Summary

BEST PRACTICES IN ABT

An Action Research study with
Adults in a De-Addiction Centre,
Children with Special Needs & Children At-Risk

This is an executive summary of action research study conducted by WCCL Foundation over three years. If you are a professional working for people with disabilities, or in the field of mental health/ community health, or simply curious to know about the current trends in arts & healing in India..... this summary could be relevant reading.

For India; Developed By Indian Practitioners in the field....

WCCL Foundation was registered in 2001. Committed to bringing Arts in Healing at community, institutional and clinical level across India, the India-Specific ABT model uses multiple art-forms like music, drama visual arts. The conceptual framework incorporates Buddhist Psychology & Ethics, along with conventionally accepted theories from Neuroscience & Psychology.

This unique combination of 'Modern Therapeutic approach with an Indian Perspective', makes ABT relevant and practical for India.

Built on the strength of over 147 certified ABT Practitioners. Implemented in 132 organizations across India....

From 2005 to 2013, WCCL Foundation has certified 147 professionals in arts-based therapy. The medium of training is a structured 9 Month Certificate Course offered annually since 2006. Student intake profiles indicate that Psychologists (40), Social Workers (44), Special educators (43), Counsellors (21), and Therapists (8), form the bulk of enrollments. On an average, certified ABT Practitioners have 9 years of field experience.

Incorporated in organizations....

So far, 18 Institutional leaders have completed the course, and incorporated ABT within their organizational culture. Memorandum of Understanding (MOU) and Collaboration with organizations ensures that ABT is practiced with intellectual rigour, under the watchful eye of organizational peers and mentors.

Ethical guidelines and adequate supervisory support, (*which include site visits, telephone support and internet forums*) have been established for practitioners.

"*This is a remarkable piece of research which emerges from within India. The creative team have pioneered a model of arts and therapy, and tested its efficacy with clear and positive outcomes. They now have a template to show others how to practice 'arts and therapy'.*" **Dr. Sue Jennings (Author, Pioneer of Dramatherapy, Founder Member of the British Association of Dramatherapists)**

BACKGROUND

The ABT Model & the Research Study

Exploring Rhythm with Colors, Shapes, and Sound

The ABT model evolved over a period of 12 years. Initially, senior practitioners from WCCL Foundation implemented one-year-long action research projects in various institutions serving special populations. After five years of action research, the body of work allowed for development of a generic ABT model. The challenges of working in crowded spaces, with large number of clients, without adequate infrastructure became opportunities to develop a model which was relevant to India. The artistic material were also customized as per indian cultural traditions.

In order to create more human resource in this field, the ABT Certificate Course was designed. The course duration is 9 months. Structured as a 375 hours course, it includes 212 hours of theory and 138 hours practical (approximately 60:40) equivalent to 25 international credits (where 1 credit equals 15 hours). As part of the course, students were required to conduct a 4 month long action research project within their organizations. Upon completion of the projects, students submit reports of their action research. WCCL has a database of more than 152 student-level research reports.

The ABT Model was generic and taught in a manner such that professionals could adapt it to address the needs of their population-type. As the number of ABT Practitioners increased in India, so did the data emerging from their action research in organization across India. By 2010, WCCL Foundation had 82 action research reports in the three main emergent populations - children with special needs, children at risk and adults in de-addiction centers

About the research study

In order to study emergent trends from the 82 reports, and develop population-specific ABT models, WCCL foundation conducted an intensive three-year long action research project called 'Best Practices in ABT'. The research study focussed on processes and results in ABT for :

1. Children with Special Needs
2. Children At-Risk
3. Rehabilitation of Adults with substance abuse in a de-addiction centre.

The study was supported by the J.R.D. Tata Trust.

ABT In India

61 ABT Practitioners served 4,401 clients in 80 different institutions in India in the year 2012 alone.

Other Highlights from a survey of 72 ABT Practitioners conducted in 2012....

Population Served

53% respondents work with Children with Special Needs, 36.2% respondents work with neuro-typical children at-risk, and 24% respondents work with Adults requiring psychosocial rehabilitation

Artistic Skills

83% of ABT Practitioners are NOT professional artists. Most of them do not have any prior training in any art form.

Organizations

76% organizations have a defined adequate space for conducting ABT.

