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The Art Room: An evaluation of a targeted school-based group intervention for students with emotional and behavioural difficulties

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ABSTRACT

The Art Room is a targeted group intervention delivered in schools for students with emotional and behavioural difficulties. Since the start of the project, over 10,000 students have been through *The Art Room* intervention, which aims to address psychological difficulties that impede students' school experience. This paper reports on a quantitative evaluation of the impact of *The Art Room* on students' emotional and behavioural problems.

Questionnaires on psychological functioning were administered before and after attending *The Art Room*. Teachers completed the SDQ and children completed the sMFQ.

Students showed a significant reduction in emotional and behavioural problems (teacher-reported SDQ scores) and clinical caseness. There was also a significant improvement in their mood and feelings (child-reported sMFQ), with an 87.5% improvement in those students who were depressed at baseline.

The intervention is improving students' emotional and behavioural problems and promoting prosocial behaviour at school.

Introduction

Addressing need

Children with poor social and emotional health are at considerable risk (Engle et al., 2007). Psychological problems have been shown to have a negative impact on a child's ability to fulfil their educational and developmental potential (Rutter, 2002). In the UK, around 10% of children and adolescents suffer from clinical levels of emotional and behavioural problems (Ford, Goodman, & Meltzer, 2003). First onset of emotional and behavioural disorders meeting DSM-IV diagnostic criteria typically begins in the school years (Kessler et al., 2005), making this a crucial population to target. Despite this, a minority actually access mental health services (Meltzer, Gatward, Goodman, & Ford, 2000) and schools are often ill equipped to provide necessary psychological support for the growing number of children in need of mental health care (Richardson, 2008). As a result, many of these children are at risk of exclusion (Eastman, 2011). Not only is their own learning impeded, but disrupted classrooms can impact on learning for classmates ("Conduct Problems Prevention Research Group", 1999; Wells, Barlow, & Stewart-Brown, 2003).

The value of early intervention to promote social and emotional health is increasingly acknowledged (Aviles, Anderson, & Davila, 2006), in particular the potential for school-based interventions (Fazel, Hoagwood, Stephan, & Ford, 2014; Wolpert, Humphrey, Belsky, & Deighton, 2013). As a result, an increasing number of interventions are being conducted in schools, run by a variety of social agencies (Vostanis, Humphrey, Fitzgerald, Deighton, & Wolpert, 2013). It is important to provide an evidence base for such interventions as to monitor progress and best help children. This research evaluates *The Art Room*, which is one such intervention.

School-based interventions

There are an increasing number of school-based interventions targeted at improving children's well-being. (Fazel et al., 2014). A safe and supportive school environment, coupled with supportive peers and families, is crucial in helping young people reach their developmental potential (Viner et al., 2012). While it might be difficult to intervene in some home environments, the school environment is one that can be more accessible for interventions to enhance children's mental health and well-being.

Abbreviations: CBT, cognitive behaviour therapy; SDQ, strength and difficulties questionnaire; sMFQ, short mood and feelings questionnaire.

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These interventions addressing the range of emotional and behavioural difficulties vary considerably, ranging from interventions that are universal- and whole-school to selective (targeted to at risk populations), and indicated (targeted to clinical populations) interventions. The interventions can also vary in scope, intensity, duration, and modality (Rones & Hoagwood, 2000). Findings show that the majority of universal preventive programmes for depression do not show positive results; for conduct problems show mixed results, whilst for stress and anxiety show more positive results. Findings demonstrate that targeted interventions, those that target vulnerable or at-risk children, are more effective than universal interventions that do not single out vulnerable children, with children showing a significant reduction in scores on depression scales immediately following some interventions (Merry, McDowell, Ketrick, Bir, & Muller, 2004). Many of these programmes are based on Cognitive Behavioural Therapy (CBT) techniques. Indicated prevention programmes for depression and conduct problems have showed some positive results (Domitrovich & Greenberg, 2000). Empirically validated treatments for children and adolescents differ for various disorders (Chambless & Ollendick, 2001; Jaycox, Kataoka, Stein, Langley, & Wong, 2012; Stein et al., 2003) and for diverse groups of children (Tyrer & Fazel, 2014). Therefore, although there are a number of probably efficacious interventions, there remains the need for evaluating ongoing interventions for children's mental health and to identify sustainable models of service development and delivery.

