school staff members was found to be an advantage of having the therapy delivered within the schools. This helped to increase staff knowledge and ensure there was ongoing communication about the pupils' needs between therapist and school staff and vice versa. All the professionals felt that this strengthened the pupils' overall support and that this would not have happened if the therapy was delivered off site.

5.3.4 Conclusions

The findings from the present study suggest that school based art therapy is able to contribute to improved adjustment for children and young people who have experienced developmental trauma because it provides them with a safe space and a safe way to access and express their past experiences, thoughts and feelings. The present study found that school based art therapy was a wholly child centred therapeutic experience for the pupils. This child centred experience was facilitated by the process of the therapy, the non verbal creative art making and the context of delivery.

These findings may be explained by considering the symptoms presented in developmental trauma theory (van der Kolk 2005), alongside developing neuroscience knowledge of attachment theory (Schoore 2001) and research which highlights the importance of the non verbal encoding of traumatic memories in relation to art therapy (Gaant & Tinnin 2009).

It is possible that for children who have experienced developmental trauma, school based art therapy is able to promote adjustment as the non verbal art making provides the pupil with a safe way the access and communicate past traumatic experiences and difficult emotions. The non verbal aspects of the therapy enable the pupil and therapist to communicate through a 'safe channel' and from this communication, the therapeutic relationship develops and the therapist becomes a 'secure base' for the pupil. Through the art making and the security of the therapeutic relationship, the pupil is able to access, express and work through

difficult past experiences and learn how to recognise and regulate their own emotions. This helps the pupils begin to moderate patterns of dysregulation and readjust attributions and expectations, which consequently support the pupils' daily experiences. The familiarity and continuity of the school environment helps the pupils to access the therapy sessions and the positive gains made within therapy appear to also transfer to the wider school environment.

5.4 Rival Explanations

The researcher re-visited the rival explanations outlined in section 3.6.1.2 to examine if any alternative explanations could be found for the findings reported in each case. Each rival explanation was considered and it was found that there was evidence to support a *Super Rival* explanation in all three cases and an *Implementation Rival* explanation in case three (see table 5.1).

Super Rival Explanations

- Case One: Improved parent child relationship.
There was evidence in this case that during the course of the art therapy intervention Khanysia and her Mother had developed a more positive relationship. Her Mother had stopped working and they were spending more time together. This was thought to be an important factor helping her adjustment.
- Case Two: Access to alternative curriculum
Although all other participants cited Nathan's adjustment as being directly due to his art therapy, his Father also thought his access to a programme called 'Karting 2000' was also helpful in building his confidence.
- Case Three: Changes of foster care placement.
Christopher was moved to live with a different set of foster carers after his second session of art therapy and there was evidence in the data to suggest that this transition impacted on his presentation in school and ability to sustain positive relationships with adults. This transition was thought to be a reason for areas of negative adjustment.

Implementation Rival Explanation

- Case Three: Number of sessions
There was evidence in the data to suggest that the shorter number of sessions Christopher attended, not the quality or efficacy of the intervention, accounted for the lack of positive adjustment found. The school staff member in particular cited that with access to more sessions she was hopeful for evidence of positive adjustment.

Table 5.1 Evidence for Rival Explanations

Real Life Rival	Present	Evidence from data in present study
<i>Direct Rival</i>	No	None of the pupils were attending any other therapeutic interventions.
<i>Implementation Rival</i> The implementation process, not the substantive intervention, accounts for the results.	No Cases 1&2	Although the school context and style of delivery was found to be important, so too was the use of the art materials within the therapy. Therefore it is likely that the substantive intervention (school based art therapy) accounted for the results. Attending another type of therapy in school across the same number of sessions would not have led to similar adjustment.
	Yes Case 3	There was evidence in the data to suggest that the pupil would have benefitted from attending an increased number of art therapy sessions. Therefore it is possible that the implementation process (shorter number of sessions attended), accounted for the results.
<i>Rival Theory.</i> A theory different from the original theory explains the results better.	No	The art making was found to be the central factor within the therapy. The therapeutic relationships were developed through the art making, therefore it was not solely having dedicated quality time with a sympathetic adult that has led to adjustment.
<i>Commingled Rival.</i> Other interventions not just the target intervention accounted for the results.	No	None of the pupils were attending interventions outside of school and the level of within school support for each pupil was not increased during their attendance at art therapy.
<i>Super Rival.</i> A force larger than but including the intervention accounts for the results.	Yes	There is evidence in all three cases that factors in addition to the art therapy also impacted on the adjustment in each pupil.
<i>Societal Rival.</i> Social trends, not any particular intervention account for results.	No	School based art therapy was rated as being the main cause of the adjustment in each pupil. There is no evidence that without attending the art therapy adjustment would have happened naturally with time / the pupil growing up and/or policy development.

5.5 Theoretical Framework Revisited

Yin (2009) advises that multiple case study designs must initially start with the development of a theoretical framework. This will state the circumstances by which the phenomenon of interest is likely to happen and can be claimed to be found (literal replication logic), and conversely the conditions when it is not likely to be found (theoretical replication logic). The theoretical framework developed at the start of this study stated that:

This study aims to show that participating in school based art therapy leads to positive adjustment in pupil's who have experienced developmental trauma.

Participating in school based art therapy leads to no noticeable adjustment in pupil's who have experienced developmental trauma.

Therefore within a multiple case study design, the cases act like multiple experiments which hope to find similar (literal) or contrasting (theoretical) findings (Yin 2009). This study aimed to find literal replication logic across the three cases (outlined in section 3.4.2).

Prior to data collection, theoretical propositions are developed from the original theoretical framework to direct researchers to the data that will need to be examined in order to ascertain whether or not literal replication is found. The theoretical framework in this study was supported by three theoretical propositions:

1. After attending art therapy the pupils will show fewer symptoms of trauma and therefore positive adjustment will be observed in learning, behaviours and social skills.
2. Pupils will find school based art therapy to be a positive experience, providing a non threatening, accessible means to explore and process traumatic memories.
3. The advantages of delivering art therapy in a school include increased attendance as pupil not reliant on transport/adult support to attend, less threatening to pupil as already within an environment that promotes safety

and security, less stigmatising as not attending ‘mental health’ clinic. Disadvantages include inadequate facilities for a therapeutic environment.

Accepting the rival explanations about the findings to research question one in case study three, the overall findings from the present study provide evidence to support all three theoretical propositions and therefore this study has demonstrated literal replication logic across the three cases (Yin 2009).

5.6 Reflections on the Research Process

Section 3.7.3 presents my considerations about how my beliefs and the decisions I made during the research have influenced the present study and its findings. The following section seeks to extend this discussion by presenting my reflections about the process of conducting the present study. I will discuss the changes made to the original research design and my role as a researcher within the study.

5.6.1: Research Design

Careful consideration was given to each aspect of the research design to ensure that the study followed the principles of case study design (Yin 2009) and met standards of reliability and validity, as outlined in section 3. However during the process of conducting this study several changes were made to the research design.

The first change was to include a parent participant in each case. The original research design did not include conducting interviews with the pupils’ parents as although I believed their views would be valuable, at this point including ‘parental agreement to take part’ as additional inclusion criteria may have restricted the potential size of the pupil participant sample. In addition, the timing of the research within the academic school year meant that the data collection period was going to be across a short time scale. It was therefore important to gain consent for pupils and school staff to take part as quickly as possible. Adding in parental consent (for parents to be participants), to this process had the potential to slow the participant recruitment down as at this point in the research design, if a parent did not agree to take part, another pupil and school would have to be approached.

However, when the CETS coordinator introduced the research to the first parent to seek consent for their child to take part, this parent expressed interest in being interviewed too and asked if she could also take part. I felt that it would be unethical to prevent this parent's views being represented within the research, as she felt that she had valuable information to contribute, therefore at this point parental involvement was reconsidered. I made the decision to continue with the original participant design yet invite parents to take part if they wish. If a parent declined this would not stop this pupil's case being included in the research. However, the next two parents approached both agreed to take part and therefore a parent participant role was written into the research design.

On reflection I think that the inclusion of the parental views has been a strength of this research study. Inclusion of parental data helped the research to present a holistic picture of each pupil, without this a depth of knowledge would have been lacking from the data. The parents in all cases brought new information which helped to build the picture of the pupils' presentation before and after attending the art therapy and highlight where adjustments had/had not been made. Including parental views within the study also contributed to the wealth of data in favour of delivering the intervention at the pupils' schools. This data provides initial evidence of parental views about contexts of delivery for therapeutic interventions for children. With the findings from the present study suggesting that parents think that delivering therapeutic work at a child's school improves accessibility to support and helps the child to feel safer. Considering non attendance at appointments can be a barrier to children accessing mental health support, this suggests that further research investigating the school environment as a space for therapeutic support would be beneficial.

The second change to the research design was to remove a research question, changing the design from containing three research questions to two. The research question which was removed was:

What are the advantages and disadvantages of delivering Art Therapy within a school environment?

The decision to remove this question was taken during the data analysis stage of the research. When conducting the thematic analysis of the data in case study one, I noticed that many of the themes coded for research question two were replicated in research question three. The thematic data highlighted that the reported advantages to delivering the therapy at the pupil's school were extremely similar to the reasons why school based art therapy had contributed towards adjustment. For example, the data outlined that school based art therapy is able to contribute towards adjustment as the pupil felt safe and found it easier to access support at school (research question two). Then also identified that an advantage of delivering art therapy at a school was that it helped the pupil feel safe and find it easier to access the support (research question three). It became clear that the context of the therapy was intrinsically linked to how the therapy impacted upon adjustment, making it was impossible to separate the two within the analysis. I subsequently decided to remove the third research question as this was not able to contribute any new information to the study.

A factor that has restricted the scope of this research study was that the researcher did not have time to conduct any pilot interviews using the self developed interview questions. If this had taken place it is likely that the number of questions and range of topics the questions focused on could have been altered to focus more sharply on the research questions. Each interview contained a large number of questions and this produced a substantial amount of data which took a long time to transcribe and analyse. Reducing the number of interview questions, to those which produced responses directly relevant to the research questions would have helped make the study more time efficient.

It is also acknowledged that the research questions in the present study were only explored using a small sample of cases and that the areas of adjustment reported in each pupil will be confounded by their own lived experience of the intervention. It is likely that the specific interview questions asked would have revealed different aspects of these experiences and that the social, psychological and environmental factors within and outside the school context will have collectively contributed to each pupil's experience and so too the data that was gathered in each case. Therefore it is acknowledged that it is not possible to generalise the findings reported in this

study to all children who have experienced developmental trauma and participate in school based art therapy interventions.

While an inability to generalise findings to a wider population may be viewed as a study lacking external validity within quantitative research, qualitative research methods were applied to the present study, which to seek to demonstrate external validity through processes of triangulation (see section 3.7.2) and reflexivity(see section 3.7.3), (Willig 2002). Additionally Yin (2009) cites that case studies rely on analytic not statistical generalisation therefore they seek to generalise to a particular theory not a wider population. In multiple case studies researchers can demonstrate external validity by using replication logic to show similar findings across several cases. Accepting the rival explanations, the findings from the present study suggest that there was literal replication across the three cases and therefore it has demonstrated literal replication logic.

As this research was at the exploratory stage of theoretical development the conclusions reported in this study (sections 5.2.5 and 5.3.4) are not intended to be generalised to wider populations, but to be used to inform future thinking about potential outcomes of school based art therapy and the features of the intervention that are important to these areas of adjustment. Two examples of how the findings in this study may be used to contribute to further theoretical development about the research questions (and demonstrate analytic generalisation) are presented below:

- In research question one the findings have highlighted potential areas of adjustment that future researchers may wish to study in more depth using alternative research methods or following a different epistemological stance. For example, exploring the research questions from a positivist stance and conducting pre and post test measures of one of the reported areas of adjustment. Further exploratory studies such as this may seek to explore the research questions using larger samples and quantitative methods which do seek to generalise to larger populations.
- In research question two the findings have highlighted ways in which the delivery and context of the interventions attended by the three participants in this study have contributed to the areas of adjustment

reported in the pupils. This information can be used to help further develop and explore new hypotheses about specific aspects of the intervention that have been suggested to contribute to areas of adjustment. For example, further exploring the proposed role of attachment theory in explaining how school based art therapy contributes to adjustment. Investigating the concept that the therapy sessions created a safe space within school for the pupils and the therapists became the 'safe base' from which they learnt to express and explore their emotions.

5.6.2: My Reflections

During the process of conducting this research, I kept a record of my own thoughts in a research diary. These accounts contained personal thoughts and questions which arose during the research process. A summary of three of the issues I considered is presented in this section.

5.6.2.1 Impact of the school system on the therapy

During the process of conducting the research it became apparent that the organisational level of the school systems was another factor that could impact upon the therapy and this was something that I had not explicitly considered during the research design. Collecting data within three different schools that offer three different provisions (Primary / Secondary/ Specialist Key Stage 3 SEBD) made this even more apparent to me. Considering the importance of the school environment within the findings of this study, it would have been beneficial to have conducted more research about each individual school context.

There appeared to be a lot of instability within the schools in cases two and three. In case two, I became aware that the school had recently had new Head Teacher appointed and had moved sites to a new building within the course of the therapy. In case three, the school was receiving a lot of management support from the Local Authority with the Deputy Head just been made acting Head Teacher. It would have been useful to have been aware of these circumstances prior to conducting the interviews as I could have included more specific questions to investigate if/how these transitions impacted upon the delivery of the therapy.

Additionally I wondered if the systemic make up of each school and subsequent allocation of key contact person for CETS had influenced why there were few limitations discussed about delivering the therapy at the school. It seemed that the ‘school staff member’ roles determined how much individuals were involved in the organisation of the therapy. In cases two and three where both participants were Teaching Assistants (TAs) it appeared that they did not have much involvement with the contracting of the therapy and the logistical arrangements of setting it up within the school. In both cases the schools’ secretaries appeared to be more involved in this process while the TAs had a greater involvement with the pupils’ day to day presentation. A greater discussion about limitations of delivering the therapy at the school may have been found if I had also interviewed other staff members.

5.6.2.2 Differences in Pupils’ responses in interviews

When conducting the pupil interviews I was initially a little apprehensive as I was aware that I would be asking the pupils questions about their experiences within a confidential therapeutic relationship. As this was not something I had discussed with pupils before, I was unsure as to how they would respond to such questioning. Drawing on my own experience and practice as a Trainee Educational and Child Psychologist, my main priority was that the pupils felt comfortable throughout the interview. I made sure I explained that they could stop and leave at any time and that they did not have to answer any questions they did not wish too.

However, after conducting all three interviews, my main observation was how differently each pupil had responded. I was completely surprised how eloquent and forthcoming Khanysia was. She appeared to find it very easy to engage in self reflection and was able to give a great depth of detail in her descriptions. In comparison, Nathan found it difficult to express himself verbally. During his interview I quickly found myself presenting him with polarised extensions to a lot of his monosyllabic answers and this helped to move discussion forwards. He also responded more assertively when presented with prompts which sought to extend his answers, for example, ‘more or less helpful?’ When transcribing his interview I realised that I had regularly drawn upon counselling skills of rephrasing and clarifying which had helped to gain a greater understanding of his views and move

past many ‘dunno’ responses. In contrast Christopher was very active during the interview, I quickly realised that he was going to find it difficult to remain seated and verbally answer the questions. Therefore in his interview I used visual aids (pens and paper) and gestures (i.e. is that thumbs up / thumbs down?) to help him remain focused. I think if I had been able to meet Christopher a couple of times before to build greater rapport, he may have been more settled and able to give more detail in her verbal responses.

5.6.2.1 Working with other Professionals

Prior to conducting the interviews with the art therapists, I wondered how they would approach them as I was aware that the research could also be viewed as a process which was evaluating their own work. Within the interviews there were differences between the therapists in the extent of information they would discuss about their pupil’s presentation during the therapy. I felt that there was a degree of sensitivity with regard to what information stays within the bounds of the confidential therapeutic relationship and what information could be shared within the research. Working within the bonds of professional conduct and ethical principles (British Psychological Society; DECP, 2002; Health Professionals Council, 2008), I believed it was important to remain respectful to each therapists’ own professionalism and style of delivery. Therefore my approach was not to challenge or question for more information, but to be guided by the information that was shared and allow each therapist to explain their experiences the best way they saw fit.