Read More...

For information on the ABT Course, visit www.wcclf.org and download the prospectus for free.

On the web page for research, browse through our registry of 152 research reports by students.

THE RESEARCH STUDY

.....at a glance

PROCESSES + RESULTS

Prior to Study, There was one generic ABT Model containing Artistic Tools, Assessment and Intervention.

However, ABT Practitioners worked with different special needs groups. They were customizing artistic tools *(poetry, singing, movement etc)* as per their clients' needs. But they were having trouble working with a generic assessment and evaluation format. For example, The assessment of children at-risk requires tests which are very different from tests for adults in de-addiction.

Due to this problem, ABT Practitioners were forced to randomly choose assessment tests for their groups. This resulted in non-uniform data.

In the interest of standardizing data for future meta-studies, WCCL Foundation decided to review 82 previous reports and develop assessment and intervention designs specific to **Children at-risk, Children with Special Needs, and Adults in De-Addiction Centres.** This led to the development of **3 population-specific ABT Models**.

9 Assessment Formats & 3 intervention designs were developed during the study. They are:

- Assessment Forms (4)
- Rating Scales (3)
- Interview Formats (1)
- Caregiver's Observation Checklist (1)

The new intervention designs specify number of clients in a group, duration and frequency of sessions etc, considering all factors like organization schedules, availability of clients, number of sessions required for needs analysis, etc.

The new models were **Implemented** in 4 organizations during the study. The organizations are:

1. **TT Ranganathan Clinical Research Foundation (TTK Hospital), Chennai** - a pioneering organization in the area of De-addiction, having treated over 20,000 addicts in the last 30 years. Sample Size of Experimental group - 90 clients (3 groups)
2. **St. Catherine of Siena, Mumbai** - Since 1957, it has cared for street children, abandoned and orphaned children. Sample Size of Experimental group- 30 children
3. **Child N You , Mumbai** - for children with severe cognitive challenges. Sample Size of Experimental group- 15 children
4. **Prism Foundation, Pune** - Catering to the needs of children with multiple disabilities, since 1990. Sample Size of Experimental group - 16 children.

The implemented models were tested, and results were noted to check if changes in these processes really impacted the clients positively. A total of 151 clients received ABT sessions during implementation phase. **Results** across **all three** population groups were **positive**

Hence; **"Best Practices in ABT"**

About the Group:

Multiple Disabilities, Two categories - Moderate & Severe

Most Special Schools in India cater to a mixed group of children, labelled as 'Multiple Disabilities'. The research study was conducted with similar heterogeneous group comprising of children having cognitive & developmental challenges.

Due to non-uniformity in the group needs, progress observed was also non-uniform. The results for this group are presented in the context of individual children, and then an attempt is made to search for patterns in the way these changes occur.

Moderate Group -
16 children, divided into two groups of 8 each (Prism Foundation, Pune)

Severe Group -
15 children divided into four groups according to age and ability (Child N You, Mumbai)

All children received ABT once a week over a period of 12 to 13 months.

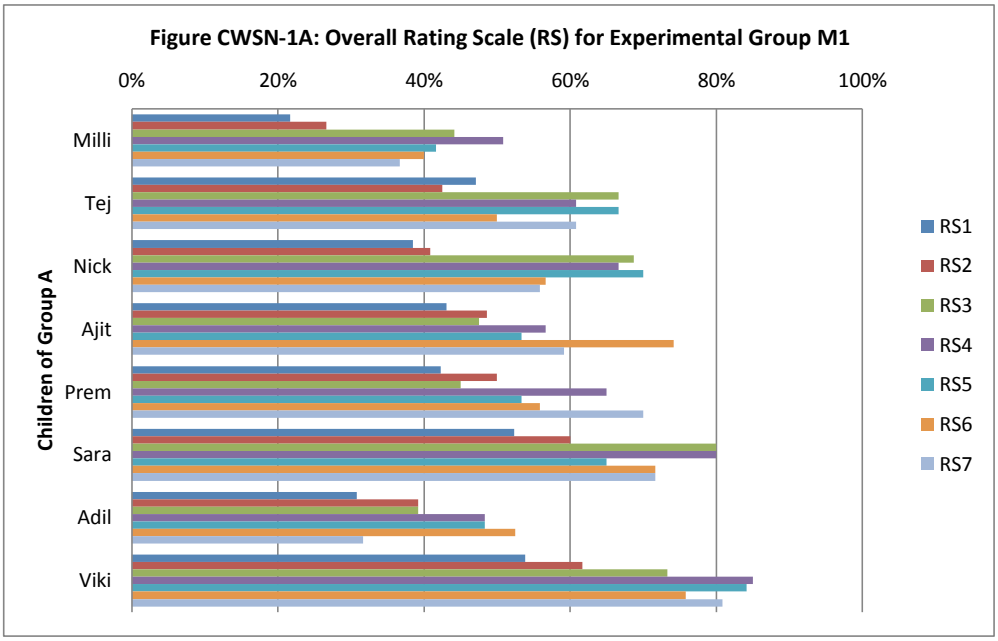
READ MORE...

