

When Words Don't Work: Practice-based evidence for Dramatherapy in Early Psychosis.

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Introduction

The Access and Waiting Time Standard for EIP (NHS England, 2016) has led to a dramatic increase in the offer of psychological therapy, primarily CBTp. Whilst this approach is of benefit to many of the people we work with, it does not suit everyone. What should we offer to those who cannot make use of traditional talking therapies?

Our Dramatherapy approach is based on the work of John Casson (e.g. Casson, 2004) and uses creative methods to allow people to make sense of their experiences and to express their thoughts and feelings in a way that best suits them. The process begins with one-to-one sessions, with the aim of joining a group later on.

Dramatherapy has been available to people using the Aspire EIP Service for the past 6 years and York EIP for the last 4. The approach is routinely offered to people who have either declined CBT or where a specific need has been identified, such as social communication.

Method

We have evaluated the programme using the *Social and Occupational Functioning Assessment Scale* (SOFAS) and the Rosenberg Self-Esteem Scale (RSES). Participants also completed a questionnaire at the end which asked what they had liked/disliked and what changes they had noticed. EIP staff who worked with those who took part and often joined in with the dramatherapy work were also asked for their reflections.

Results

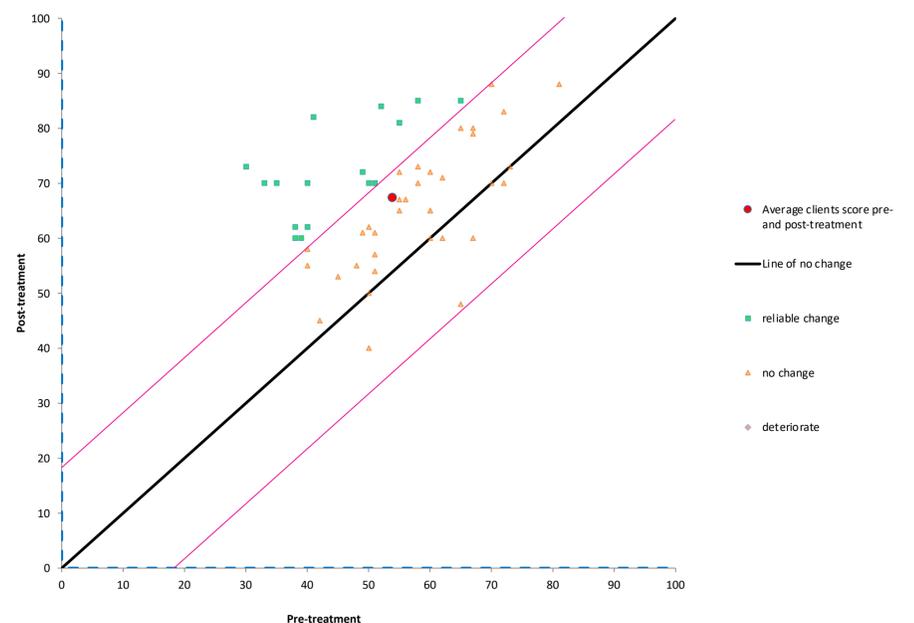
Data presented here is from a sample of 52 people who took part and provided outcomes measures. The majority of participants seemed to gain some benefit and 15 (30%) recorded clinically significant change. In their feedback, people commonly reported a benefit in the areas of social communication and emotional expression. EIP staff also noticed these changes and especially valued the opportunity to learn more about their clients.

"I learnt more today than from 10 hours of contact time"
AL, EIP Practitioner

"It has helped me to get in contact with my emotions – for example anger. It has helped me be less closed and more open, more welcoming. I think it helps in everyday situations such as trying to get along with people. I also think it has helped me feel more enthusiastic and confident"

MW, Service User

Social and Occupational Functioning Scale (SOFAS)



Conclusion & Key Points

- Dramatherapy appears to be safe and acceptable to people using EIP services.
- Most people appear to gain a degree of benefit and for some the effects are startling. This is especially striking given that the approach specifically targets people who struggle to “engage”.
- Our dramatherapy approach is integrated into the overall service offer, with appointments often arranged opportunistically, depending on a person’s needs at different times. This is likely to present a challenge for formal evaluation research such as randomised controlled trials.
- Self-reported benefits didn’t always seem to be reflected in outcome measures used. Therefore, measures which specifically focus on social communication may be useful in future research.

Reference

Casson, J. (2004). *Drama, psychotherapy and psychosis: Dramatherapy and psychodrama with people who hear voices*. Routledge.



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