I found conducting this research to be a valuable opportunity to learn more about the role of art therapists and the work they do with children and young people. I believe that learning about the roles of other professionals who work in schools is important to my own practice and on a personal level, I found it interesting and inspiring to hear about the work they had conducted with the pupils in this study. While it has been personally beneficial to develop my knowledge about their work, I did realise when transcribing the interviews that my growing interest in their work had prolonged certain conversations which did not produce data relevant to the research

questions. Although this subsequently led to an increased time transcribing potentially irrelevant data, I think that approaching the interviews with genuineness has been helpful to the integrity of the data within the study.

5.7 Implications of the Research

5.7.1 Implications for Practice

From the analysis of the data implications for practice are identified for three different areas of professional practice:

1. Implications for the Local Authority
2. Implications for CETS (Children's Emotional Trauma Support Team).
3. Implications for Educational Psychologists (EPs)

Each of these are highlighted and discussed below.

5.7.1.1 Local Authority

- The findings suggest that the work of the school based art therapy service offered by CETS may be a successful intervention which is able to promote adjustment in pupils with complex needs following experience of developmental trauma. Therefore this is an intervention that should continue to be offered to pupils, where appropriate to their needs.
- When planning support for pupils with complex needs, the present study would suggest that access to school based art therapy can save potential future costs of involvement with the youth offending service and in-patient psychiatric care. The gains made in the pupils' own emotional wellbeing, ability to function socially and engagement in school, far outweigh the initial costs of the interventions. Therefore school based art therapy could serve as a preventative intervention.

5.7.1.2 Children's Emotional Trauma Support Team

- The results would suggest that pupils need to have access to as many sessions as the therapists see fit in order to experience significant adjustment. CETS may wish to consider this when contracting the number of sessions to be delivered with schools. This study would suggest that significant adjustment is possible if pupils have long term access to the therapy and therefore it would be beneficial for schools to be aware and committed to potentially financing long term support.
- The study has also provided initial evidence about the potential outcomes of school based art therapy for children who have experienced developmental trauma. If CETS wish to introduce standardised quantitative measures to further measure and evaluate outcome areas, the findings in research question one (summarised in section 5.2.5) provide a guide to the areas to look at pre and post therapy. For example, measures of resilience.
- This study has also highlighted the factors which enable school based art therapy to contribute to adjustment. After the researcher has fed back the findings to CETS, it is hoped that this information can be considered by the team and used to develop areas of good practice.
- This study suggests that delivering art therapy at the pupil's schools is something which is favoured by parents, pupils, school staff members and art therapists and therefore is a practice which should continue.

5.7.1.3 Educational Psychologists

- The present study highlights the importance of understanding the needs of children who have experienced developmental trauma and finding appropriate interventions to support them. EPs are arguably the best placed professionals working within schools able to deduce symptoms of trauma from symptoms of disengagement, hyperactivity and aggressive behaviour. EPs can advocate on behalf of these pupils to ensure they are offered access to therapeutic support and that their needs are understood and supported within school systems.

- This study has also drawn attention to an unmet need within schools for a regular space for ‘work’ on emotional wellbeing. All of the schools in this study recognised that this was something they were not offering yet the pupils needed access to. EPs are well placed to discuss with schools how they are providing for the emotional wellbeing of their pupils and the present study would suggest that ‘time for emotional wellbeing’ is something which schools may be lacking and all pupils may benefit from.
- This study also has important implications for the practice of EPs as it raises questions about pupils’ access to therapy. The findings (section 5.3.3) suggest that a school can provide a highly supportive environment for access to therapeutic work and would recommend that the school environment is the primary place for children’s therapeutic interventions. It is therefore likely to be beneficial to children and young people (in terms of accessibility and feeling safe) if more therapeutic work is delivered at schools. Recent research suggests that EPs are highly skilled professionals who are capable and willing of conducting more therapeutic work at schools (Atkinson, Corban & Templeton, Submitted), and the findings from this study would support such movements within the profession.
- This study would further recommend that pupils who have experienced developmental trauma require access to therapy delivered by trained professionals, who are able to understand their needs and adapt the delivery of their interventions as necessary. This adds further support for the advocacy of EPs to deliver more therapeutic work at schools.
- The findings from this study have also emphasised how valuable working with art materials can be to young people who are unable to talk about their experiences (discussed in sections, 5.3.2.3 and 5.3.2.4). While EPs are not trained to deliver art therapy, the present study would suggest that children and young people feel safer when working therapeutically with an adult when they do not feel a pressure to talk. The pupils in this study valued being able to lead the direction of the therapy sessions and being able to explore their emotions non-verbally. The present study would recommend that when

working with pupils EPs are reminded of the benefits of non directive work and encouraged not to forget about this important and valuable part of their ‘toolkit’.

5.7.2 Implications for Future Research

This study was originally developed to contribute to a gap in literature about the effectiveness of school based art therapy for children who have experienced developmental trauma (outlined in chapter two). The present study aimed to explore three pupils’ experiences of school based art therapy in order to identify:

- What areas of adjustment are achieved?
- How school based art therapy contributes to this adjustment?

This study has found that after attending school based art therapy pupils experience positive adjustment across a range of areas (see section 5.2). School based art therapy contributes to this adjustment because the process of the therapy, the non verbal creative art making and the context of delivery promote a child centred therapeutic experience (see section 5.3). Building on these findings two clear priorities for future research have been identified:

1. Further case studies to examine the variables present within this study.
2. The development of a standardised instrument to evaluate school based art therapy more broadly.

These priorities are further discussed below.

5.7.2.1 Further case studies to examine the variables present within this study.

To extend this study it would be useful to conduct further case studies to explore some of the variables that were not controlled for within this study. This would provide data to reveal if and how these variations impact on outcomes. For example, does the type of school attended impact on areas of adjustment? Does the specific experiences of children within developmental trauma banner change areas of

adjustment? Are there significant differences between refugee and asylum seekers, looked after children, and children with social emotional and behavioural needs?

In addition, it would be useful to conduct further cases studies which contain contrasting features to the present study. For example, it would be useful to conduct another multiple case study analysis specifically exploring the experiences of primary aged children who have had access to long term therapy. This data would highlight literal or theoretical replication of the findings from the present study and help to develop the theoretical framework and extend the theoretical generalisations made.

5.7.2.2 The development of a standardised instrument to evaluate school based art therapy more broadly.

To extend the findings of this study, researchers may wish to survey the outcomes of school based art therapy for children who have experienced developmental trauma more widely. The areas of adjustment reported in the present study (summarised in section 5.2.5) provide the initial evidence needed to develop a school based art therapy instrument which could be used to collect this data, pre and post therapy. Once developed, this instrument would enable data collection on a wider scale and could be used to statistically evaluate the impact of different variables on outcomes. It could also be used to evaluate the long term impact of school based art therapy to see if adjustment is longstanding.

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APPENDIX A:

1. Parent/Guardian Information Sheet – RE: Child consent
2. Parent Information Sheet
3. School Staff Member Information Sheet
4. Art therapist Information Sheet
5. Pupil Consent Form
6. Adult consent Form

Parent Information Sheet

Your son/daughter is currently taking part in art therapy at school, delivered by the Children's Emotional and Trauma Support team (CETS). CETS are currently working alongside a researcher from Manchester University to collect information about the outcomes of their work with pupils in schools. This research will contribute to a doctorate thesis the researcher is currently undertaking. Gaining the views of the pupil's taking part in Art Therapy is an extremely important part of this research. Your son/daughter is being invited to take part in this research study and share their views. As your child is under 18 years old, your parental consent must be given before they are able to take part.

The following information will explain why the research is being done and what taking part will involve for your child. Please take time to read the information carefully and discuss it with others if you wish. If you feel anything is not clear or if you would like more information please do not hesitate to contact the researcher.

Thank you for reading this.

Who will conduct the research?

The researcher's name is Frances Markland. Frances is an Educational and Child Psychologist in Training who is presently working 3 days a week for XXXXX City Council Educational Psychology Service, while studying for her Doctorate at Manchester University.

Contact details: Miss Frances Markland, Educational and Child Psychologist in Training,

Title of the Research

Exploring an art therapy intervention delivered at school to children and young people who have experienced emotional trauma; does it contribute towards adjustment? If so, how?

What is the aim of the research?

To explore the process of art therapy delivered in schools and look at what children, teachers and therapists think it can help with.

Why has my child been chosen?

Your child's views are needed as they are currently taking part in an ETS art therapy intervention at school and therefore they can give an important insight into what pupil's think about going to art therapy at school and if/how they think it has helped them.

What will my child be asked to do if they took part?

To spend a maximum of 30 minutes with the researcher talking confidentially about their views about attending art therapy at school and if/how they think it has helped them. To help your child do this they will be able to choose 2 pieces of art work they have created during therapy and talk to the researcher about them.

What happens to the data that is collected?

The discussion will be recorded using a digital audio recorder and then transcribed and analysed by the researcher. The researcher will also access the referral information CETS holds on file. A brief anonymised summary of this will be presented in the research to help explain the circumstances leading to your child's referral to CETS.

How is confidentiality maintained?

*The transcript (and file summary) will be **fully anonymised- your child's name will not be used, nor will any other names of people, schools etc which are mentioned** during the discussion. The digital recording and the transcript will be stored securely on the researcher's PC and will be password protected with no reference to your child's name or other identifying features. The transcript will only be used as part of this research project and will be seen by the researcher and her University Supervisor in the first instance and when*

the doctorate is finished will be available to those within the School of Education at the University of Manchester. At this stage the recordings and the transcripts will be destroyed. All data will be stored in line with the Data Protection Act (HM Parliament, 1998)-United Kingdom Parliament (1998) Data Protection Act. London: HMSO.

Your child will be guaranteed confidentiality throughout unless a child protection issue arises, upon which the researcher is under an obligation to report child protection issues to the appropriate authority.

What is the duration of the research and where will it be conducted?

Your child will only be asked to take part in this one 30 minute discussion which will take place in a suitable room at their school. The researcher will liaise with your child's teacher to ensure appropriate provision is made to enable your child to catch up on any class work they may miss while taking part in the interview.

Will the outcomes of the research be published?

There is a small possibility that the research will be published, but all your information will remain anonymous.

I want to give consent for my child to take part, what do I do now?

You must sign the consent form attached and the CETS Coordinator will return it to the researcher. You can keep this information sheet. The researcher will contact your child's teacher soon to arrange a convenient time for the interview. Your child's art therapist will explain to your child that someone will be coming into school to talk to them and listen to what they think about art therapy.

What happens if I do not want my child to take part or if I change my mind?

It is up to you to decide whether or not your child takes part. If you do not wish for them to take part please let XXXXX know and you will not receive any further communication about the research. Please note, if you decide for your child to take part they will be free to withdraw at any time without giving a reason and without detriment to themselves.

Criminal Records Check

The researcher has enhanced clearance from the Criminal Records Bureau (CRB). This certificate will be available to the school to inspect on request.

Other Contacts for further information

[This has been anonymised]

What if something goes wrong?

Please feel free to speak to the researcher to discuss any concerns, or please contact the ETS Co-ordinator, Psychology Supervisor or Course Director as above. If a participant wants to make a formal complaint about the conduct of the research they should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.

RESEARCH PROJECT**Children, Emotional Trauma
and Art therapy in School****RESEARCH PROJECT****Children, Emotional Trauma and Art therapy in
School****Parent/Guardian Information Sheet**

Your son/daughter is currently taking part in art therapy at school, delivered by the Emotional and Trauma Support team (ETS). The ETS are currently working alongside a researcher from Manchester University to collect information about the outcomes of their work with pupils in schools. This research will contribute to a doctorate thesis the researcher is currently undertaking. Gaining parental/guardian views of the Art Therapy is an extremely important part of this research. You are being invited to take part in this research study and share your views.

The following information will explain why the research is being done and what taking part will involve for you. Please take time to read the information carefully and discuss it with others if you wish. If you feel anything is not clear or if you would like more information please do not hesitate to contact the researcher.

Thank you for reading this.

Who will conduct the research?

The researcher's name is Frances Markland. Frances is an Educational and Child Psychologist in Training who is presently working 3 days a week for XXXXX City Council Educational Psychology Service, while studying for her Doctorate at Manchester University.

Contact details: Miss Frances Markland, Educational and Child Psychologist in Training,

Address: xxxx Tel: xxxx Email: xxxx

Title of the Research

Exploring an art therapy intervention delivered at school to children and young people who have experienced emotional trauma; does it contribute towards adjustment? If so, how?

What is the aim of the research?

To explore the process of art therapy delivered in schools and look at what children, teachers, parents and therapists think it can help with.

Why have I been chosen?

Your views are needed as your child has taken part in an art therapy intervention at their school. Therefore you can give an important insight into what parent/guardians think about art therapy at school and if/how you think it has helped your child.

What will I be asked to do if I took part?

To spend a maximum of 30-45 minutes with the researcher talking confidentially about your views about the art therapy intervention your child attended and explaining a little bit about how your child was before art therapy and how they are now.

What happens to the data that is collected?

The discussion will be recorded using a digital audio recorder and then transcribed and analysed by the researcher.

How is confidentiality maintained?

The transcript will be fully anonymised- your name and your child's name will not be used, nor will any other names of people, schools etc which are mentioned during the discussion. The digital recording and the transcript will be stored securely on the researcher's PC and will be password protected with no reference to your child's name or other identifying features. The transcript will only be used as part of this research project and will be seen by the researcher and her University Supervisor in the first instance and when the doctorate is finished will be available to those within the School of Education at the University of Manchester. At this stage the recordings and the transcripts will be destroyed. All data will be stored in line with the Data Protection Act (HM Parliament, 1998)-United Kingdom Parliament (1998) Data Protection Act. London: HMSO.

What is the duration of the research and where will it be conducted?

You will only be asked to take part in this one 30-45 minute discussion which will take place in a suitable room at your child's school.

Will the outcomes of the research be published?

There is a small possibility that the research will be published, but all your information will remain anonymous.

I want to give consent to take part, what do I do now?

You must sign the consent form attached and CETS Coordinator will return it to the researcher. You can keep this information sheet. The researcher will contact you soon to arrange a convenient time for the interview.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not you take part. If you do not wish to take part please let your child's class teacher know and you will not receive any further communication about the research. Please note, if you decide to take part you will be free to withdraw at any time without giving a reason and without detriment to yourself.

Criminal Records Check

The researcher has enhanced clearance from the Criminal Records Bureau (CRB). This certificate will be available to the school to inspect on request.

Other Contacts for further information**What if something goes wrong?**

Please feel free to speak to the researcher to discuss any concerns, or please contact the CETS Co-ordinator, Psychology Supervisor or Course Director as above.

If a participant wants to make a formal complaint about the conduct of the research they should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.

RESEARCH PROJECT

Children, Emotional Trauma and Art therapy in School

School Staff Member

Participant Information Sheet

One of your pupils is currently taking part in art therapy at school, delivered by the Children's Emotional and Trauma Support team (CETS). CETS are currently working alongside a researcher from Manchester University to help demonstrate externally researched outcomes of their work with pupils in schools in Manchester, gaining the voice of the child and essential feedback from school staff. This research will contribute to a doctorate thesis the researcher is currently undertaking. Gaining the views of teaching staff in these schools is an extremely important part of this research. As the teacher of a pupil attending art therapy you are being invited to take part in this research to share your views and experiences.

The following information will explain why the research is being done and what taking part will involve for you. Please take time to read the information carefully and discuss it with others if you wish. If you feel anything is not clear or if you would like more information please do not hesitate to contact the researcher.

Who will conduct the research?

Frances Markland

Educational and Child Psychologist in Training

Title of the Research

Exploring an art therapy intervention delivered at school to children and young people who have experienced emotional trauma; does it contribute towards adjustment? If so, how?

What is the aim of the research?

To explore the process of art therapy delivered in schools and look at what things children, teachers and therapists think it can help with.

Why have I been chosen?

Your views are needed as you are the teacher of one of the pupil's who is currently taking part in an ETS art therapy intervention in your school and so you can share your views from a schools perspective. The pupil and art therapist have also been asked to take part.

What would I be asked to do if I took part?

To spend 45 minutes with the researcher talking confidentially about your views about your pupil's experience of art therapy and whether you have perceived it to be a helpful experience or not. You will also be asked to discuss the impact you perceive the therapy has had on the pupil and your opinions about the advantages and disadvantages of delivering art therapy within a school environment.