The full report on ABT with children with special needs can be purchased online from www.wcclf.org or send a mail to earthpeople@gmail.com for details of bank transfer

Key Findings

Children With Special Needs

RESULTS: Extensive analysis of the results obtained from Session Record Sheets, Observation sheets, Rating Scales indicates that the children in experimental group have shown the following change in the desired direction



Planning of the ABT intervention design in Special schools: Each child was assessed every 6 sessions. Totally 7 rating scales were completed. Almost **all the children showed an increase in their performance in the 3rd/5th rating scale.** This period corresponds with the time when children had maximum continuous sessions without many breaks. In this study it was found that ABT sessions from **Jan to April** show best results due to continuity of sessions.

Positive Shifts: Almost all children have shown positive shifts in the chosen therapeutic domains of Body, Cognition & Expression. About 80 % for the **moderate group** and around 75% for the **severe group**.

Maximum observations in the cognitive domain: After assessing all domains of each child using assessment formats, the cognitive domain emerges as the root domain for children with special needs. Prior to intervention, around 65% of the children received ratings in the range of **45% to 50%**. After the intervention, 50% of the children were able to reach **around or beyond 80%**.

Increased growth in the Expression Domain: The margin of growth is greater in the Expression Domain. Almost all children have demonstrated growth (**jump of 30% to 40%**) in this domain. This can be explained by the fact that the arts are expressive in nature, and they can be used at varying levels of ability.

About the Study:

Research in T.T. Ranganathan Clinical Research Foundation (TTRCRF), Chennai

It is a premier De-Addiction Centre, having treated over 20,000 addicts in the last 30 years.

The study was implemented with three groups in TTRCRF:

1. 'Recovery Maintenance Program' (RMP) - Individuals who have Relapsed into addiction
2. Family of Addicts (mainly Wives & Mothers)
3. 'After Care Centre' (ACC) - Individuals who have had repeated relapses and multiple addictions admitted for extended stay of 2 months.

Each group had a sample of 30 experimental who received ABT sessions and 30 control who received Group Therapy & random art activities.

Control groups were matched with the experimental group on variables such as age, sex and marital status.

Self-Reporting Standardized tests like AWARE & Purpose of Life, were administered pre & post. Group Therapy Record & Rating Scales were completed by Observers.

READ MORE...

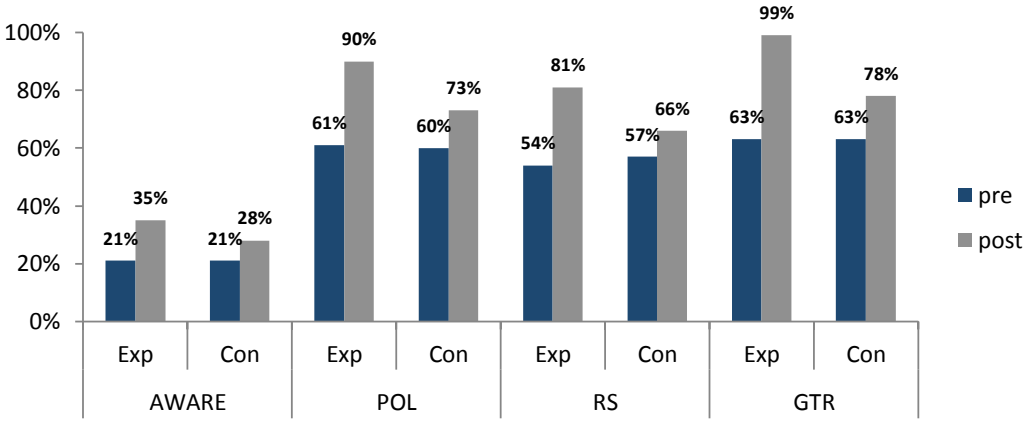
The full report on ABT with Adults in De-Addiction can be purchased online from www.wcclf.org or send a mail to earthpeople@gmail.com for details of bank transfer