While some programmes are conducted in the classroom, as part of the curricula, and focus on a specific difficulty, such as deliberate self harm or conduct problems others, others such as the Pyramid Club, aim to develop children's social skills and confidence, and take place after school (Ohl, Mitchell, Cassidy, & Fox, 2008).

Targeted, school-based interventions that aim to address a range of problems are potentially important to study because they seem to be efficacious, have an impact, and are cost-effective. In the UK, there are many different interventions developed for school-aged children to enhance their lives and improve access to educational opportunities. In addition to *The Art Room*, Place2Be ("Place2Be", 2014) and Kid's Company ("Kid's Company", 2014) are examples of school-based interventions developed by non-profit and voluntary sector organizations trying to address a range of psychological difficulties that children are facing, and providing support to try and help them remain within the educational sector. Place2Be reaches over 24,000 children ("Place2Be: Our Impact", 2014) and Kids Company reaches 36,000 children across London, with intensive support provided to a subsample of 18,000 ("Kids Company: about us", 2014).

Place2Be provides social and emotional support to children in schools through individual and group counselling as well as providing support for parents, teachers and school-staff. An evaluation of the Place2Be intervention demonstrated a significant reduction in teacher and parent-reported SDQ Total difficulties scores and improvement in prosocial scores (Lee, Tiley, & White, 2009). Kids Company works to counter the effects of developmental adversity and support vulnerable children. It is a multidimensional interventions that works to address a broad range of potential difficulties faced by the children and adolescents it works with by providing readily available emotional and practical support; intensive and reparative emotional work; basic and practical information on nutrition, finance, accommodation, legal issues, access to health services; engagement with education, training and employment; arts and creativity; positive adult role models; exercise and sports opportunities; social interaction and opportunities for leisure (Jovchelovitch & Concha, 2013). Kids Company's clients showed a reduced involvement in criminal activity, improved happiness and confidence, and overall self-reported positive affect.

Art as therapy

Art and creativity has been found to be an important outlet for children. Findings from the Art Therapy Arena indicate that art can help young people reconcile emotional conflicts (Kramer & Gerity, 2000). In addition, creative arts therapies have been shown to improve children's verbal and creative thinking, reading comprehension, and in particular, their self-perceptions of mastery and intrinsic motivation when classroom interventions focus students on their creativity and expressiveness (Harvey, 1989). The evidence base for art therapy interventions is varied – while the majority of the research indicates that art therapy is effective at reducing children difficulties, there is high heterogeneity in methods of assessment, treatment goals, outcome measures, and samples (Reynolds, Nabors, & Quinlan, 2000). Art Therapy Connection (ATC), a year long art therapy programme in Chicago, that uses a supportive, Alderian approach (Sutherland, Waldman, & Collins, 2010), creates a feeling of belonging and trust to promote school enrolment and success. Although the authors report improved school attendance and graduation, the intervention has not been quantitatively evaluated. It does however highlight the potential of building a supportive environment to enhance children's sense of belonging (Goodenow & Grady, 1993; Osterman, 2000).

The Art Room *intervention*

The Art Room is a selective group intervention using art as therapy for students and young people (aged 5–16) identified by teachers as needing additional emotional and behavioural support either to divert them from school exclusion, or to assist them if they are facing major challenges in their lives or difficulties with their families, friends and peers. It aims to 'increase children's well-being, self-confidence, independence, and life skills' and help each child to reengage successfully in school (Fig. 1). *The Art Room* targets students who are having difficulty in mainstream education stemming from a variety of sources (e.g., a difficult home life, bereavement, learning difficulties, or recent immigration); these students are often disruptive and/or withdrawn. *The Art Room* provides these students with a structured weekly intervention in a calm environment within the school but away from the classroom and additional school pressures. Although feedback from teachers, parents, and practitioners has indicated that *The Art Room* has a positive impact on students (Eaude & Matthew, 2005; Haines, 2007), its impact has not previously been quantitatively evaluated. Therefore, this evaluation assesses the extent to which students show changes in their social, emotional, and behavioural functioning on established teacher and child questionnaires following participation in *The Art Room*.