What happens to the data that is collected?

The discussion will be recorded using a digital audio recorder and then transcribed and analysed by the researcher.

How is confidentiality maintained?

The transcript will be fully anonymised- your name will not be used, nor will any other names of people, schools etc which you use in the discussion. The digital recording and the transcript will be stored securely on the researcher's PC and will be password protected with no reference to your name or other identifying features. Your transcript will only be used as part of this research project and will be seen by the researcher and her University Supervisor in the first instance and when the doctorate is finished will be available to those within the School of Education at the University of Manchester. At this stage the recordings and the transcripts will be destroyed. All data will be stored in line with the Data Protection Act (HM Parliament, 1998)-United Kingdom Parliament (1998) Data Protection Act. London: HMSO.

You will be guaranteed confidentiality throughout.

What is the duration of the research and where will it be conducted?

You will only be asked to take part in this one 45 minute discussion which will take place in a suitable room in your school.

Will the outcomes of the research be published?

There is a small possibility that the research will be published, but all your information will remain anonymous.

I want to take part, what do I do now?

If you decide to take part you are to keep this information sheet. The researcher will contact you soon to arrange a convenient time for the interview. You will be asked to sign the consent form attached at the beginning of your interview.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do not wish to take part please contact the researcher and you will not receive any further communication about the research. Please note, if you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

Criminal Records Check

The researcher has enhanced clearance from the Criminal Records Bureau (CRB). This certificate will be available to inspect on request.

Contact for further information**What if something goes wrong?**

Please feel free to speak to the researcher to discuss any concerns, or please contact the ETS Co-ordinator, Psychology Supervisor or Course Director as above.

If a participant wants to make a formal complaint about the conduct of the research they should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.

RESEARCH PROJECT

Children, Emotional Trauma and Art therapy in School

Art Therapist

Participant Information Sheet

You are being invited to take part in a research study to find out about the process and potential outcomes of conducting art therapy with children in schools. This research will contribute to a doctorate thesis the researcher is currently undertaking. Please take time to read the following information carefully and discuss it with others if you wish. It is important for you to understand why the research is being done and what it will involve. If there is anything that is not clear or if you would like more information please do not hesitate to contact the researcher. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

Frances Markland

Educational and Child Psychologist in Training

Title of the Research

Exploring an art therapy intervention delivered at school to children and young people who have experienced emotional trauma; does it contribute towards adjustment? If so, how?

What is the aim of the research?

To explore the process of art therapy delivered in schools and look at what things children, teachers and therapists think it can help with.

Why have I been chosen?

Your views are needed as you are currently delivering an ETS art therapy intervention in a school in Manchester. The pupil participating in therapy with you and their teacher have also been asked to take part.

What would I be asked to do if I took part?

To spend 45 minutes with the researcher talking confidentially about your approach to art therapy delivery, your views about the pupil's experience of art therapy and 2 pieces of work they have produced. You will also be asked to discuss the impact you perceive the therapy has had on the pupil and your opinions about the advantages and disadvantages of delivering art therapy within a school environment.

What happens to the data that is collected?

The discussion will be recorded using a digital audio recorder and then transcribed and analysed by the researcher.

How is confidentiality maintained?

The transcript will be fully anonymised- your name will not be used, nor will any other names of people, schools etc which you use in the discussion. The digital recording and the transcript will be stored securely on the researcher's PC and will be password protected with no reference to your name or other identifying features. Your transcript will only be used as part of this research project and will be seen by the researcher and her University Supervisor in the first instance and when the doctorate is finished will be available to those within the School of Education at the University of Manchester. At this stage the recordings and the transcripts will be destroyed. All data will be stored in line with the Data Protection Act (HM Parliament, 1998)-United Kingdom Parliament (1998) Data Protection Act. London: HMSO.

You will be guaranteed confidentiality throughout.

What is the duration of the research and where will it be conducted?

You will only be asked to take part in this one 45 minute discussion which will take place in a suitable room at Universal Square.

Will the outcomes of the research be published?

There is a small possibility that the research will be published, but all your information will remain anonymous.

I want to take part, what do I do now?

If you decide to take part you are to keep this information sheet. The researcher will contact you soon to arrange a convenient time for the interview. You will be asked to sign the consent form attached at the beginning of your interview.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do not wish to take part please contact the researcher and you will not receive any further communication about the research. Please note, if you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

Criminal Records Check

The researcher has enhanced clearance from the Criminal Records Bureau (CRB). This certificate will be available to inspect on request.

Other contacts for further information

What if something goes wrong?

*University of Manchester, Oxford Road,
Manchester, M13 9PL.*

Please feel free to speak to the researcher to discuss any concerns, or please contact the CETS Co-ordinator, Psychology Supervisor or Course Director as above.

If a participant wants to make a formal complaint about the conduct of the research they should contact the Head of the Research Office, Christie Building,

‘Children, Emotional Trauma and Art therapy in School

PUPIL CONSENT FORM

If you are happy for your child to participate please initial the boxes and sign the consent form below

Please Initial each Box

1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2. I understand that my child’s participation in the study is voluntary and that I am free to withdraw them at any time without giving a reason and without detriment to any treatment/service.	
3. I understand that the interviews will be audio-recorded.	
4. I agree to the use of anonymous quotes.	
5. I agree that any data collected may be passed anonymously to other researchers or supervisors.	

I agree for my child to take part in the above project

Name of Child _____

Your Name _____ Parent / Guardian (Please Circle)

Your Signature _____ Date _____

To be completed by the researcher:

Name of person taking consent _____ Date _____

Signature _____

**‘Children, Emotional
Trauma and Art therapy
in School’**

ADULT CONSENT FORM

If you are happy to participate please initial the boxes and sign the consent form below

Please Initial each Box

1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to any treatment/service.	
3. I understand that the interviews will be audio-recorded.	
4. I agree to the use of anonymous quotes.	
5. I agree that any data collected may be passed anonymously to other researchers or supervisors.	

I agree to take part in the above project

Name of participant _____ Date _____
Signature _____

Name of person taking consent _____ Date _____
Signature _____

APPENDIX B

Questions asked in the Artwork Audio Recording Interviews

1. Could you say a few words about how you were when you started art therapy?
2. Can you tell the listener about this first piece?
3. At what point in art therapy did you make this image can you remember?
4. How did this piece of art help you?
5. Can you tell the listener about this second piece?
6. And at what point in your art therapy did you make this image?
7. How did this piece of art help you?
8. Can you tell the listener the difference between these two times?
9. Was the art therapy different from talking?
10. What was helpful about the art therapy?
11. What would you say made the most difference for you in art therapy?
12. Could you say a few words about how you are now, for instance about your interests, family and school?
13. Now you are finishing art therapy do you think differently about the arts?
14. How does it feel doing this?

APPENDIX C

1. Interview questions asked to pupils.
2. Interview questions asked to parents.
3. Interview questions asked to school staff members.
4. Interview questions asked to art therapists.

1. Interview Questions asked to Pupils

Table 1: Questions asked in the interviews with the pupils

Question	Case 1	Case 2	Case 3
Can you describe a little bit about what you were like before you attended art therapy?	✓	✓	✓
If I was like a fly on the wall say in one of your lessons what was it like in the classroom in the lessons, what would I have seen?	✓	✓	
If I asked one of your teachers to describe what you were like in school before you attended art therapy, what kind of things do you think they would say?	✓	✓	
Maybe if we think a little bit about outside of school –can you describe what that was like?	✓	✓	
When it was first suggested that you have art therapy during school, what did you think art therapy was, did you have any ideas?	✓	✓	
Can you explain a little bit about what happens in art therapy –where did you go? What day/time? What would the room inside look like?	✓	✓	✓
What was it like attending the art therapy sessions in your school?	✓	✓	
Was it ok having it in a room in school or did it still feel like you were at school? (R)	✓	✓	
What do you think was different about being in that room rather than being in a classroom?		✓	✓
Would you have preferred to go somewhere else instead?	✓		
What did any of the other pupils at school say, did any other pupils know that you had art therapy?	✓	✓	
Was art therapy like having an art lesson in the classroom?		✓	✓

Did you like going to art therapy? Was it something you looked forward to? Why?		✓	
What was it about making things that you found helpful? (R)	✓	✓	
Do you think you'd feel the same about art therapy if it had been a different therapist to _____? (R)	✓	✓	
What difference would it have made if you'd have still been coming to see XXXX but you wouldn't have been doing the art work you would have just been talking to him/her? (R)	✓	✓	✓
And what was it about the art therapy that you think made it different from talking?	✓	✓	
Do you think if you'd had got out of class and done a different activity (computer / sport?) for all that time would it have been as good as getting out of class and doing the art therapy? (R)		✓	
I listened to your chat with _____ that you recorded last week. It sounded like Piece 1/2 was _____ is that right? Can you tell me a bit about this piece?	✓	✓	✓
If we just imagine there was another pupil at another school who had similar difficulties like you did before you started art therapy, and they were going to start art therapy but they didn't know anything about it, how would you describe to them what it is?	✓	✓	
What are the 3 things that school or the art therapist must do to make sure it is a good experience?	✓	✓	✓
Now art therapy has finished –do you feel like there have been any changes in you/ your life?	✓	✓	
Do you think that these changes are because of the art therapy or has there been anything else going on at the same time as the art therapy that you think has really helped? (R)	✓	✓	✓
Can you describe what school is like now? If I was a fly on the wall in one of your lessons what would I see?	✓	✓	
If I asked one of your teachers again to describe how you are now, what do you think they might say?	✓	✓	

If we think a little bit about things outside of school has there been any changes outside of school, do you think?	✓	✓	
Scale 1 – 10 Feelings before and after art therapy (use themes from 2 pieces of work).	✓	✓	✓
Scale experience of art therapy, 10 is it was the absolute best thing ever ... life changing ... and 1 is that is wasn't that great at all ... worst thing ever and your time would have been better spent doing other things. (R)	✓	✓	✓
Is there anything else you would like to say about your experience of art therapy?	✓	✓	

(R) = Possible data to suggest a Rival Explanation.

Additional questions asked:

Case Study 1

Was it helpful that there were different materials available to you?

Did you have your art therapy sessions at the same time every week or was it at different times?

And were there different rooms or the same room?

Mmm, so what was it like when you had to change rooms, did that change anything?

So did you prefer a bigger room? ... Why, what was the difference with a big room?

Do you think, is there anything that could have been done differently that may have made it a bit better?

You've mentioned working with XXXX a few times, how important was erm, I suppose the relationship you developed with XXXX, how important was that to your experience of art therapy?

Did you talk to anyone else about your art therapy?

Ok, and when I was listening to the recording you said that when you were making the art it made feelings more present and more clear ... can you explain a little bit about what you meant by that?

Yeah. Was there anything special about making images?

Case Study 2

Mmm, so did you have some time off school?

Did you? Was that like your choice or was it like because of something else?

So you would speak about some stuff aswell?

Ah, ok. Was that good then to have a chat?

Yeah. Would, would that be an important bit of it dya think?

Yeah. Why do you think that bit was helpful?

So you got to miss some of your lessons? ... Did you have any choice over which ones or?

No, was it the same one's that you missed or?

So what happened about the work that you missed in that lesson?

So did you have to catch up kind of every week? How, was, was that ok to do?

Ok, so it was a room, was it sometimes used as a classroom as well?

Did you feel any different when you were in that room than when you were in a classroom?

So from the beginning did you find it helpful?

Yeah ... ok. And did your feelings about going to art therapy change over the year?

Ok ... was it something you looked forward to in your week?

So in, in your art therapy what kind of things did you make?

Did you do any other different types of art?

It's quite a lot then isn't it? Do you think your art skills improved?

What about the environment that you did it in, could anything have been done to that to make it better?

Mmm ... so what was different in doing the art therapy –what made it so you ‘weren’t doing the same stuff all the time?’

Thinking of...? Ok ... do you think it helped make you think when you were doing the bits of art?

Case 3

Before art therapy, what was the best thing about school?

And what were things like inside the classroom was anything a bit hard? Ok ... what things were easy?

What would you say about what your behaviour was like in school?

I've got a big piece of paper here and I've got number 1, and it goes all the way up to number 10.... so if you think about before, before you met XXXX and come to art therapy in school, sometimes you mentioned you felt a little bit angry, yeah? [pause –nods] Yeah, ok. So have a look at this paper and if the bottom is never angry and the top is angry lots and lots can you show me where you were before you met XXXX?

And just for the tape can you say what the number is?

Ok and I wonder what would a number xx have been –how angry would you have been as a number xx?

And can you tell me then, because I have never been to art therapy ... when you walked in the door what could you see in the room?

So it was good fun to paint and to make pictures. And did XXXX tell you what to do or could you do whatever you wanted?

And what did you think about being able to do whatever you wanted?

... And you know when you go to art therapy, I wondered do you just, do you just make things or is there some talking as well?

Making things and talking .. and which was the best bit?

Yeah ... so talking, would it have been a thumbs up or a thumbs down?

... and I want you to place your art therapy [label] on here. Look at the numbers one to ten , now ten was that it was the best thing ever and its really really helped me and one is that it was the worst thing ever and it was rubbish, where do you want to put it?

And how's it helped you? If someone was to ask you how's it helped you, its helped you with... what?

Your behaviour, and how's it helped your behaviour do you think?

2. Interview Questions asked to Parents

Table 2. Interview Questions asked to parents

Question	Case One	Case Two	Case Three
Can you describe a little bit about any concerns you as a parent had about your child before they began art therapy at school?	✓	✓	✓
What support had been offered to you and your family before _____ started art therapy?	✓	✓	
Had _____ taken part in any kind of therapy before?	✓	✓	
What was your child's experience of school like before attending art therapy?	✓	✓	
How were they at home?			
Did you think your child has found art therapy helpful, why?			✓
Has your child spoken to you about their therapy experiences?	✓	✓	✓
Has it been helpful to you as a parent?			
Now _____ has finished his/her art therapy is there anything that you've noticed that is different about them?	✓	✓	✓
Have any areas of school life changed?	✓	✓	
Have any areas of home life changed?	✓	✓	
Has there been anything else happening in your child's life during this time that you think could also have been helping them? (R)	✓	✓	✓
What did you think about the therapy been delivered at school?	✓	✓	✓

Do you think it would have made a difference if it was held at clinic/community centre? (R)	✓	✓	✓
Were there any potential barriers about having it at school?	✓	✓	✓
What did you think your child found useful/not so useful about the therapy been delivered at school?	✓	✓	
If there was another parent who had a child recommended for art therapy what advice would you give them?	✓	✓	✓
From your experience with _____ what could you say to this parent that the potential outcomes of therapy might be?	✓	✓	✓
Could anything have been better?	✓	✓	
Is there anything else you would like to say that you think may be important for the research?	✓	✓	
Is there anything else I haven't asked about that you would like to share?	✓	✓	

Additional questions asked in Case One

Erm, so before she started at [present school] I understand that she had moved round quite a bit ... do you want to just briefly, briefly say the moves that she had?

This was when she was in her first year at secondary school?

So was she in her second year when she moved to that school or was she still ... During the first year?

Right, and it took here a while to settle?

In her bedroom .. is that what she'd often do at home?

Yeah, yeah .. so she's always been a bit more independent ... or liking her own company?

Mmm, and do you think she would have been able to do that before?

Mmm .. so you think that helped a lot as well because you were around a lot more?

So I suppose it .. erm, naturally fitted into the school day, maybe?

No, no, .. no. But she's mentioned [Art Therapist]?

Yeah. .. Do you think she enjoyed her experience of art therapy?

Yeah, yeah that must be difficult. Do you think erm, the relationship with her brother has got better since doing the art therapy than what it was?

Mmm, mmm and you think the art therapy helped her settle back into school?

Additional questions asked in Case Two

Mmm, yeah .. so I suppose before he started art therapy, you've mentioned that he got angry quite easily ... is there anything else .. what was his attendance like at school maybe?

He'd just walk out of school? Yeah, that was his way to cope, d'ya think?

Did erm, was he ever suspended from school for periods of time or ..?

Ok, so maybe if you think about when erm, the art therapy was suggested what did you think about it?

Right so he can describe to you what .. what pieces were about?

But some of them you know straight away what they are?

So what .. would he be describing, you don't have to say what it was, but would he be describing experiences that he was putting into his art or ways he was feeling or just what the image was ...?

