

Chapter 3

Empirical Support for the Program

Much empirical support exists for the use of drama as an intervention to address social competence. Walsh-Bowers (1992) cites evidence demonstrating the efficacy of drama activities for enhancing cognitive functioning, imagination, impulse control, social perspective taking, and peer relations (Saltz & Brodie, 1982; Walsh, Kosidoy, & Swanson, 1991). One multimodal drama-based program resulted in improvement in adolescents' interpersonal cognitive problem solving skills (Johnston, Healey & Tracey, 1985). Research by Buege (1993) showed that 32 weekly creative drama sessions were effective in significantly improving the self-concepts of emotionally disturbed students. Yet another study of the use of creative drama techniques in a group of children with learning disabilities indicated significant gains in social skills scores (de la Cruz, Ming-Gon, Lian, & Morreau, 1998).

Additional research documents drama as a specific means to help autistic children (Warger, 1984); facilitate peer interaction (Barsky & Mozenter, 1976); increase self-awareness and insight (Stirtzinger & Robson, 1985); resolve conflicts (McClure, Miller, & Russo, 1992); foster family cohesion (Warner, 1996); improve problem solving (Johnston, Healey, & Tracey, 1985); and improve voice qualities such as pitch, stress, and tone (Stewig, 1972). Finally, Attwood (2007) reports that drama is a useful option to help adolescents with Asperger's. He notes that drama can teach appropriate body language, facial expression, and tone of voice, as well as provide role-play opportunities.

RESULTS OF A CLINICAL TRIAL

A clinical trial of the SCIP program took place in 2002–2003. The study compared a treatment group of 23 children and adolescents to a clinical control group after intervention on various outcome measures, including behavioral checklists, a computerized measure of social perception, and direct observations. Interviews with parents and children and leader journals were also used to gather qualitative information. Participating children had diagnoses of Asperger's syndrome (AS), high-functioning autism (HFA), nonverbal learning disabilities (NVLD), and attention-deficit/hyperactivity disorder (AD/HD). It was hypothesized that the treatment group would improve on measures of social perception and social competence, whereas the clinical control group would not.

Results of the study were extremely encouraging. Quantitative results approached statistical significance for measures of the children's ability to interpret facial expressions and for performance noted in behavioral observations. Qualitative results were

even more promising, with 75 percent of parents (12 of 16) and 82 percent of children interviewed (14 of 17) reporting one or more positive changes in social perception or competence after program participation.

A majority of the parents interviewed (68 percent) noticed improvements in their child's interpersonal relations after participation. Parents' comments included the observations that their child joined into more conversations, sought out others more, played better with others, appeared to be handling teasing better, responded more appropriately in conversation, or had made friends. One parent noted the following about her 8-year-old daughter, who had a nonverbal learning disability: "Before the intervention, she would sit in the car with me, but since the intervention she goes, 'I'm not afraid anymore,' and she runs out, and that was a big deal for her, real big. . . . I know she wouldn't be where she is without the intervention. I'm very proud of the changes." The mother of another 8-year-old girl with HFA said that the program "increased her awareness of other kids in a way that I haven't seen before." These findings are quite significant, given the extreme social difficulties experienced by the population. Small yet noticeable changes in children's behavior such as these are encouraging, especially since children can build upon these skills to take future social risks. Knowing that they can be socially successful provides these children with a basis for positive self-concept.

Some of the parents noticed changes in the expression as well as perception of nonverbal cues. The parent of an 8-year-old boy with HFA said that while she observed him playing with a peer, "He was looking at her, making faces to her, making her laugh—he was laughing. I noticed his face shows more expression." Several parents reported that they noticed their children showing more empathy for others, more thoughtfulness, or more awareness of their role in a social interaction. The mother of the 8-year-old girl with HFA mentioned previously also stated, "I have seen her showing more empathy toward [her sister]. . . . If she falls down or hurts herself and is crying, I have noticed that she is showing more attention to her." The parent of an 11-year-old boy with AS noted, "He seems to have improved in being able to perhaps think about what the other person may be feeling."

Some parents noted that their children were using traditional social skills more appropriately, such as apologizing to another without prompting, inhibiting an inappropriate behavior, making better eye contact, and using social greetings. As an 11-year-old boy with pervasive developmental disorder explained, "I just remember if I want to talk to someone I gotta look at them." Social skills such as these are essential to social competence and success with peers. Using the skills they have learned, children are more likely to receive positive responses from peers when interacting with them. We believe that learning these skills *in context*, through the dramatic experience (particularly through process drama), allowed the children to better internalize an understanding of why these skills are so important.

Treatment effects as reported by child participants were also positive. The majority of children interviewed (68 percent) believed that they learned how to perceive nonverbal cues better, especially facial expressions and body language, skills that were directly targeted in sessions. An 11-year-old boy with AS reported after intervention, "I can focus on other people's body language a little bit clearer. I can understand what they're saying with their body language a little bit clearer." An 8-year-old girl with HFA stated that she "learned a lot like about feelings and stuff. I

know mostly all those dolls [pointing to dolls on shelf] look sad . . . like their lips are kind of drooping.”

Many of the children (43 percent) reported making friends in the group. Several children also explained that being in the group was helping them in school with peers. One 9-year-old boy with AS learned to “ignore people that tease you a lot and stuff and try to find out how feelings are by seeing faces and just hearing them.” An 8-year-old girl with NVLD explained, “It helped me to feel more that I had more confidence, so that I could say hi to people without being scared.” These changes, as understood through children’s subjective experience, are linked directly to specific aspects of the SCIP intervention. Children were impacted by activities targeting the input phase of social competence (e.g., decoding of nonverbal cues, such as facial expressions), as well as the interpretation and output phases (e.g., ignoring teasing and approaching others).