The Art Room charity was started in 2002. Students generally attend *The Art Room* for one or two sessions a week, for a period of not less than one term (10 weeks). Each session lasts between one and two hours. There is a high staff child ratio – usually two trained staff to eight students. Up until 2014, 100,000 students have received *The Art Room* intervention.

In 2012–2013, when this evaluation took place, there were seven school-based *Art Rooms* (taking students from 13 additional feeder primary schools) and over 1000 students were enrolled to receive *The Art Room* intervention. Each *Art Room* has a sofa area for the start and end of sessions, an eating area where the students share toast, juice and fruit, and a large table, surrounded by well-stocked and attractively presented art materials. *The Art Room* space combines a nurturing and educational environment with a familiar routine and clear expectation of the students' conduct, modelled by the staff to enhance students' self esteem and independence. There is methodological consistency across *The Art Rooms*, in terms of set-up, projects, and quality.

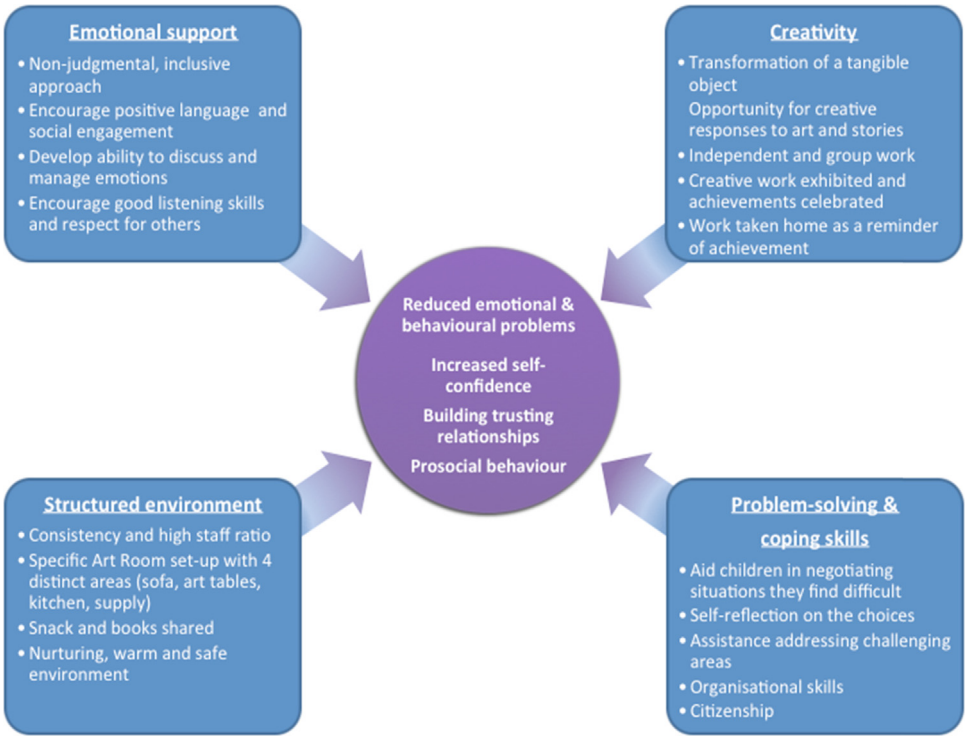

Fig. 1. Possible mechanisms of The Art Room's impact on the students.

The Art Room practitioners have a background in psychotherapy, art, teaching, or social work and must undertake a 10-week training programme following which they receive on-going supervision. Teachers, Special Educational Needs Coordinators (SENCOs), learning mentors, head teachers, and attendance officers refer students to *The Art Room* when they have concerns about the presentation of one of their students. Students are then allocated to the next appropriate group, which usually start at six times points in the academic year.

A typical session begins with a discussion on the sofa about the day's project to facilitate turn taking and communication. This is also a time when students have an opportunity to discuss things that have been difficult for them or any successes. A topic is then introduced which will be the theme of the session and can include a story, an object or a work of art, with the intention of stimulating creativity. Most projects run over a number of weeks and all are designed to enable the young people to experience success whilst exploring their creativity. Many of the projects work on objects, such as a lampshade, chair, or clock that the students can then take home to use or display in *The Art Room*. During the session, practitioners model appropriate behaviours and interpersonal interactions. For example, practitioners will focus on positive aspects of a child's work and address inappropriate comments or behaviours in a positive manner, without belittling the child. The session ends with a discussion of the session and everyone contributing to supportive comments about the work that has been done.