Yeah, so he's now able to put some trust in other adults in school as well?

Erm, I suppose, from what you've said, having it here, you think that's really helped him?

Yeah, that's fine that's fine. .. I suppose erm ..how shall I say .. do you think staff members have changed perceptions of him and maybe what he can do?

Yeah .. what, what would I have seen before?

Additional questions asked in case Three

Were you aware that he was starting art therapy?

Do you think that's down to the art therapy or something else? (R)

3. Interview Questions asked to school staff members

Table 3. Interview Questions asked to school staff members

Question	Case One	Case Two	Case Three
Can you describe what pupil was like in school before s/he started attending art therapy?	✓	✓	✓
Engagement with other pupils and adults?		✓	✓
During the time s/he's been having art therapy at school, have there been any other interventions going on as well? (R)	✓	✓	✓
Where did the idea of art therapy come from?	✓	✓	
Did you have any previous knowledge about art therapy?	✓	✓	✓
From the point of view of the school, what has the pupil's experience of art therapy been like?	✓	✓	
Did s/he ever speak to you about her art therapy?	✓	✓	✓
Have you noticed any differences in XXXX since finishing, or during the course of their art therapy?	✓		
Can you describe a little bit about how s/he is now in school?		✓	✓
If you described his/her behaviour/engagement with work now, what types of things would you see?		✓	✓
And have you seen any difference with his relationship with other children?		✓	✓

Do you think art therapy has helped him/her?	✓	✓	✓
Has there been anything else happening alongside the art therapy that you think could have also helped/had an impact? (R)	✓	✓	✓
What did you find useful about having the art therapy delivered within the school?	✓	✓	✓
Were there any potential barriers, or any kind of frustrations..?	✓	✓	✓
What do you think an ideal art therapy set up would offer you as a school?	✓	✓	✓
Do you think having [Art Therapist] come in and having the art therapy within the school has changed any staff perceptions about therapy and children accessing therapy?	✓	✓	✓
If there was another school who had a student who was experiencing similar difficulties to what XXXX was to begin with, erm, and this school was considering making a referral to art therapy and setting that up within their school, what advice would you give them?	✓	✓	✓
If another school was questioning the potential outcomes for students, based on your experience of XXXX, what type of things do you think you might say?	✓	✓	✓
Scale of 1 – 10 looking at the contribution the art therapy has made to the changes that you have seen in pupil.	✓	✓	✓
Is there anything else about conducting art therapy within a school that you think it's important to be known within the research?	✓	✓	✓

Additional questions:

Case One

Erm .. did she .. was she .. I suppose what I'm looking at is what kind of support was put in place? So there was the keyworker..

Did she attend counselling? (R)

Ok. So did you do that research, was it in your own time?

Yeah .. when erm .. I don't know if you can remember, but when did you start to notice that things, things were improving?

do you think that having the therapy in school was beneficial to the family at all?

Do you think erm .. I suppose putting yourself in XXXX shoes, are there any things that could be potentially quite bad about having to come to therapy within school?

What difference do you think it would make if they were on staff at the school?

Case Two

What was .. what was his relationships like with other pupils in the class?

Mmm, and how about like his relationships with the adults within school?

And what was, what was his attendance like.. generally?

Did erm, I know XXXX [Art Therapist] mentioned sometimes he brought another pupil in with him..?

So do you know about how long he had sessions with just him and XXXX [Art Therapist]?

Mmm, ok. ... So was there quite a high level of concern in school about him, would that be fair to say?

In what way was he aggressive? Can you remember anything?

And how ... I suppose that leads to a very difference response in school doesn't it, from a child who gets angry to a child who gets upset?

Mmm, so how is he better, what does better mean?

so what's he like, I suppose with his peers in his class .. has there been, have you seen any adjustment there?

how about his relationships with adults in the school?

So when, when did he go full time?

Yeah definitely, and has there, has there been any opportunity for staff, or maybe yourself to build up a relationship with XXXX [Art Therapist]?

Yeah, do you think that if the art therapy had been outside of school that would have existed or?

what about other pupils knowing that he was going .. did that have .. did that arise?

Do you think that anyone would attribute that to the fact that he's had this therapy or would, would people think, oh it's other things? (R)

And what advice would you give a school on like the logistics of setting up therapy within the school? Are there any things to look out for or things you must do?

Case Three

Is he on any medication?

What types of things would you see as inappropriate behaviour?

Does he go out at playtime?

Have there been any recent changes in his family circumstances?

And how is he with the carers he is with at the minute?

Thinking about his time in art therapy, do you think that it has helped him?

Did he look forward to the sessions?

Do you think it's been helpful to you, as someone who works quite closely with him?

So I suppose, someone who doesn't know much about art therapy, or is being quite cynical about it, may say, well he's no different in school, he's still having all his difficulties! What would you say to that? (R)

How have you found setting up a therapeutic environment within school?

Do you think having the art therapy start, kind of pushed on that process?

If a new school was being built, where would you advise on putting the art therapy room?

4. Interview Questions asked to the art therapists.

Table 4: Interview questions asked to the art therapists

Question	Case One	Case Two	Case Three
Can you describe what you knew about _____ before you started the Art Therapy with him/her?	✓	✓	✓
What was your approach in the sessions - Did you adopt a direct / indirect approach?	✓	✓	✓
What worked well?	✓		✓
Can you describe what I would see if I observed one of the sessions? (time of day / layout of room / materials / people/ conversation)	✓	✓	✓
What theories do you draw upon within your work?	✓		✓
Were there particular materials that s/he would engage more with?	✓	✓	
How important do you think the relationship between yourself, well therapist and pupil is during the therapy? (R)	✓	✓	
How far could s/he tolerate talking about the difficult feelings that you explored within the art?	✓	✓	✓
Was there any change in the balance of talking and not talking throughout the therapy?	✓		✓
Did you think the two pieces that s/he chose to discuss were the two most significant pieces that	✓		✓

s/he did?			
In what ways do you feel that the different pieces of work could represent a process of change?	✓	✓	
From your observations and the therapeutic relationship that was established throughout the therapy with XXXX, did you observe any external signs that the art making process might be helping to process some traumatic memories that, or experiences?	✓		✓
If the sessions would have had no art making, how would that have made a difference? Would it have made a difference? (R)	✓		✓
Did you notice any significant differences in the pupil at end of therapy?		✓	✓
What do you think is useful about delivering art therapy within a school?	✓	✓	✓
Have you found any potential barriers to the therapy being delivered within the school?	✓	✓	✓
What would be an ideal set up offer you as a therapist?	✓	✓	✓

Additional Questions

Case One:

Erm .. what was it like when you made the recording with her and she chose her two pieces and was talking about them. What was that like to be kind of, explicitly verbally reflecting on the images?

I suppose thinking about her whole experience of the therapy, was there any sense that the creative process was telling a story?

So she was exploring different identities, almost?

So, so what is it that you feel is therapeutic for pupils, especially XXXX, about engaging in art work?

Yeah, yeah .. how erm, how can a therapeutic environment be created within a school classroom?

Yeah I suppose that's a big challenge about the perceptions of others about what art therapy is?

Case Two

I know XXX was non attending and did the start of the art therapy sessions coincide with then trying to reintegrate him back into school?

So at the start there appears to have been a huge amount of concern about him and it was almost as if it was 'we don't know what to do?'

At the beginning you mentioned that there were other people there as well?

Was there any change in his approach when the other child left?

As the therapist in there it sounds like you could see the feelings he was putting into different pieces?

I suppose, creating that therapeutic space, is that quite difficult then if you're in a classroom which is used as a classroom?

What do you think it was about engaging in the art work that he found to be therapeutic?

Do you think working in this non verbal means was the key for XXXX?

Case Three

So I suppose at the start, 'cos you mentioned that you had 7 sessions with him, at the start .. building up the trust would have been a big thing. So how, how did you approach those initial sessions?

Yeah, yeah, he was quite messy .. not really a felt tips boy?

So thinking about his engagement in the sessions, can you tell me anything about any of your observations about his engagement in the therapy .. towards the start, in the middle, and the end, was there any pattern or anything?

So that came from him?

So I suppose throughout the therapy, was there any identifiable process of how he used the materials, in the same or different ways?

What sort of .. erm .. feelings would he talk about?

Mmm, I suppose some people would say you can't have any change in brief therapy, what would your response be to a comment like that? (R)

Do you think it would have been different for XXXX if you'd have met him in a different environment?

APPENDIX D

D1. Explanation about the images presented in each case.

D2. Results for case study one

D3. Results for case study two

D4. Results for case study three

APENDIX D1: Images from art therapy

Two images will be presented at the start of each case. These will be two of the images the pupil produced during their art therapy and subsequently chose to discuss in the A-AR interviews with their art therapists. Before conducting the pupil interviews the researcher listened to and transcribed each A-AR interview. A thematic analysis was conducted on the text relating to each pupil's description of each image. It was hoped that the basic themes produced would represent the overall theme of each image. To ensure the basic themes were an accurate reflection of the meanings within each image, themes were discussed with each pupil during their interview with the researcher. The basic themes generated by the researcher for each image are presented alongside the images.

It is hoped that displaying the images will help the reader to see each pupils' journey within art therapy from piece one (produced near the start – middle of therapy) to piece two (produced towards the end of therapy).

APPENDIX D2

4.2.1 CASE ONE: KHANYZIA

4.2.1.1 Images From Art Therapy

Image 1.1: Theme ‘A disempowered self’



Pupil's description of image in A-AR interview:

This is a piece I drew about like worrying and how it felt and how it seemed to me, like .. erm .. like the top bit is like a mountain with eyes like looming over me ... and the roots on it like, it was like went deeper than just shallow

worry, like into my personality it was engraved in to me ... so it felt like, really stressful.

Can you say how ... how did this piece of art help you?

Err, it sort of showed me what I was mostly holding me back and how ... it sort of brought to life the feelings and made it so much clearer and more present. ... I think that was probably to me, the most important piece I did in art therapy.

Image 1.2: Theme 'An empowered self'



Pupil's description of image from A-AR interview:

It's like ... a wood filled with loads of different colour ... it's like going upwards, like swaying in the wind, with ... different parts to it like a sunset, rainbow colours over it to represent all the different emotions and the roots of those emotions ... Errm this was, ermm the ... one about the emotions I felt at that time, it was like, towards the end of art therapy, and how I felt about everything in general ... some of them were happiness, mostly happiness really, and being calm and like ... some of like the anger and resentment and depression.

How do you think this piece of art helped you?

Erm, it helped me come to terms with feelings that I have ... and that I didn't have to have a select feeling, I just didn't feel one thing I felt many different things at any one time ... so instead of just trying to block out every other feelings and just focus on one, ... I just said I have these

emotions and I'm going to express them but I'm going to choose how to express them.

4.2.3 EXPLANATION OF THEMATIC NETWORK 1.1

4.2.3.1 GLOBAL THEME: ADJUSTMENT WITHIN SELF, GROUPS AND SCHOOL ENVIRONMENT

This network has nine basic themes and three organising themes. It represents how adjustment has been observed in Khanysia's understanding of and belief within herself, her ability to interact within others and her engagement and contribution to school life.

4.2.3.2 Organising Theme: Identity And Understanding Of Self

When comparing data about Khanysia's presentation before and after attending art therapy a central theme running through the data was concerned with a 'within child' adjustment. Data revealed that attending the art therapy had promoted a greater understanding of her emotions and sense of self and a belief that she has positive parts to herself that were worthy of being shared with others.

4.2.3.2.1 Basic theme: *Sharing Self with Others*

Before attending art therapy Khanysia was described as being a quiet and withdrawn young person. She preferred to be on her own, she did not really understand herself or her own emotions and so chose to hide herself from others. Through the art therapy she began to develop understanding and acceptance of whom she was and developed the security to begin to explore her own personality and construct an identity for herself.

Before

She came very quiet, very withdrawn er didn't really socialise with other pupils, was much happier being on her own ... erm, didn't like people to come into contact with her at all, erm .. didn't like to be touched, didn't like to be .. spoken to really. [School Staff Member]

I think she sort of felt like she was performing a lot at school. Either performing by being a bit tough and aggressive to keep people away, or performing by being the grade A student being brilliant at everything. [Art Therapist]

After

I think the outcome from the art therapy are great ... it brings out her personality and erm .. you tend to, she tends to understand

herself better because with her she was sort of, sort of trying hard to fit .. in to the groups, or trying hard to like people that she didn't like .. so .. I think it taught her to accept that she is who she is. [Parent]

A very visual thing with her was the way she dressed! She went from not having a, always being very well presented but not having a sort of style, to coming in, in quite a healthy way, more experimental and more naturally more teenage. So sort of, the odd bits of jewellery and rucksack with badges on, and kinda talking about bands and things she was into. So it felt more, more like a normal healthy teenage expression. [Art Therapist]

4.2.3.2.2 Basic Theme: *Self Perception*

Adjustment was also seen in Khanysia's self perception. Before art therapy she saw herself as a very angry person, who was not liked and isolated by others. After art therapy Khanysia describes herself in a much more positive light and appears to have become open to the possibility that she has positive qualities that mean other people do want to spend time with her.

Pupils comments about herself before art therapy:

I was really really angry and I was like, I used to get angry quite a lot very easily.

I was like sat on my own like, no-one would sit behind me or in front of me ... I was just like in my own corner ... If someone sat there they would usually like turn around on their stools if they were behind me or in front of me and just turn round and make sure they don't speak to me.

I started getting bullied and stuff like that and it made me even more frustrated.

Pupils comments about herself after art therapy:

I'm nice and I'm trustworthy, and I am really open.

I've become less reserved, I've got actual friends now ... well I realise that I have friends, I should say.

4.2.3.2.3 Basic Theme: *Self Regulation*

Khanysia's ability to access and regulate her emotions also appeared to be another area of adjustment. Before attending the art therapy she was

described as being ‘cut off’ from emotions and was unable to self regulate negative feelings. Through the art therapy she started to access these difficult emotions. After art therapy she presented as being happier and was able to be relaxed in school which would suggest that she had begun to competently regulate her emotions and feel more in control.

Before:

There was a time when she was kicking off at school and there was no behaviour at home ... but then it, it came to a time when she was kicking off at home ... at first it was like err, with her brother, then it came to me as well, she kicked off with me as well. [Parent]

[She was] so very frustrated a lot of the time ... unable to cope with the smallest requests that were asked. [School Staff member]

After:

[Now] I feel like I’m in control ... but I don’t want to obsess about being in control and feel like I have to be in control of everything. [Pupil]

The first noticeable change was how happy she looked. She really ... she .. she was, she was looking happy, she was looking much more relaxed, she was looking calmer, she wasn’t looking for problems on corridors ... I’d had a lot of staff come up to me saying, ooh y’know, I’m noticing she’s much more relaxed, I watched her deal with this situation and y’know, I think that really helped and it was concrete evidence really that things had moved on. [School Staff member]

One of the signs of her starting to process that [being blamed for the loss of her grandmother], was being able to talk more freely and allowing herself to .. erm .. feel sadness in the sessions I think and to accept warmth from me about those feelings ... I could see when she was allowing herself to feel that and that felt like quite a big leap actually, because a lot of her feelings were very cut off. [Therapist]

4.2.3.3 Organising Theme: Social Interaction

Another strong theme emerging from the data was Khanysia’s ability and willingness to engage in social interactions with her peers and successfully moderate interpersonal relationships. An important aspect of her adjustment has been her desire to develop and maintain friendships, engage in more pro-social behaviours and develop the relationships within her family.

4.2.3.3.1 Basic Theme: *Proximity of Social Contact*

Before art therapy Khanysia was very reluctant to engage with other pupils and this led to her isolating herself and feeling isolated from others. Throughout the therapy there were observations of her beginning to seek social contact and wishing to spend time in close proximity to others.