CASE EXAMPLE

Diagnosed previously with NVLD, AS, an auditory processing disorder, and AD/HD by various practitioners, John was a bright, funny, yet somewhat awkward preteenager who struggled with peer relations. John was enrolled in a large public middle school, where he received some services through the special education program. He was referred to the study by the local school psychologist, who was aware of the program and believed that he might benefit from it. Tall for his age and wearing a large pair of glasses, John told us that he was being teased and bullied at school on a regular basis and that his parents did not know the extent of it.

John’s mother reported that John felt that nobody liked him and that he didn’t really seem to have a best friend. She observed that he was missing out on a lot of social cues, jumping to conclusions in interactions, and failing to make eye contact whenever there was a new situation. She was very concerned about John’s isolating himself during the loud lunch hour, partially due to his auditory sensitivity. He would eat lunch with his teacher’s aide and, in general, felt more comfortable with adults, talking to them instead of to peers. Stress shut him down. John’s mother noted that “a lot of the behavior modification that we do for an ADD child doesn’t seem to work.” Both parents were open to other intervention approaches.

On John’s first day in the program, he found a plastic chair on the side of the room. He sat underneath it, holding on to the metal legs and watching what was happening from there. When we asked John what he was doing, he told us that he was “being a box turtle” and that doing this helped him to feel safer. Although John was 12, he did not seem concerned about how this appeared to the other participants. Leaders soon became familiar with John’s box turtle persona appearing unexpectedly. It often appeared in the middle of activities, when John was asked to participate in a way that he did not want to, or when conflict between other participants emerged. John described his behavior as “a stress. It’s like when I’m so stressed that I just have to pull away and crawl up in a little ball under a table.” When he was not being a box turtle, John was an engaged participant who would share his ideas with a wry sense of humor. It soon became one of the team goals to help the box turtle “come out of his shell” once and for all.

Naturally, things progressed slowly for John. Often, John would be overwhelmed by the noise other children made during activities and would try to leave the room.

In particular, he was annoyed by another group member who had difficulty respecting others' personal space. To prevent the box turtle from emerging, leaders took chairs out into the hall, but then John only recreated the feeling of safety by curling up in the corner of the room or sitting behind the leaders' bags of materials. Although it is difficult to pinpoint when changes occurred, as the weeks progressed, John became more willing to participate and more tolerant of others whose behaviors annoyed him. As he formed a bond with one other child in the group, leaders noticed that the two began misbehaving in a way very typical of their peers, at times disrupting activities by joking or wrestling with each other. Perhaps a small breakthrough occurred when John and his friend had a conflict and successfully worked through it. It is important to note that John did not miss any sessions. Both of his parents were very involved with the program, and they received weekly communications with the leaders about what took place in the session and how John did.

After completing the intervention, John's mother reported noticing some big changes. According to John's mother, his aunt, who hadn't seen him in a month and a half, noticed an improvement when they went on a trip to the bookstore together: "My sister . . . said it was like night and day. She said his face seemed a lot more animated and he seemed to make a big effort to communicate and actually do a give and take in communication. . . . He carried on a conversation with her and asked her questions about herself and prompted her to continue the conversation. . . . She was surprised." John's mother also told us that his grandmother noticed a change during a telephone conversation, saying that he was very animated. Previously unable to carry on a phone conversation, John even asked his grandmother questions about herself and prompted her to continue the conversation, which surprised her. John's mother also noted that John had begun to ask her about how her day was and to show more interest in being with her when at home. Meeting other children with similar difficulties also had an impact on John. According to John's mother, his experience with a child with a severe pervasive developmental disorder, who had much greater difficulty than John communicating, may have helped him gain more insight into his own difficulties.

When John himself was interviewed, he described the program in the following way: "It was pretty much OK. . . . I won't say that it was wonderful and that kind of stuff because it did hold back on my personal life, but it was kind of nice. . . . I got to meet new people—I got to learn how to do this stuff. It would have been nicer if it could have lasted a bit longer, too." When asked if it helped him at all, he said, "I'm a little bit calmer. I can understand people now. I have a social life now." He also reported that he could "understand some of [people's] facial expressions and that kind of stuff" and "communicate better." He admitted that his urge to behave like a box turtle wasn't completely gone by the end of the program but that he did "feel a little resistance" to it. The hardest thing for him was "getting along with everyone . . . especially that one kid." When asked what the easiest thing about group was, he answered, "Nothing was easy," but when asked if he would do it again, he said, "Yes, if I had a chance—yes, I would."

Recently, John's mother was contacted and asked if she would provide some feedback about how he is doing. It has been four years since he completed the study, and John is now a senior in high school. John's mother reports that he has made great progress in overcoming his difficulties. John recently moved to a new city, and though the transition has been difficult, he keeps in touch with friends from Austin and wants to return

there for college. John feels free to express his opinions at school, joined an after-school club on his own, and goes to the gym so that he can be more attractive to girls. He no longer receives special education help in school and is completely mainstreamed. Five years after the intervention, John's mother still emphasizes that SCIP really helped a lot and was a key step in helping John realize how his actions affected others.

SUMMARY

In summary, results of the initial clinical trial of SCIP were very promising. Responses from participants and parents shed light on several factors that are key to the intervention's success, including behavior management, organization, communication, good planning, and a thorough understanding of the population involved. One particularly important factor, behavior management, will be discussed in detail in the next chapter.