Methods

Questionnaires

Questionnaires were completed before students participated in *The Art Room* and upon completion. Teachers and students were asked to complete different questionnaires on emotional and behavioural symptoms, the Strengths and Difficulties Questionnaire (SDQ) for teachers and the short Moods and Feelings Questionnaire (sMFQ) for the students.

The teacher-SDQ has 25 questions on children's emotional and behavioural problems, plus an additional five questions on the impact of these problems on the child and the school experience (Goodman, 1997). It is one of the most widely used screening and monitoring questionnaires for child psychological problems, is freely available online and easy to complete ("SDQ Publications", 2014). It provides information from the teacher's perspective about the child's level of difficulties in the following areas: emotional symptoms, conduct problems, peer relationships, hyperactivity, prosocial behaviour, and total difficulties. It also indicates the degree to which these difficulties interfere in the child's life with an 'impact' score.

The Mood and Feelings Questionnaire – Short Form (sMFQ) has 13 questions asking about how the child has been feeling or acting recently (Angold, Costello, Pickles, & Winder, 1987; Kent, Vostanis, & Feehan, 1997). The sMFQ is a nationally used measure that provides information about how children have been feeling or acting over the past two weeks, and can provide an indication about depressive symptomology and the child's self-esteem.

Teachers were asked to complete an SDQ on each child before they started at *The Art Room* and again when the child completed participation. Primary school students were asked to complete the sMFQ at the same time points.

Statistical analyses

Statistical analyses were conducted using SPSS (version 20.0) to examine the differences in scores across the scales before and after the intervention. For the SDQ, UK cut-off scores ("Normative SDQ Data", 2001) were applied to classify teacher-reported scores as 'abnormal', 'borderline', and 'normal'. Students were classified as clinical 'cases' if their SDQ scores were $\geq$14 on total difficulties and

Table 1
Descriptive statistics: mean scores (with standard deviations) for teacher SDQs.

Scale	Time 1	Time 2
Emotional problems	2.96 (2.71)	2.39 (2.37)
Conduct problems	2.57 (2.47)	2.36 (2.34)
Hyperactivity	5.38 (3.14)	4.61 (2.74)
Peer problems	2.88 (2.3)	2.16 (2.15)
Prosocial behaviour	6.21 (2.7)	6.76 (2.53)
Total difficulties	13.87 (7.23)	11.6 (6.19)

≥2 on the impact score, indicating that they had significant levels of difficulties impacting on their lives. For the sMFQ, scores of 8 and above were classified as significant. Means and standard deviations were also examined and compared before and after.

Results

Teacher-reported outcomes

Pre and post data were available for 169 students although questionnaires on 430 students were collected, teachers not completing questionnaires at the two required time points limited larger numbers being assessed. SDQ means are reported in Table 1. For all areas, with the exception of conduct problems, students attending *The Art Room* intervention show a significant reduction in difficulties (Table 2) with additional significant improvements of positive 'prosocial' behaviour. For conduct problems, students show a non-significant improvement. Changes in the levels of difficulty as indicated by teachers were also examined. For all areas, there was a reduction in the percentage of students classified as "abnormal" following participation in *The Art Room* (Fig. 2).

Teachers reported a 36.8% reduction in Total Difficulties, a 40.6% reduction in students' emotional problems, a 14.8% reduction in conduct problems, 33.3% reduction in hyperactivity, a 41% reduction in peer problems and a 23.8% improvement in positive 'prosocial' behaviour.

The percentage of students meeting clinical 'caseness' (clinical criteria for referral to child and adolescent mental health services) was reduced by 43.2% following participation in *The Art Room* intervention (Fig. 3).

Child-reported outcomes

A total of 55 students provided reports on their mood and feelings (sMFQ) before and after participation in *The Art Room*.