Before:

Other pupils she didn't want them to interact with her at all. .. erm, she would lash out at anybody who came near her, if someone touched her bag, if somebody .. erm, touched her as I said, she didn't like to be touched, so if somebody touched her back, whether it was a knock or a bump on the corridor, or whether somebody had knocked into her on purpose or by accident she would .. could become quite aggressive. [School Staff Member]

At the beginning of therapy she didn't like anyone, no one was her friend, she just wanted to work hard and become a famous scientist. And she wasn't going to let anyone into her life, including her family. She didn't want any friends, she didn't want the emotion of the boyfriend or anything like that, and that was explored a lot. [Therapist]

After:

I've got in touch with friends from my old school, they were from my old primary school and I have been meeting friends outside of school and not being like a hermit inside of my house, so I've got, developed a social life. [Pupil]

*It feels better like if people are laughing I can feel part of it and I will usually be part of that circle as well and I will have my friends with me and like hang out with them, and I'm not always on my own. ...
... So, school's quite a fun place now. [Pupil]*

4.2.3.3.2 Basic Theme: *Attitude Towards Others*

A great concern before starting art therapy was that Khanysia appeared to be cut off from her emotions and demonstrated no empathy towards other people. An area of adjustment did appear to be a shift in her attitude towards other people, she began to demonstrate tolerance and understanding of differences and a desire to engage in pro-social interactions.

Before:

I think that was another thing in school for her was struggling to be empathic with other pupils. [Therapist]

When she did just draw, she would draw and write quite disturbing erm .. things about what she wanted to do to those that had maybe borrowed her rubber without her permission .. erm, she didn't really have anywhere to channel all her anger .. erm, and became very very frustrated. ... erm .. and yeah, yeah that was the pattern for a long time. [School Staff member]

After:

I'll do stuff for people even if it doesn't gain me anything, which before I really didn't want to do. ... And I'm trying to be nicer to people ... which never goes as planned usually [laughs]... Erm, now I feel actually happier, I feel happy. [Pupil]

So I said 'if you don't like it leave it' but she said to me 'well I can't keep leaving things' and erm, 'it's real life and when I start working I won't, I will be working with people I don't like but I have to put up with it.' [Parent]

4.2.3.3.3 Basic Theme: *Interpersonal Relationships*

Adjustment was seen in Khanysia's interpersonal skills and her ability to form positive relationships with others. Prior to attending art therapy she had no friends at school and was often violent and aggressive towards peers. An important adjustment for Khanysia was that she began to develop friendships and feel included at school. Progress within her family relationships also appeared to be important.

Before:

If anyone just did something little and it just ... annoyed me so much and I just ended up in fights all the time. [Pupil]

The main reason for referral was that she was really struggling in school with aggressive behaviours and kind of violent outbursts to other pupils. [Therapist]

[How were things at home?] A bit strained ... My mom kept on being worried about me and I didn't want her worried about me, and I just

wanted to be left on my own and my brother was being a really big pain, and I just, I just hated him. [Pupil]

After:

She was able to open up, she's developed friendships, she's even dated a boy within the year group .. err, a nice lovely boy, erm, who was in one of her classes. Err .. she, would spend time outside of school socialising with pupils. [School Staff Member]

Towards the end of therapy she was coming in talking about friends she'd made, her, her best mates and then her boyfriend and so it was like her growing. And a massive thing was her relationship with her mum. So although she still ... it probably felt y'know more like normal teenage stuff about mother daughter relationships, she could actually say that she felt she could talk more to her mum about stuff. [Therapist]

She can put up with, with her brother because they didn't get along, they still .. like that but I don't think it bothers her as much as it used to do. [Parent]

4.2.3.4 Organising Theme: Ability To Function Within School

A positive adjustment was also seen in Khanysia's ability to function within the school environment. It appears that adjustment in her personal skills and self belief has helped her to engage more appropriately at school. She is able to regulate her emotions in situations of conflict and find her own resolutions. As well as helping her to develop friendships, this has also increased her attendance and engagement within the whole school community. It is thought that she now has the confidence and self belief to achieve well in the future.

4.2.3.4.1 Basic Theme: *Coping With Conflict*

Prior to attending art therapy Khanysia would react with violence and aggression in situations of conflict however she is now able to contain any emotional reactions she has and apply strategies to help herself. An indicator of the strength of this adjustment is that she has applied to be a school prefect. This is likely to increase her exposure to conflicts within school and therefore her application suggests she is no longer concerned about her ability to cope in such situations.

Comments:

Now she's able to apply strategies to, once somebody was winding her up, or something was happening that she .. didn't or wasn't able to cope with in the past. [School Staff member]

In March this year, she applied for Prefect and the fact that she's gone on to be confident enough to feel that she could deal with situations that may arise as a Prefect is amazing. [School Staff member]

4.2.3.4.2 Basic Theme: *Experience of School*

Khanyisia's experience of school improved during /after she had finished art therapy. There was progression from school being experienced as a place where she had broken attendance and regularly felt angry, frustrated and isolated, to a place where she had regular attendance and felt safe and secure and included.

Before:

I just ended up in fights all the time and not being in school because people kept on annoying me so much I was in fights so much I had to go home and like stay there a week then be back in school and then someone would do something else. [Pupil]

After:

I think it was easier for her to concentrate, and she's a very very intelligent girl as it is, very very intelligent and her work didn't suffer in terms of her grades but it suffered in terms of ... because of her attendance, I mean obviously it didn't help ... but staff noticed that she was much happier in the lessons and obviously when you're happier and you feel safe ... your learning improves drastically. [School Staff member]

Rather than having to go home that day and maybe take the next day off, so she was, she was able to cope with situations much much better [School Staff Member]

4.2.3.4.3 Basic Theme: *Future Prospects*

Discussion around Khanyisia's future prospects suggested that there was also adjustment in this area. People felt that she had now developed the skills and self belief to progress with further academic learning and achieve well in life.

Comments:

She did, she got Deputy Head girl at school and yeah, and erm, she has learnt to .. like erm, her confidence. Because err before they finish school, I think two weeks before she went to XXXX [city name] and she stayed four days there, and she travelled to XXXX University on quite a long journey on her own, so ...she would not have been able to do that before. [Parent]

I wanted to say but just how influential it has been .. and how .. this child's life has changed because of a weekly session held on a Monday afternoon, y'know ... the, the difference that it has made to her .. and how I'm more confident that she will go on, to .. to be incredibly successful ... because of this therapy. I would have been very very concerned about XXXX leaving school in 9 months time .. but no, y'know , not, not anymore, those fears have gone. [School Staff Member]

4.2.4 EXPLANATION OF THEMATIC NETWORK 1.2

4.2.4.1 Global Theme: 'An Empowering Space'

This network has eight basic themes and three organising themes. It demonstrates how delivering art therapy at her school created an empowering space for Khanyisia to explore her emotions; this was central to her experience of therapy. School based art therapy facilitated weekly provision of therapy within a child centred environment where Khanyisia felt safe. It had a positive impact on wider school systems therefore strengthening her within school support. The logistical arrangements of the therapy were well organised.

4.2.4.2 Organising Theme: Child Centred Environment

This theme reflects how for Khanyisia, school based art therapy contributed to positive adjustment because it offered both the context and a style of delivery that was child centred. Offering the art therapy within school time meant that it was highly accessible and delivered in an environment which promoted feelings of safety and security. In addition there was a strong sense of equality within the therapeutic relationship which helped to establish a non judgmental and trusting therapeutic space.

4.2.4.2.1 Basic Theme: *Accessibility*

Delivering the art therapy at school made it easier for her to access the service and was supportive of her family situation. It removed the potential

barrier of travelling off site each week which her family who would have found it difficult to maintain and she would have been reluctant to do. It ensured she had the opportunity to access support in an environment which was familiar to her and which removed the any potential stigma of attending a ‘mental health’ clinic.

She didn't have to travel and er, it would have meant if it was outside or in a hospital it would have meant, err .. both of us travelling. ..You know because I would have to take her there ... that would have been difficult. [Parent]

Erm, and there's all sorts of.. for local populations as well as refugee populations, barriers about mental health and what does it mean to go to clinic appointments and I personally feel that in terms of access, school feels like, generally feels like a safe place for families, which helps the family to support the child's engagement in therapy sessions where it might not happen quite so easily for the family if it's happening outside of school. [Therapist]

[It was useful because it offered] the security for XXXX that she didn't have to go off site to somebody she didn't know, to a building she wasn't familiar with, to the other staff she was unfamiliar with. [School Staff Member]

4.2.4.2.2 Basic Theme: Safety

Attending therapy at school rather than a clinic felt much safer for Khanysia. She had greater control of whether she wished to attend each week or not and therefore there were no external pressures on her attendance. The familiarity of the environment helped her feel safe attending the sessions and although it was in a room at school, the therapeutic space was distinguishable from the rest of the school environment.

Erm, it didn't feel like I was still at school and I think, erm, it was sort of better than going to like outside school, because sometimes it feels weird being there ... and it just made me feel a lot sort of safer being somewhere familiar. [Pupil]

You can just nip down the corridor in a familiar setting .. erm ... you can vote with your feet a bit more easily I suppose, as you're in control of it so you can go to the session or if you don't want to be here today you can go back to French or Maths or what have you. [Therapist]

4.2.4.2.3 Basic Theme: *Equality in therapeutic relationship*

School based art therapy offered Khanysia the opportunity to engage in a therapeutic relationship where she felt her voice was valued and her concerns and expressions were met without judgment. This experience of equality established an environment of trust and safety which helped her feel able to reveal and reflect upon difficult parts of herself.

Erm, I think like ... mainly that ... it sort of feels like, like, it feels safe in art therapy it doesn't feel like you're being judged all the time. [Pupil]

And she didn't always ask me questions, she let me ask questions as well ... so ... so like ... much more... relaxed atmosphere for me [Pupil]

The biggest part of it is that there is someone there and ... they're not really all that pushy if you know what I mean, that's the best part of it that they're not that pushy. ... And you can sort of be you and they can just sometimes point you in the right direction if they think you need it. [Pupil]

I think a really crucial thing was her being able to voice some pretty erm I, I think for her, some aspects of herself that she felt quite ashamed of, but being able to think about them with someone who .. wasn't going to be in judgment of that but was going to help her reflect on it. I think that .. as well as the art making, that was really important as well. [Therapist]

4.2.4.3 Organising Theme: Strengthened School Support Systems

Delivering the art therapy at Khanysia's school helped to strengthen the support systems in place within the school, which were supporting her on a daily basis. Delivering the therapy at her school also helped to promote continuity for Khanysia, in terms of continuity of access to academic lessons and continuity of attendance. Ongoing communication with the art therapist helped to increase knowledge about necessary pastoral support and reassure staff members' concerns about her presentation.

4.2.4.3.1 Basic Theme: *Continuity*

Attending the art therapy at school was useful for Khanysia as it ensured she could access long term support without missing a large amount of school time. It was easily timetabled into her week and helped to support her

transition back into full time schooling. As it became part of her weekly school timetable it helped to normalise the experience of receiving therapy.

She's quite academic she likes going to school so, so ... having it at school it meant if she missed eh, maybe one lesson and then she would go back to .. to her lesson. Then after she could go, go to the next lesson it was like part of her education ... I don't know because er, it was her that was doing it but for me it feels like it's just part of the curriculum that is going on. [Parent]

You're not missing a huge amount of time by going with your parents or a carer to a clinic the other side of town. [Therapist]

It was organised for a PE lesson so it wasn't that she was missing any of the core subjects [School Staff Member]

So it took a while because they reintroduced like one lesson, maybe two three weeks doing that, two lessons, break time finishing at break time until she got used to it ... having art therapy helped her settle, yeah it did ... it did help. [Parent]

4.2.4.3.2 Basic Theme: *Ongoing communication*

Having the art therapy on site enabled there to be ongoing communication between the art therapist and school staff and this was an important source of additional support for Khanysia. She used the art therapy sessions to discuss particular school based worries and concerns and was able to ensure staff members were aware of these, without having to directly tell them herself. Strong links were made between the art therapist and school staff and this was an important aspect of the success of the therapy within the school environment.

I think it was useful for her in terms of all the experiences that she got from it but also knowing that XXXX [Art Therapist] and I would liaise closely about the support I could offer throughout the rest of the week .. erm, there would be times for example that XXXX [Pupil] would request that XXXX [Art Therapist] would ask me to email staff erm, and just make them aware that she wasn't having a good time. [School Staff Member]

I could pass on any information to staff throughout the week that XXXX had requested staff were made aware of .. erm, so again that was very useful, that was .. if that hadn't have been on the premises, that couldn't have happened erm, it would have been one missed phone-call to another and y'know it

would have just been a nightmare .. but the fact that it was here was very very useful. [School Staff Member]

I think that contact with school, given that school see the young person the most, is really useful for the therapist as well. [Therapist]

4.2.4.3.3 Basic Theme: *Support for staff*

Having the art therapy on the school site also provided indirect support to school staff. Staff members were reassured about offering her the therapy as she was confident attending the sessions at school. In addition, staff were able to seek support from the art therapist about Khanysia's progress and the support she required from school.

That was useful for us knowing that she was confident about the therapy. [School Staff Member]

I think staff appreciate having someone with a regular presence who they can speak to as well ... I think it can be, if staff have got anxieties about a pupil, they can be, part of your job can also be about containing staff and saying, 'yeah don't worry, she's coming along, engaging well, I'll let you know if there are any problems.' [Therapist]

4.2.4.4 Organising Theme: *School Supportive Of Therapeutic Space*

School based art therapy was able to contribute towards the adjustment seen in Khanysia as it was delivered in a school which understood the importance of creating a space for pupils to work through emotional difficulties. Art therapy provided Khanysia with this space. There was a strong commitment from the school to support the logistic of setting up an art therapy space and providing a room with little 'school traffic' passing by helped to ensure Khanysia felt safe and secure.

4.2.4.4.1 Basic Theme: *Within school organisation*

An important factor in the success of delivering the therapy within the school was that school staff took an interest in the therapy and thought through any difficulties delivering it within the school could cause to the school systems and to the pupil. A consistent and functional therapeutic space was established within the school which supported the feasibility of delivering the art therapy with minimal disruption to the school and the therapeutic space.

I had to spend a lot of time myself researching it as I wanted to ensure I knew what we were referring one of my pupils for just to, as I say, see what it was about really and to know what it is that they're accessing .. and, what I can do to support that intervention as well, because obviously that's part of my job as head of year, is to, is to underpin anything that is happening to each of the students. [School Staff Member]

I think, possibly, she was originally concerned that others would notice what was happening and question where she was going .. erm, I don't ever believe that was an issue, I hope it wasn't ever an issue, as far as I'm concerned it wasn't ever an issue .. [School Staff Member]

There's got to be somewhere where the therapy can take place in the same place on a weekly basis ... erm, in a quiet area away from the rest of the school. I feel that's y'know a real, part of the success for XXXX ... we, we made sure that the meeting room was on the top floor, it was on a quiet corridor that has very very little traffic and has no pupil traffic at all because pupils are not allowed on this particular corridor. [School Staff Member]

I've been lucky with this particular school it's generally been really good in terms of the space, the therapeutic space. ... I think we've only been interrupted once, maybe twice. So it's been a consistent room erm .. it's a little bit away from the main drag so it's on kinda the learning corridor. It's a nice sized room, it's big enough to do the work, do messy work, but its small enough to feel quite personal and cosy really. And it's got a sink next door so we could use paints and stuff, so I think the really important are a consistent space where possible, a space that's not going to be interrupted and a space where you can make a bit of a mess and it is not causing trouble to the school. [Therapist]

4.2.4.4.3 Basic Theme: *Provided an emotional outlet*

It was important that the school found additional provision to support Khanysia's emotional wellbeing School based art therapy helped Khanysia as it provided her with an outlet within school to release and work through

her emotions. It offered a defined time each week where she could safely work through her feelings.

I think just within the school and the school world, it was really important for XXXX to have someone come in from the outside into school. I think for her it made school feel a bit safer because there was a weekly person there where she could outlet these, these build up of feelings really. [Therapist]

[What made the most difference in art therapy?] Hmm ... having something to focus my energies on, and ... probably trying to ... do something with all the energy I had, releasing it in a positive way. [Pupil]

I think sometimes for the bright kids as long as they're doing well schools can be happy just to leave them to it. But I think it's been good for school to say XXXX has needed emotional support and to engage in providing that. [Therapist]

4.2.4 EXPLANATION OF THEMATIC NETWORK 1.3

4.2.4.5 Global Theme: 'Freeing the child's voice'

This thematic network reflects how school based art therapy contributed to adjustment for Khanysia by providing her with the space where she could revisit, express and reflect upon difficult emotions in a safe and secure environment, without fear of feeling judged by the emerging narratives she worked upon. School based art therapy 'freed her voice' by providing her with the means to express herself and her story, safely.