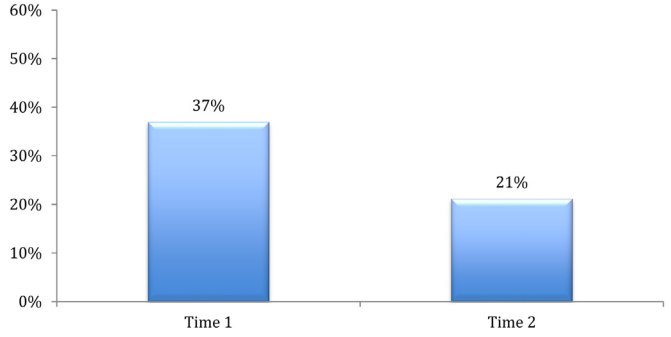

Fig. 3. Clinical 'caseness' at Time 1 and Time 2.

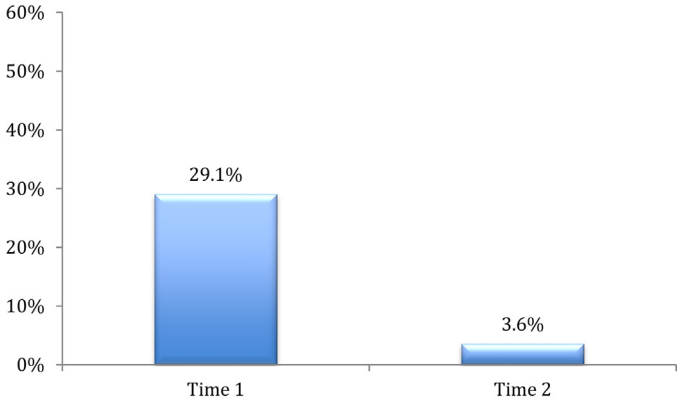

Fig. 4. Child-reported rates of difficulties at Time 1 and Time 2.

Scores could range from 0 to 26, with higher scores indicating more depressed symptoms and low-self esteem. Before participation in *The Art Room* 16 students (22%; Fig. 4) were classified as depressed ($M = 5.13$, $SD = 5.03$). Following participation in *The Art Room*, students reported a significant improvement ($M = 2.07$, $SD = 2.55$; $t = 4.62$, $df = 54$, $p < .001$), with less than 4% classified as depressed. This was an 87.5% improvement in those who had been depressed.

Discussion

The baseline data shows that the students who are being referred to *The Art Room* have significant difficulties according to the SDQ, as almost 40% had abnormal total difficulties scores,

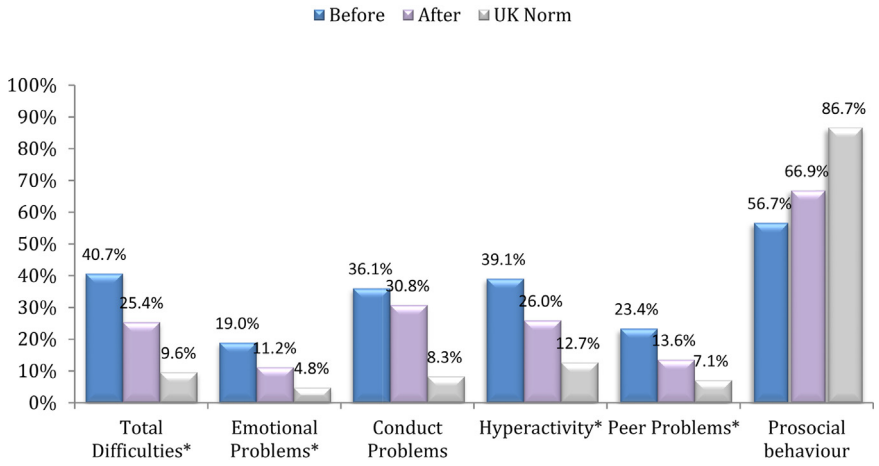

Fig. 2. Percentage of students at Time 1 and Time 2 with clinical levels of difficulties and normal prosocial behaviour as compared to UK norms. *denotes significant change at the 0.001 level.

Table 2
Differences in means across the SDQ subscales at Time 1 and Time 2 (paired-samples *t*-tests).