4.2.4.6 Organising Theme: Non Judgmental Experience

An important aspect of the art therapy for Khanysia was that it was a therapeutic process which remained therapeutic and did not at any point feel invasive or that she was in judgment. The focus and discussions were able to be kept centred on the art work and the images she produced opened up opportunities for reflection. The non static nature of art mirrored the importance she stressed upon change and finding new perspectives. Working with her images gave her a way to reflect upon her past and present experiences and form new meanings.

4.2.4.6.1 Basic Theme: *Art is the focus*

The art work and image making was an essential part of the therapy as the images provided a focal point within the therapy. This helped Khanysia as she remained in control of the topic of discussion and felt that discussions within the therapy were directly relevant to her. The images were used to guide the therapy and the art work was able to stimulate discussions about difficult topics/feeling. The art work provided a concrete account of the therapeutic journey.

So often it was me, really using the images a lot, as a kinda crutch in a way to help us get to the next difficult bit that maybe she might avoiding a bit, or even I might have been at times!
[Therapist]

I don't really like talking to people ... I just ... feels too intrusive for me ... usually in talking you started off someone asking me questions about something they thought about ... but with XXXX it was, she only asked me questions about, after something I drew, something I could relate to at that moment not something I couldn't relate to. [Pupil]

The images did work as actually a real .. err .. marker of things we had talked about, of things that she had expressed.
[Therapist]

4.2.4.6.2 Basic Theme: *Opportunities to reflect and change*

Working with images was also experienced by Khanysia as a non intrusive way of reflecting upon her experiences and inviting new perspectives. Re-visiting images appeared to be an important part of the therapeutic process, helping her to think about her experiences differently.

I think that [making images] was sort of really important to me. ... To sort of, to see it in a different light .. because every time you reflect you find different things. [Pupil]

When I got like towards the middle it sort of ... felt like it was helping me because I had a way to sort of release it, like all the pent up energy and, think of other solutions and think of different alternatives to problems what I was drawing like, reflect on some of things I did and like, how could I have done that better? [Pupil]

And I think the art work gave her a way in to feel like, erm, each session something had been expressed and achieved in a way even if she didn't feel in that particular session that it was something we could explore together, we could always go back to it. [Therapist]

4.2.4.7 Organising Theme: Art Provided A Rich Language Of Emotional Expression

The art making was an important part of Khanysia's therapeutic experience. Working with images enabled Khanysia to access and express her most difficult experiences. She was able to portray the depth of her emotions through her images which helped her to view and reflect upon her experiences at a safe distance. It was felt that the images she produced helped to express emotions and experiences that she would not have been able to articulate.

4.2.4.7.1 Basic Theme: *Images used to safely access difficult emotions*

Working with the art materials and producing images gave Khanysia a way to access her different emotions and portray her experiences within an environment which was safe and secure.

I imagine that without the images it might have felt, it might have been a bit like setting up to fail really 'cos I think XXXX wanted to work with those feeling but didn't really know how. [Therapist]

I think erm, part of the good thing of having the images there was that she was able to, to, sometimes y'know, do some quite shocking images and have me y'know, contain that and cope with it and think about it together. [Therapist]

4.2.4.7.2 Basic Theme: *Images were her second voice*

Producing images within the therapy gave Khanysia a second voice, which she used to tell her story to the art therapist. The art work gave her a way of explicitly expressing difficult emotions and allowing someone to understand her inner world without her having to articulate it. Working with the images contributed to the safety and security she felt within her sessions and the experienced equality of the relationship with the art therapist, which she highly valued. This enabled her to express herself in new ways.

I think we both would have really struggles to find a way through so much difficult memories, trauma, shame, guilt and I think, it sounds a bit of a cliché but I do think there were .. not ...

there was a lot of things about XXXX's erm, inner world, that I can't imagine her being able to articulate verbally, as I would struggle to articulate them to you verbally, I've understood them .. I suppose through the images really. [Therapist]

Some of the images stand so much for themselves that erm ... I'm not sure she could have put some of those things into words or would have allowed herself the level of vulnerability that might have been involved in err, admitting to .. some pretty deep levels of hurt. [Therapist]

Art therapy was ... a lot I could express myself in ways I thought I couldn't with ... with talking because ... I just didn't like talking to people and it felt, sometimes it felt invasive when you're just always talking to people and they're always asking you questions it was too invasive. [Pupil]

4.2.4.7.3 Basic Theme: *Impact beyond words*

Working with her images helped Khanysia portray the strength of her feelings without having to find the words to express this. She liked the visual aspect to the therapy and this helped her to externalise her emotions and view her experiences from a safe distance. Producing the images helped her to portray the depth of her feelings and her images generated an impact beyond what could be expressed verbally.

[Making images] sort of, made you, sort of see how you felt, it sort of gave you that visual sort of impact that you don't sometimes get with words or anything else. ... [Pupil]

I do think her, most of the difficult stuff was contained within her images and quite ..err .. strongly so as well. So some of her images felt immediately quite embodied really, with a lot of really difficult stuff and I think without them she would have struggled to talk about those things. [Therapist]

APPENDIX D3

4.3.1 CASE TWO: NATHAN

4.3.2 Images From Art Therapy

Image 2.1 Theme ‘Angry’



Pupil's description of image in A-AR interview:

Could you tell the listener about this image?

A mutated monster getting stabbed.

Yeah ... how do you think that making that sculpture helped you?

Don't know.

Did it change how you felt that day?

Yeah. [Pause]

How?

Like ... don't know really...?

Image 2.2: Theme 'Calm'



Pupil's description of image in A-AR interview:

This is the second picture then ... erm so could you tell the listener about this?

It's yellow, and errr ... blood and yellow ... through the apple.

Mmmm ... ok, where is the apple?

In the middle of the air

Yeah .. ok, how do you think that this piece of art work helped you in any way?

Don't know

Can you tell the listener the difference between the two times, when you were doing these things?

That one's most like when I was angry, number 1 and number 2 was well when I was chilled out.

4.3.3 EXPLANATION OF THEMATIC NETWORK 2.1

4.3.3.1 Global Theme: ‘Transformation within self and school’

This network has eight basic themes and three organising themes. It represents how adjustment has been observed in Nathan’s experience of school, ability to engage with others and the sense of control he has about his own behaviours and future life.

Discussion of Nathan’s presentation before and after art therapy presented a young boy who has transformed within himself and his subsequent ability to interact positively with others. Before starting art therapy Nathan felt unsupported at school and was unable to regulate his emotions and subsequent behaviours. He was aggressive and violent towards others and believed he had no positive future prospects. After art therapy Nathan was able to engage at school, he was calmer when mixing with others and had positive aspirations for his future.

4.3.3.2 Organising Theme: Engagement With Education

This theme reflects how attending art therapy has also had a positive impact on Nathan’s engagement with his education. Prior to starting art therapy school was experienced as a negative and stressful place, he was reluctant to be there and was unable to cope with daily hassles or engage with his work. Attending art therapy has helped to increase his engagement with his education. His attendance has improved and he has developed coping strategies that help to support his functioning within the school environment. Subsequently, he feels less stressed at school and is completing greater amounts of school work.

4.3.3.2.1 Basic Theme: *Experience of school*

The data suggests that before attending art therapy Nathan had a negative experience of school. School was experienced as a stressful place where he felt unsupported. There were inconsistencies in his attendance with periods of time where he was not attending school, or not managing to attend for a full day. After art therapy the data suggests that Nathan has a more positive experience of school. His attendance has improved and it appears that he no longer feels as stressed and shows a willingness to be there.

Before

It [school] was stressful for me. If I done anything wrong I got kicked out straight away. [Pupil]

Not entirely in school ... not at all in school ... dor –ow what else? ... Yeah, I stayed off school for like 2 months ... Nah, I just like dint go in .. because the work was too hard for me and I dint get no help. [Pupil]

We always made sure he got to school .. whether he actually stayed in school or not was, y’know, another kettle of fish. Y’know we had numerous phone calls that he wasn’t, y’know that he’d walked out or he’d actually gone, he’d just like done one ... [Parent]

After

It’s [school] pretty chilled out but some of the time it can pretty annoy you. [Pupil]

He’s a lot better, it’s like he wants to be here, he turns up every day, erm he does his work erm ... he still has the odd occasional blip, y’know like they all do but err, yeah he’s doing a lot better, a lot better. [School Staff Member]

4.3.3.2.2 Basic Theme: *Ability to cope*

Adjustment has been seen in Nathan’s ability to cope in school. When faced with difficult situations before attending art therapy he displayed coping strategies that were illustrative of a traumatic stress response; there was a ‘flight’ response, to leave the school building or a ‘freeze’ response, to completely internalise his reactions and sit and talk to himself. After attending art therapy, he had developed more adaptive coping strategies and was able to access his feelings and consciously sit and talk to others to gain support and help.

Before

Most of the time he actually did come to school but he just ducked out as soon as he got here. Y’know got into an argument with a kid or member of staff and he just couldn’t hack it. [Parent]

He used to sit there in class and he was very, he used to talk to himself .. erm .. yeah it was worrying, very much so. [School Staff Member]

After

Now he's actually able to sit down and talk with people ... he can sit down and he can talk to 'em, err .. y'know you can have a proper conversation with the teacher [Parent]

But yeah he can, he does express how he feels now y'know to other people. [Parent]

4.3.2.2.3 Basic Theme: Approach to lessons

Positive adjustment has been seen in Nathan's approach to his lessons and engagement at school. Nathan has changed from not being able to sit still for long and not completing school work, to actively engaging within lessons and completing larger amounts of school work.

Before

In the old building I dint used to do work ... not at all. [Pupil]

Erm .. very little concentration, erm, couldn't sit still for long periods of time [School Staff Member]

After

[Now you would see] Me sitting down doing my work. [Pupil]

Ooh, erm, I would say 85 -90% better ... erm ... he listens, he wants to do the work. [School staff member]

4.3.3.3 Organising Theme: Approach To Other

This theme represents the transformation that has been observed in Nathan's approach to other people since attending art therapy. Prior to attending art therapy Nathan lacked trust in adults and was violent and aggressive towards other people. Adjustment had been seen in his approach as rather than bullying vulnerable peers he is now starting to support them. He is beginning to develop better relationships with staff at school and engage more positively with family members.

4.3.3.3.1 Basic Theme: *Trust in Adults*

Prior to attending art therapy Nathan found it very difficult to trust adults. He was wary of strangers and had displayed little respect for his teachers. Attending art therapy appears to have helped him to believe that adults can be trusted and he has built positive trusting relationships with staff at school.

Before

He didn't really trust anybody [Parent]

Actually at the beginning he wouldn't, he wouldn't .. erm, I mean I don't want to say too much about his mannerisms .. but, erm, it's enough to say that he wasn't comfortable being in a room alone with me. [Therapist]

Erm ... teachers he ... [exhales] some teachers he had very little respect for. [School Staff Member]

After

I would, I would say he gets on with nearly all the staff here to be honest. I don't think he has a problem with any of the staff now. [School Staff Member]

But now ... I think he's willing .. well he's actually able to give people, the benefit of the doubt, well, maybe these are trying to help me? ... So he can actually speak to people as well .. y'know give them, give them a chance. [Parent]

4.3.3.3.2 Basic Theme: *Social Interaction*

Adjustment has been seen in Nathan's social interaction skills. Before art therapy Nathan engaged in lots of negative social interactions with others. He found it difficult to be around other people and was observed to bully his peers and targeted vulnerabilities in others. After art therapy Nathan engaged more positively with his peers, he is now supportive of the most vulnerable students and has improved family relationships.

Before

Well, like weaker children he'd bully 'em .. y'know he'd be on their backs sort of thing, y'know .. erm .. I think he just, he just like singled them out because he knew they was .. vulnerable, shall we say .. so he'd, he'd see it straight away that they was vulnerable and .. hit them as the target. [School Staff Member]

He's sort of, he's got a canny knack of working people out as soon as he walks in a room he's like I know your weakness and if you show the slightest bit of weakness then XXXX would jump on it and he'd never leave it alone. [Parent]

*[What was stressful?] .. being with other people and stuff.
[Pupil]*

After

Erm he's not as aggressive now. Like he'll play football and he's not like, purposefully tripping someone up or kicking them or .. it's very rarely that you see that, very rare ... And, he'll say to his peers now, 'aww brilliant, that was a good shot!' Y'know and he'll compliment, he'll compliment them so ..yeah, yeah totally different. [School Staff Member]

There's a couple of y'know, like I said we've got a couple of vulnerable students shall we say, erm and he'll see one of the other kids having a go and he'll say 'aww leave him alone' y'know so that side' coming out of him. [School Staff Member]

Like I have my grandson who lives with us and there was bitter hatred between the two for like say, the last year, a year and a half ago. But now they can, they will actually talk to each other which he never ever would have done before. ... And one of his older brothers y'know he talks to him now whereas before he never, he just went into his shell. [Parent]

4.3.3.3 Basic Theme: Awareness of Impact of Actions

An area of concern for Nathan before he started art therapy was his tendency to react violently and aggressively towards others without hesitation or any apparent fear of consequence. Adjustment has been observed in this area with Nathan now able to recognise the impact of his actions on others and be quick to apologise.

Before

He's very aggressive. Erm .. he'd think nothing of swearing at ya, putting a chair up to you .. staff and kids just the way he was with the other kids and the other staff, y'know he'd think of, he'd think nothing of putting his arms round their neck, not the staff I mean, the kids. [School Staff Member]

I say, if you'd have looked at him before it started I don't think you'd have stayed in the room more than a minute. ... He, he probably would have sat there he would have given you a load of verbal abuse, he probably would have threatened ya, well that was a definite he would have threatened ya .. err .. then he would have probably started launching things at ya, 'cos that's the way he was there was .. he was just .. unbelievable .. But now, he doesn't do that now. [Parent]

After

He's quite good, quite quick at apologising if he's upset somebody ... erm, and he'll listen to reason more now.

He's a lot more focused, erm ... and as I said before he's a lot more apologetic, y'know if he upsets somebody he says 'aww I'm sorry'

I think he thinks twice about what he's saying now to staff especially.

[School Staff Member]

4.3.3.4 Organising Theme: Sense Of Control

This theme explains how there has been progression in the amount of control Nathan feels he has over his own emotions and his future prospects. Nathan has gained a sense of control over his constant anger and is beginning to regulate his emotions so he is not as reactive and quicker to calm down. He has also found a sense of control about his future, believing that he can achieve fulfilling employment and avoid ongoing encounters with the police service.

4.3.3.4.1 Basic Theme: *Self Regulation*

Before art therapy Nathan had limited self regulation skills. He was unable to regulate his emotions and was reactive, demonstrating regular aggressive behaviours. He cites that has felt adjustment from feeling angry all the time to feeling chilled and relaxed most of the time. It appears that as he is building the skills to recognise and regulate his emotions, the constant anger he was feeling is now experiences as a range of emotions that he able to express.

Before

He'd always say 'I'm only messing, I'm only messing' but y'know the anger was there you could see it in him. [School Staff Member]

..well he was violent, he was disruptive and he was, he just wasn't a nice person to be about [Parent]

Ok, and if say, you were to have how angry you were feeling before and 10 was that you're just so angry all the time, and there's never a moment when you're not feeling angry and 1 is when you're totally chilled all the time and there's never a moment where you're not feeling chilled. Before art therapy where do you think you would have put yourself? A 10. [Pupil]

After

And what about after, where do you think you would put yourself? A 1. A 1? Can you describe to me what a 1 is? I'm just chilled out altogether. [Pupil]

Yeah ... I found only after a short time working with XXXX [Art Therapist] that he'd turned from aggression to emotional ... his emotions started coming out rather than aggression [School Staff Member]

But he's erm, he's .. it's a lot quicker to calm him down now ... and then the tears will come, the anger will go as quick as it came really and then the emotional side comes of it. ... He's err ... it takes a lot now to make him angry .. to be honest, whereas before it was the slightest thing y'know. [School Staff Member]

4.3.3.4.2 Basic Theme: *Perception of the Future*

Prior to art therapy the outlook for Nathan's future was predicted to be bleak and was expected to contain involvement with the prison service. The data suggests that Nathan himself had very few hopes or aspirations and did not believe in himself. Since attending art therapy, there is a belief from others and within Nathan that he has a brighter future ahead.

Before

I was told that he was potentially going to spend his life .. in prison. ... Erm, I was told that he was the most difficult child in

XXX [city name] ... And, and worry about his, his safety in the future. I think the police had been involved as well and they were seeing him as being potentially destructive to .. other people as well. ..I mean there was obviously concern about a, a young boy, but I think they were imagining a young man who was going to cause chaos in XXXX[city name]. [Therapist]

Yeah .. as I said before, he just wasn't mithered he just wasn't bothered about what happened, about where he went or ... XXXX [son] was always of the, came to the conclusion, if you'd spoke to him before the art therapy, that he was going, he wouldn't even be able to work in Mc Donald's ... that's what XXXX [son] seen his life being, y'know 'I'll be on the dole, I'll be in trouble' 'I'll probably be in prison' [Parent]

After

if you speak to him now, he's y'know 'a mechanic' which y'know, he's done a, done a course ... if you do speak to him now and he is, he is full of it more, he want to do this and he wants to do that and if he can do this. Whereas before he was, y'know, 'I know I'm never going to do this.' [Parent]

Well, the thing that we've seen is just a better brighter future .. whereas before, as I said like, it was all doom and gloom, y'know, you're banging your head against a brick wall. [Parent]

4.3.4 EXPLANATION OF THEMATIC NETWORK 2.2

4.3.5 Global Theme: 'Enabling safe emotional explosions'

This thematic network reflects how school based art therapy contributed to adjustment for Nathan by enabling him to access and explore difficult emotions that could be understood and contained within a safe therapeutic space. Delivering the therapy at his school helped to establish a child focused context which helped Nathan to feel safe and in control. This, alongside the therapists' flexibility with regard to the composition and style of delivery, supported Nathan's ability and desire to access the support. He found a new language within his image making and used this express himself and work through difficult emotions and experiences which could be acknowledged by the therapist without needing explicit verbal explanations. School based art therapy offered Nathan a safe space and accessible tools to engage in a supportive therapeutic relationship.

4.3.5.1 Organising Theme: Delivered Within A Child Focused Context

This themes represents how school based art therapy contributed to improved adjustment for Nathan as it was delivered in a child focused context which made it accessible to him. It offered him a safe and secure opportunity to access therapeutic support within a familiar environment away from any stigma attached to attending a mental health clinic. Having the support service come to him, on his grounds and become part of his familiar school routine made the step towards attending an easier one for Nathan to make. Delivering the therapy at school helped to ensure there was continuity in support across educational and emotional health provisions.

4.3.5.1.1 Basic Theme: *Non stigmatising*

Delivering the therapy within the school made it more accessible to Nathan. He did not approach the therapy with any stigma of going to a ‘mental health’ clinic and this is thought to have helped his attendance. If the therapy had been offered at a location outside of school, the data suggest that he would have refused to attend and subsequently not received the support.

*There’s not this understanding that you’re going to a place where we look after ill people. So a school I would hope is an environment where there is health .. and it’s there to benefit.
[Therapist]*

‘Cos he’s not taken out of the school environment which is, I think if it would have been somewhere else he would have looked at it totally differently, y’know maybe the outcome wouldn’t have been the same ... When people say, ‘well we’ll go here and we’ll do this’ he would have .. I think XXXX [son] would definitely have said no, y’know, ‘I don’t want to bother.’ ... I think it’s better doing it in school. [Parent]

4.3.5.1.2 Basic Theme: *Familiarity of a safe environment*

School based art therapy helped Nathan as it offered him therapeutic support within a familiar environment. Bringing the therapy into his environment rather than expecting him to travel to an unfamiliar space ensured that he felt comfortable and safe attending the sessions. The therapy sessions became a familiar part of his timetabled week and any disruptions to his school day were minimised.

What’s useful is that it keeps the child within their timetabled comfort barriers in that they are supposedly going to be in

school from 9 while 3. So they're not going to have to go anywhere different. [Therapist]

Yeah I think it was better that he came into the school to do it rather than y'know, the child be taken out of his school environment and be taken somewhere else to do it. I don't think he'd, well in my opinion I don't think he'd be as comfortable .. as he would have been in here, doing it y'know. He doesn't have to change the environment that he's in. [School Staff Member]

4.3.5.1.3 Basic Theme: *Builds continuity of support*

Having the art therapy delivered at school was thought to be an important factor in helping to ensure continuity of support for Nathan. It was helpful for school staff to have an opportunity to establish a relationship with the art therapist and for the pupil to have staff members at school whom were actively involved in supporting his access to the therapy. It was felt that the art therapy was a part of his school provision and not a separate activity unrelated to school.

Yeah, well if, if he was taken out its just, it's just the one on one it's just XXXX [son] and the art therapist and then y'know we'd have to make the journey back wherever, y'know somebody would have to go and pick him up and then if he's dumped back in school I think it would just be forgotten about .. y'know, just brushed it to one side. [Parent]

With him doing it, like I said, in the school, in the school time... I think that's just, helped him relate things to other people in school, y'know that .. if he was taken out he couldn't speak to no one when he came back and I think he'd feel as though he was singled out. [Parent]

It's nice that it's been XXXX [Art Therapist] all the way through, they've not swapped or changed him or somebody else has had to take his place or .. I think that's good. ... It's nice, to, to actually see the person that's doing it, 'cos y'know .. 'coz if XXXX [pupil] was to go out of the building to do it then it would be like, ooh who's this, who's this XXXX [Art Therapist] or .. never met him, or? [School Staff member]

4.3.5.2 Organising Theme: Create And Maintain A Space That Supports The Child

A central theme regarding Nathan's experience of school based art therapy was the creation and maintenance of the therapeutic space. Although the most appropriate room for therapy was not found, the composition and delivery of the therapy ensured that the therapeutic space created was supportive of his needs and was a place where he felt completely safe and in control.

4.3.5.2.1 Basic Theme: *A safe space to explore*

School based art therapy provided Nathan with a safe space to explore his emotions and experiences. Nathan was able to engage in the therapy sessions as the therapeutic space was somewhere where he felt completely safe and secure. The safety of this space was established and maintained by the art therapist and this was an important factor of the trusting therapeutic relationship Nathan was consequently able to engage in and learn from.

I've found that working very very hard to maintain a safe and confidential environment is the most important thing that I do. ... and that, that takes time for the client to believe in that. Sometimes it, it needs to be threatened by other adults .. erm, in this case parents ..threatened by, threatened by intruding into the space, literally wanting to be in the session, asking about the session, asking me about what was happening in the session ... [Therapist]

It's [the space] got to be something that's organic, that's flexible, that changes shape with whatever is going on inside and can react to emotional nuclear explosions that happen within the work that's done. [Therapist]

Being with XXXX [art therapist], like the 1:1's he was having with him I think that sort of give him .. err .. I can't think of the word ..it's just he's able to speak to people, like at first it was just XXXX [art therapist] who he'd talk to he wouldn't talk to anyone else. Because he didn't feel safe, y'know, unless it got back to someone else. But with him like talking to XXXX [art therapist] y'know I think he thought maybe I can talk to someone in school. [Parent]

4.3.5.2.2 Basic Theme: *Appropriate room*

A difficulty within Nathan's experience of school based art therapy was finding an appropriate room within the school buildings for the therapy to take place. It was felt that the location, original function and security of the rooms accessed had the potential to hinder the safety of the therapeutic space.

With XXXX [pupil] the school moved from one venue to another halfway through the work that we did and the room that we were put in in the old school was 'make do and mend.' I had to make it secure. I had to make sure that the windows were covered as it was adjacent to another classroom. I struggled to find somewhere where I could keep the materials secure. The stuff that he made, keeping it out of the eyes of any of the other kids in the school. [Therapist]

The new school, I got pushed from pillar to post. I worked in about 4 different rooms and that absolutely had an impact .. and I was never comfortable with the room that we used the most anyway because it was the design tech room where you've got 12inch circular saw blades ... [Therapist]

The room where he does it now is not really ideal because it's as you come in by the foyer, you come through the doors, it's the room on the right hand side .. it's the CDT room actually .. so it's not the ideal room for it but it's .. it's just unfortunate that that's got to be room that it's done in. ... [Preferred space?] Erm ... a room where mess doesn't matter! .. Out of the way really. Quiet and out of the way, yeah. [School Staff member]

4.3.5.2.3 Basic Theme: *Flexible approach*

School based art therapy was able to contribute towards adjustment for Nathan as is not static in its delivery style or criteria for access. Nathan was originally unable to access the sessions alone and therefore an important aspect of the success of the therapy was that this fear, of being alone with an adult, was not a barrier to engagement. The art therapist was also able to be flexible within the sessions, supporting Nathan with thematic work until he felt able to generate his own directives for his images.

At the beginning .. it's enough to say that he wasn't comfortable being in a room alone with me .. so he erm, had a TA that came

in with him at the beginning and then erm, after a couple of sessions he didn't want the TA in there but he did want a couple of his friends. .. Now I haven't done this strategy with any other children and I wouldn't do, so I haven't got a model that I impose, it always comes about through the psychotherapeutic relationship that's generated within the, .. with that particular client that I'm seeing. [Therapist]

I have instigated some of the work with clients who find it particularly difficult to come up with themes, if that's how they want to do the work ... and now with XXXX at the beginning we did do theme based work. .. So that was how it was for about 10 or 12 sessions and then after that, totally spontaneous he'd get on with his work and there was never any need for anything after that. [Therapist]

4.3.5.2.4 Basic Theme: *Pupil in control*

School based art therapy was successful for Nathan as although he was accessing support, he remained firmly in control of his attendance and engagement within the sessions.

Some, some days when XXXX [Art Therapist] came he'd say 'no I don't want to do it' and XXXX [Art Therapist] would never push it he always said ok, y'know I'll stay for the hour if you want to come in later' and sometimes he did, he went in after half an hour when XXXX [Art Therapist] had been there. [School Staff member]

Paint er ... like arts and craft stuffs, like loads of it. [It was] helpful, loads to choose from. [What happened when you came into the room?] Be able to get on with stuff and speak about stuff. [Pupil]

Cos in the art lessons we had-ted to do what the teacher said, but here in the art therapy you could do what you want ... in the art. [And did you find that better or worse?] Better. [Pupil]

4.3.5.3 Organising Theme: Art Provides Safe Possibilities To Engage And Be Heard

This theme represents how the art making was an important part of Nathan's therapeutic experience. He was able to use his image making to access and express difficult emotions and experiences. He was able to be completely honest and open within his image making which was supported through indirect conversations with the art therapist. Working with art enabled Nathan to express experiences that he was unable to verbalise. He recognised that the therapy would have been less helpful for him if it did not contain the art work.

4.3.5.3.1 Basic Theme: *A safe way to access and express emotions*

Working with art provided Nathan with the means to safely access and express difficult emotions without having to explicitly verbalise them. Art provided him with a new expressive language which had no boundaries and required no linguistic explanation. He was able to use his images to express himself within the therapy and later as a coping strategy when feeling frustrated at home.

It's one of the natures of things that I think he has found so useful about the process is that he can put stuff into his images or put stuff into his sculptures that .. he finds for whatever reason, incapable of verbalising. [Therapist]

It's an example of where somebody can put something into physical concrete objects that are outside of himself .. see it, observe it, take it back into himself in a safe environment with someone who is proficient and knows what they are doing .. and he doesn't actually have to go through the whole harrowing process of verbalising it. .. Perhaps he hasn't got the words for it, or the words are definitely too painful for him to express, for whatever reason. [Therapist]

He had for the first time found a medium, a way of expressing his worries, fears, hatred, anger, frustration ... bloody mindedness, pissed off-ness ... all these things that he wasn't allowed to say ... and this I think was fundamental as it was the first time that he was able to put whatever these difficult things were inside him into something that was his language .. and as it turns out like I said, he discovered that he had 4 or 5 languages in art, actually within himself. [Therapist]

In some of them, they was the way, they way he was feeling, his moods and .. I think one of them .. it wasn't even a school one actually it was one he did at home which I found underneath his bed, it was just a drawing but basically what it was, it was like a full sheet but it virtually all had been like scribbled out and there was one corner which was just left white .. and I asked him, y'know, what that was and he says 'well that's how I was yesterday' 'cos he was, he was in a real foul mood. He said 'but that's just a bit of it, that was ok' but he said the rest of it was y'know 'I was just mad and I was angry and so I just did that.'
[Parent]

4.3.5.3.2 Basic Theme: *Indirect conversations*

A supportive factor of the art therapy was that Nathan was able to portray difficult emotions and produce explicit images without having to explicitly discuss them. He used the art work to have indirect conversations with the art therapist who could acknowledge the depth of his experiences whilst maintaining the safety and confidentiality of the therapeutic space.

If we both look at a picture that is clearly representing some traumatic event, that's full of emotion .. we just both look at it, we just both look at it and go .. well that's saying a lot isn't it? And he's like, yes it does. And that will be it .. and y'know that's the nature of doing the art therapy. [Therapist]

We would talk about the art work that he made having some kind of power, it being used as a sort of .. warning signs .. or erm, as in .. don't ask me anymore about this. Because he would do pictures where it would be quite evocative .. quite, pushing the envelope of erm ... pictures that would be quite explicit about erm, feelings of love and anger or duplicity between exposing yourself in, in erm, uncomfortable situations. and erm, it was kept within the art work but there would be almost a nod and a wink to like, well we know what that's about them don't we! .. I'll keep that safe! [Therapist]

4.3.5.3.3 Basic Theme: *Art central to therapy*

Within the data there was acknowledgment from Nathan that the artwork was a central aspect of the therapy. He enjoyed making the art work and named this as the best part of the therapy process. There was recognition that the art work was an important aspect of the therapy and although he could not explain why, Nathan did reflect that it would have been less helpful if it was purely verbal.

What did you used to think about it in your first few sessions when you used to go? *Used to be good.*

Yeah, what were the first things that you thought were good about it then? *The art work, err, all stuff that I done.*

Did you find it helpful to make things? *Yeah.*

And if, if you could choose maybe the top three things that make it good, what would you say? *Dor ow the art work*

Mmm *Err getting out of class ...*

Yeah *Don't know what else.*

What difference do you think it would have made if, instead of making stuff you would have just sat having chats? *Dor -ow, a lot of different really.*

A lot? ... in which way, a good difference or a bad difference? *I don't know.*

But you think it would have been a bit different? *Yeah.*

Yeah. Yeah, ok. ... do you think you would have found it more helpful to do that or less helpful? *Less helpful.*

Less helpful, ok, so was it, was it different from talking? *Yeah.*

Yeah. What made it different, I suppose? *Don't know.*

Is it hard to explain? *Yeah.*

APPENDIX D4

4.4.1 CASE THREE CHRISTOPHER

4.4.2 Images From Art Therapy

Image 3.1: Theme 'Angry'



Pupil's description of image in A-AR interview:

Yeah, ok could you tell the listener about the first piece.

Ummm ... on the first piece I was quite angry and then

At what point in therapy did you do this piece?

Erm, that, it was in the middle.

And how did this piece of art help you?

Erm, it made me calm down.

Image 3.2: Theme 'Calm'



Pupil's description of image in A-AR interview:

OK so if we take a look at the second image, could you tell the listener about the second piece?

Erm, then I, then I done a calm one.

At what point in the therapy did you make this image?

At the end.

Yeah. Ok, so how did this piece help you?

Erm, good ... erm, it helped me to calm down ... and try not to hurt people.

Could you tell the listener the difference between these two times? So this time you were feeling ...

Angry.

And this time?

Calm.

4.4.3 EXPLANATION OF THEMATIC NETWORK 3.1

4.4.3.1 Global theme: ‘Step 1: Starting to understand myself’

This network demonstrates how attending art therapy has helped Christopher take the first steps towards positive adjustment. He has developed a greater awareness of himself and his feelings and this is being observed in his behaviour and interactions outside of school. However the demands of the school environment are still proving too challenging for him and immediate difficulties with engagement and social interactions still persist.

4.4.3.2 Organising Theme: Greater Self Awareness

This theme represents a belief within the data that attending art therapy has helped Christopher to become more self aware. Before attending he was a very angry child who appeared to function within a high state of arousal and would react without thinking. Attending art therapy has helped him begin to develop an understanding of his own feelings and helped him to express how he is feeling. The data suggests that he is now calmer in presentation and starting to learn to regulate his emotions.