Scale	Mean difference (*SD*)	Std. error	Lower	Upper	*t*	*df*	*p*
Emotional problems	0.57 (2.51)	0.19	0.19	0.95	2.95	168	0.00*
Conduct problems	0.21 (2.44)	0.19	−0.16	0.58	1.14	168	0.26
Hyperactivity	0.78 (2.95)	0.23	0.33	1.22	3.42	168	0.00*
Peer problems	0.72 (2.16)	0.17	0.39	1.05	4.30	166	0.00*
Prosocial behaviour	−0.55 (2.67)	0.21	−0.96	−0.14	−2.65	164	0.01*
Total difficulties	2.28 (7.41)	0.57	1.14	3.41	3.97	166	0.00*
Impact	0.83 (1.92)	0.16	0.51	1.14	5.18	144	0.00*

* Significant change at the 0.001 level.

whereas 10% lie within this range in the general population. The results indicate that teachers report their students are improving; and attending *The Art Room* significantly affects students' emotions as well as behaviours, reducing the number who could be classified with 'clinical' levels of difficulties. At baseline, 60 students (37%) met criteria for a possible clinical psychiatric disorder ('caseness'). Following participation in *The Art Room* this figure was reduced to 35 students (21%), resulting in a 41% reduction.

Findings show that *The Art Room* intervention has a positive impact on students across several key areas. Participation resulted in a statistically significant reduction in students' emotional problems, hyperactivity, problems with peers, and total difficulties, as indicated by class teachers. Following participation students are also significantly more prosocial and their teachers report that their problems have less of an impact on their daily lives and the classroom environment. *The Art Room* also significantly improves students' mood and feelings, with students reporting an 87.5% improvement following participation.

The negative impact of psychological problems on children's ability to fulfil their educational and developmental potential is well documented (Rutter, 2002). For example, longitudinal research has indicated that increasing sadness or hopelessness among students was related to declining test performance in reading, language, and mathematics (Hanson, Austin, & Lee-Bayha, 2004). However, providing support for mental health, as *The Art Room* does, may improve educational as well as child health outcomes (Sterba, Prinstein, & Cox, 2007).

Limitations

The conclusions of this study are limited by the use of a single teacher-reported outcome measure, however the SDQ is one of the most widely utilized questionnaires as a screening tool and outcome measure. The teacher-report SDQ has greater sensitivity to social and emotional problems than the parent-report SDQ. The unavailability of a comparison group, varied enrolment time and follow-up period are also limitations that we aim to address through further evaluation. The evaluation would have benefitted from further information, including direct interviews with the students, an evaluation of school academic outcome and attendance measures, classroom and whole school environment measures, and parental reports.

Although this evaluation was not able to assess the impact of *The Art Room* intervention on educational attainment directly, there is considerable evidence that school-based intervention programmes that target emotional and behavioural problems in students also improve educational attainment. Students who benefit from social-emotional support in school have been shown to achieve better in school (Greenberg et al., 2003; Welsh, Parke, Widaman, & O'Neil, 2001; Zins, Bloodworth, Weissberg, & Walberg, 2004) and ultimately in life (Zins et al., 2004). Similarly, students' reports of caring relationships in school, high expectations at school, and meaningful community participation were related to increases in test scores (Hanson et al., 2004). Therefore, given the improvement in emotional and behavioural problems following participation in *The Art Room*, combined with the positive and supportive environment *The Art Room* provides, improved educational attainment is important to assess.

Further study to elucidate differential effects of *The Art Room* intervention due to frequency and duration of attendance, best age, gender and psychological difficulties profile (as per the different sections of the SDQ) in order to optimize effectiveness of the intervention, would be an important next stage in the work.

Conclusion

This first quantitative evaluation of *The Art Room* provides evidence of the positive impact that the intervention is having. It is improving a broad range of social and emotional difficulties for students identified by schools as needing additional support. These improvements have been reported by their classroom teachers indicating that the positive changes observed within *The Art Room* can continue in their classrooms. The findings warrant further exploration, as these changes are promising. It is essential that the myriad social and emotional interventions that are introduced in school and community settings are properly evaluated to ensure we are learning from those that have positive results and can tailor these interventions to the students most likely to benefit.

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