4.4.3.2.1 Basic Theme: *Express and understand feelings*

This theme represents the adjustment that has been observed in Christopher’s ability to understand and express how he is feeling. Since attending art therapy Christopher has started to talk about his feelings of anger and calmness and identify when he is feeling the different emotions.

That it helps him to be calmer, that’s what he said. I was pretty shocked when he said it actually ‘cos I’ve never known him to kind of, like I say, understand his own feelings. It’s like, when it comes to his feelings and why he does things and why he reacts the way he does it’s not, you can see his mind ticking and he’s not too sure why he’s reacted like that himself. [Parent]

But with the art therapy he is able to tell you well I felt angry at first but now at the end of it I feel calmer. So I think he is starting to think about when he’s angry and when he’s calmer and what makes him calmer and what makes him angry ... and I think now he’s starting to understand his own feelings as well. [Parent]

If this one is that you're very calm and never angry and this one is that you're always angry, where would you put it now? ... What number is it at? Ten.

A number ten and why is it at a number ten? Because I feel calmer.

You feel calmer, and at what times do you feel calmer? Erm .. all the time. [Pupil]

4.4.3.2.2 Basic Theme: *Emotional regulation*

Adjustment has been seen to an extent in Christopher's ability to regulate his emotions and subsequent behaviours. Christopher is beginning to feel calmer within himself and this reduction in his constant arousal levels is helping him learn to self regulate. Outside of school Christopher presents as a calmer child who at times is capable of conscious thought processing before reacting.

I would say that at the beginning he was quite anxious and outside of sessions he was having quite a lot of fights and problems with aggression. As the sessions went on he actually acknowledged himself that he felt calmer, erm , and that was a continuous theme really towards the end. And that was his phrase that he told me! He kept on telling me that, so that was good that that actually came from him. [Therapist]

He's very .. how can I put it .. the slightest thing like, what happens with him in class or anything, XXXX sees it as a big mountain, so to speak, and he's very .. like he'll react really quick. And like if someone does something to him, his first thing is to react and to lash out whereas I've noticed now with him and his sister on contact, if like she would say something, normally he'd just run over and dive on her or run over and hit her or whatever, but now he's got to the point where he will run over but before he does anything you can see his mind working and thinking, I know I shouldn't do that, sort of thing and then if I go to him 'Right XXXX' cos I know it's got to that point and he's that close up to her, you can see his mind thinking and when I say 'Right XXXX' he'll go ... he'll stop then, dya know what I mean, whereas before he'd have just dived right in he wouldn't have stop and thought about it ... so ... it must be doing something! [Parent]

It's like me mam visited the other week from XXXXX and she couldn't believe it and she was saying like, it's not that she dint believe me, but she couldn't believe how much he'd changed

and how much calmer he was. She said it's like someone's sprinkled fairy dust on him. [Parent]

Yeah? Mmm, so how's it helped you? If someone was to ask you how's it helped you, it's helped you with... what? Erm, my behaviour

Your behaviour, and how's it helped your behaviour do you think? Good. [Pupil]

4.4.3.3 Organising Theme: Home Vs. School

This theme represents the close dynamic presented within the data regarding the interplay between Christopher's life at home and at school and how converse adjustment has been viewed in the two environments. Since attending art therapy the data suggests that there has been positive adjustment in his behaviour outside of school, and that a positive relationship is being established with his foster carer. However his behaviour and social interactions have deteriorated within school.

4.4.3.3.1 Basic Theme: *Relationship with key adults*

This theme represents how over the course of the art therapy adjustment has been seen in Christopher's relationships with the key adults in his life. The data suggests that at school he is now resistant towards a Teaching Assistant he has previously maintained a positive relationship with. Whereas outside of school he is building a positive relationship with a new foster carer and finding contact time with his mother difficult.

He used to be very affectionate and he'd come in and put his arms round you and that's sort of stopped within the classroom and the TA in his class has said that as well. [School Staff Member]

Recently he has just started really inappropriate behaviour towards adults and the class teacher within the classroom. Just the way he spoke, was speaking to adults, no respect towards any of the adults in the classroom. Especially with Mrs XXXX a TA in the classroom, he had a really good relationship with her which seems to have deteriorated. [School Staff Member]

Erm .. his foster carer at the moment has said that he is really happy when he is at home, when he is doing what he wants to

do. But I know there have been issues within contact with his mum. He has been running out of the room .. it seems when he is confined to a room he doesn't really respond well ... I think because of the ADHD as well he gets bored easily ... At home things are improving but not in school, whereas with his old foster carers they had a really hard time with him and things were better in school then. [School Staff Member]

4.4.3.3.2 Basic Theme: *Engagement at school*

Before attending therapy Christopher was finding it difficult to engage at school. There were incidents of aggressive behaviours and inattention within the classroom. After art therapy the data would suggest that his behaviour and engagement at school has become worse. Christopher was still finding social interactions with peers difficult and was finding it increasingly difficult to function within his large class group. This was negatively impacting upon his ability to display his true academic potential.

Before

He was very aggressive, erm .. he's actually got ADHD and Attachment Disorder, erm, so within a classroom confinds, very little attention, can't sit still on the carpet, he's always touching other children in the room. [School Staff Member]

I think that there was problems with his anger initially, erm, quite a lot of fighting erm, didn't react well to teachers telling him off. [Therapist]

After

He doesn't seem to be very happy to be honest, well not within the confines of the classroom. ... At the moment he's with a 1:1 foster carer, so at home he's got her full attention all the time and then when he comes into school he's in a class of 31 children which I think he finds quite difficult. [School Staff Member]

Erm .. he is above average in intelligence but it doesn't show in the tests we have just done, the year 3 tests, because he's not actually getting anything down on paper because of his attention. [School Staff Member]

He doesn't have one particular friend no, he does seem to have a few friends within the class but he does seem to be

intimidating towards the children so I think sometimes they feel like they have to be his friend ... But he can be very caring with other children. We've got a downs boy in the school and he's brilliant with him. He will hold his hand and walk next to him and look after him and there is that side to him but sometimes, I think like when they're playing football and things like that he can just get really aggressive with the other children. I think he's displaying that more as well. [School Staff Member]

4.4.3.3.3 Basic Theme: *Immediate vs. Long term*

This theme brings together reflections within the data about the immediate adjustment seen in Christopher compared to a hoped for long term adjustment. Although his behaviour and engagement at school had declined it was felt that this was because he had only just started to explore his feelings and past experiences and that with access to additional therapy sessions there would be more positive adjustment in the future.

I think, speaking to his class teacher as well, his behaviour in the classroom has declined, and the way he speaks to adults has declined but I know from doing the course that sometimes behaviour can decline before it will get better .. as obviously things that he is talking about may be bringing out .. and bringing back memories for him regarding what's gone on. [School Staff Member]

Maybe his behaviour has declined but it is bringing out things that he needs to talk about because he is a very angry little boy and there are a lot of issues there and I think we're only just touching on the surface of what actually has gone on .. with him .. being with mum ... so even though things are worse now I'm sure over time things will start to get better as he has the time to do this. [School Staff Member]

And to expect, not for things to change overnight because it is an ongoing process ... and obviously at the moment his behaviour has declined within school but has improved with his foster carer so I think that can switch at any time as well depending on what's going on in his life. And there are a lot of issues within his life at the moment. [School Staff Member]

4.4.4 EXPLANATION OF THEMATIC NETWORK 3.2

4.4.5 Global Theme: ‘Your time, your needs, your language.’

This thematic network has two organising themes and seven basic themes. It depicts how school based art therapy was supportive for Christopher as it was able to facilitate a weekly opportunity for him to have time for himself, where he could be in control and focus upon his own needs. The art provided him with a way to fully express his feelings using in his own creative language and then use this to talk with the therapist. Unlike the changes and transitions he was making outside of school, art therapy was his time to make the decisions and be in control. Delivering the therapy in his school promoted feelings of safety and security and helped him to access the time and begin to form a relationship with another adult.

4.4.5.1 Organising Theme: Safe Access To The Child’s Narrative

This theme explains that art therapy was able to contribute towards adjustment for Christopher as it gave him a safe way to tell his story and begin to explore his feelings. Christopher was able to use the art materials and the expressive nature of image making to fully portray how he was feeling. Without the art work he was unable to talk about how he was feeling. However, using his images within the therapy helped him to talk about his feelings and allowed the therapist safe access to his narratives.

4.4.5.1.1 Basic Theme: *Express and explore feelings*

Attending art therapy helped Christopher by providing him with the time and means to access his difficult feelings and safely begin to explore them. Christopher would use the art therapy sessions to explore his feelings through the art work, in particular to express his anger. It is thought that by putting his feelings into the art work he was then able to find the words to safely talk about them.

And at the start he was quite dubious, I think it took him a while to build up the trust .. but I think he soon found his way and was able to use the art the express his anger. [Therapist]

We just used the sessions for him to express his feelings, and his anger problem as he acknowledged that he had a problem with his anger .. and he actually started to become calmer with every session. [Therapist]

And I know it's his environment and all that but I think the therapist, the art therapist has helped him think about his emotions and how he feels .. and how others feel too ... I think letting him, exploring things with him, letting him do it through art – how he felt, I don't know what it's done, but it's, I felt that it's definitely helped him along the way. [Parent]

I think the art materials enabled him to dissociate his feelings and gradually as he gained confidence he could actually verbalise them as well. [Therapist]

4.4.5.1.2 Basic Theme: *Voice through art*

Art therapy helped Christopher as he was able to express his experiences through his images and use the art work to support his voice within the therapy. The data suggests that he heavily relied on the images to help him explore his feelings within the sessions and therefore the art work was of central importance to the therapy. He would have found it incredibly difficult to express himself to the same extent with a purely verbal therapy.

That's the thing, I think at the beginning he was really unsure about talking. But I think that by using the images and growing in trust he was able to actually describe how he felt verbally, rather than just through the art materials. [Therapist]

I think XXXX found it particularly difficult to talk and I think that's where he really relied on the images. ... Although he found it difficult to verbalise, with the images he was able to verbalise, which was quite a step from not being able to verbalise to say a bit about how he was feeling towards the end. [Therapist]

I don't think you'd have got anything out of him if it hadn't have been in the way that you've done it because he wouldn't have opened up and expressed how he felt through words, that's where he would have clammed up, he would have been like, 'well how do I tell her this' or, he wouldn't have know how to explain it to you, so I think that was .. I don't know .. a big help,

yeah the way he is able to express it. It's non verbal and it is all like, through his art and stuff. [Parent]

4.4.5.1.3 Basic Theme: *Expressive process*

This theme highlights how the expressive process of the therapy was important to Christopher. As an active child, the opportunity to be physical within the therapy sessions was a real benefit to him. He was able to physically express and act out his feelings within the images he was making. He felt secure enough in the sessions to completely let go and release, portraying his emotions through his physical movements, visual images and verbal explanations. Art therapy offered him a rich expressive process.

He just became freer with materials and was able too .. he wasn't concerned about bringing his anger to the sessions, he was able to act out those feelings ..erm .. he became quite physical with the paints as well, not just sitting down, it was very much about the process not just the image itself .. the process and how he was acting in the session as well. [Therapist]

So the way he was acting, his body language, so it wasn't really just about the image itself .. I think with XXXX he just became more .. more into it, more physical, more able to express his anger and not really hold back as much. [Therapist]

4.4.5.2 Organising Theme: *Creating A Child Focused Safe Space*

This theme represents how the art therapy sessions contributed towards adjustment for Christopher by creating a completely child focused, safe space for him to work through his feelings. Christopher was experiencing lots of changes in his life outside of school and the art therapy session were able to act as a constant source of support during changing times. He was able to access the sessions as they were delivered within the familiarity and safety of his school environment. The art therapy sessions became part of his weekly routine and offered him a time where he could take control of what he would do and have time and space to 'work on' his emotional needs. The data suggests that this was an important feature of the therapy and that it supported his need for safety, familiarity and consistency.

4.4.5.2.1 Basic Theme: *Need for emotional space*

This theme represents the reflections within the data that there was a real need for a Christopher to have a space within school to safely express himself. There was recognition that within the structure of the school day he required time for emotional development and time to work through his difficult feelings and ‘messiness.’ The art therapy sessions ensured that he had this time.

I think it was really important for him to have a place to put those feelings and that’s when the sessions came in. [Therapist]

It’s been good for him to have access to it as he needs a way to express his emotions and I don’t think he feels he can do that within the confines of the classroom. ... I mean a school day is quite rigid and it is quite set so y’know there’s maths then english, everything’s continuing in the day and I think he needs time for him sometimes, just for .. to not be told ‘do this, do that’ and I think it’s been beneficial for him in that way. [School Staff Member]

In class he wouldn’t be able to get messy and I think it is really important for children who have had broken attachments to get messy and feel that they can express those difficult parts of themselves, y’know the messy feelings, the mixed up feelings, erm so yeah, yeah he was really able to do that, just get messy and .. get in touch with those really difficult feelings. [Therapist]

4.4.5.2.2 Basic Theme: *Child in control*

An important aspect of the therapy for Christopher was that he was in control of what he did within the sessions. The therapist enabled him to take the lead within the sessions and this was something that he really valued and enjoyed about the therapy. It was liberating for Christopher to have dedicated time and space in school where he was able to decide what he wanted to do.

Yes, yeah .. like I was saying although there are elements of structure I think it’s important for the child to take ownership and to tell their own narrative, give their own narrative so that they have control of that. [Therapist]

He said, I don't know, when I first went in I was angry 'cos I was mad with what had happened in class and what not, but by the time I came out, he said, I was calmer because I had that time to myself and I could do what I wanted to do and it wasn't like I think in class when he does his art work and stuff it's normally on a certain project whereas he was free to do what he wanted and it was all his input so I think that's what he preferred as well, it was all his input. [Parent]

Like, well he's said, he's said like when he's had the sessions he has said 'oh I really enjoyed that miss' and I'll say well why did you enjoy it, 'because I'm not in the classroom and I can do what I want and I'm not being told, do this do that' .. [School Staff Member]

4.4.5.2.3 Basic Theme: Consistent routine

School based art therapy was helpful for Christopher as it offered him a constant and continuous source of safety within his weekly school routine. As a Looked After Child who was experiencing lots of movement and changes, the consistency of the art therapy helped him to feel safe. It was helpful that the sessions were able to become part of his school day and that he didn't have to experience further movement of changes of environments in order to attend.

Erm, having that routine once a week really helped him to feel safe especially as he was being moved around quite a lot through different foster placements, it gave him that consistency. [Therapist]

I think that helped him, because it has been within school and he does have lots of change, like today the social workers got to come and pick him up early. But within school, it's just within the continuity of the day really to him, it's nothing different y'know he's not been taken somewhere. [School Staff Member]

I think the routine of seeing him once a week worked really well and him being able to build up the trust and being able to get in touch with his anger and having a place to put his anger. [Therapist]

4.4.5.2.4 Basic Theme: *School is safe*

A positive aspect of Christopher's experience of attending school based art therapy was that it was delivered at his school and for Christopher, school is safe. The support was coming to his environment and this was a place where he felt safe and a place where he had familiar adults nearby to support him. This also made it easier to introduce him to the therapist (who was another new adult) as someone he could trust.

I think that there have been that many people in his life that he doesn't really trust people anymore, y'know, and with somebody coming into school it has been a lot easier because I introduced the Therapist and in that way it was easier, as he knew I was here if he needed somebody rather than being taken to somewhere else that he didn't know. [School Staff Member]

Because he is a Looked After Child, he is always being taken here and there, and he's been with various foster parents and that. Whereas in school he feels safe, and it's an environment that he knows and he knows the staff around him. [School Staff Member]

I think the fact that because he wasn't going to a clinic, and its 'oh right I'm at the doctors, or oh right I'm ..' do you know what I mean, because it was in an environment that he was used to, being in school, I felt that probably helped him more because he feels like he is in his own environment sort of thing and he kinda feels safe in that environment, being in school, so yeah I think that's a really good idea that they don't go to a clinic or they don't go to the doctors or wherever, I think it's good that they have it in their environment rather than in our environment. [Parent]

APPENDIX E

Photographs of Thematic Analysis

Image 4.1: Initial coded data extracts



Image 4.2: Organising initial extras into groups representing similar ideas.



Inage 4.3: Data extracts grouped into basic themes



Post it Key:

Pink = Pupil

Yellow = Parent

Orange = Therapist

Green = School

Beige = Name of Basic Theme