Key Findings

Adults in De-Addiction

All three experimental groups, when compared with the control group, have shown progress on the standard tests, group therapy record and rating scales. **A sample of result** from the Recovery Maintenance Program is **shown below**:

Figure RMP1: Comparison of RMP Experimental and Control groups on measures of AWARE, Purpose of life, Rating scale and Group Therapy Record



The above graph gives a comparison of the experimental and control group scores on various data sources. Both the experimental and control group started at almost exactly the same level (pre test scores) (see Fig. RMP1) the post test scores for both experimental and control groups show an improvement. However the experimental group has shown a greater increase in scores in the post test as compared to the control group for all data sources. There is a considerable increase in the post test scores of the experimental group for POL (29%) and Group Therapy Record (36%). The AWARE questionnaire scores also indicate that the probability of staying sober for the next 2 months has increased for both the groups. However there is a noteworthy increase seen in the experimental group

Recovery Maintenance Program (RMP):

the Experimental and Control groups were significantly different for measures of

AWARE (Advance warning of Relapse) (t=1.84,p<0.03),

Purpose of Life (t=4.92,p<0.001),

Group Therapy Record (t=5.27,p<0.01), and

All domains of the ABT Rating Scale (t=7.29,p<0.01).

It strongly supports the hypothesis *"Relapse Patients undergoing two sessions of ABT per day will show improvement as compared to Relapse Patients undergoing Group Therapy & Art Activities"*

Key Findings (Adults in De-Addiction)

Contd.....

Family Members of Addicts:

The Experimental (ABT) and Control groups (Group Therapy) were significantly different for measures of **Purpose of Life questionnaire (t =4.48 and p<0.001)** and **Group Therapy Record (t=1.98 and p <0.05).**
Purpose of Life questionnaire measures a person's sense of purpose & meaning in life. In Group Therapy Record, each participant is rated on feelings, openness and involvement in the sessions by the observer / counselor.

Results suggest that when family members of an addict undergo ABT intervention as opposed to only Group Therapy, their Purpose of Life and their sharing of feelings, openness and involvement increases.

After Care Centre (ACC):

Experimental and Control groups were significantly different for measures of **Group Therapy Record (t=3.09,p<0.001)** and **All domains of the rating scale** (t=3.32 ,p<0.001). Results showed that ABT does impact members of the ACC group. The study is strongly supported, as various sources of data show that experimental group is doing better than the control group on all the data sources of AWARE, POL, Group Therapy record, Rating scales and the Well-being Index.

Follow up of Sobriety

Most de-addiction centers have a follow up strategy with the clients post treatment in order to check if they have maintained sobriety. The research study collected six-monthly and yearly follow up data. The follow up status was observed on progress of recovery, financial stability, employment status, relationships with family and Physical well-being.

Results for RMP Group

Six-monthly follow up for Experimental is 63% while for Control is 53%.

After one year, the follow up states that **5/8 participants** are **still sober** in the experimental group as compared to **1/8** in the control group. This shows that 65% of clients in Experimental group maintained their recovery from relapse in comparison to 12.5% of Control from group 1 of RMP. Further data is being gathered.

Results for ACC Group

Six-monthly follow up score for the experimental is 50% and control group score is 47%. Further data is being collected.

Conclusion

Since arts-based therapy results are (at the very least) on par with group therapy it must be included in rehabilitation programs offered by de-addiction centers.

Notable Trends:

More ABT sessions lead to a higher Impact

Among the three groups, the group that showed maximum impact is the Recovery Maintenance Program (RMP). The RMP group received 10 hours of ABT in comparison to 5 hours received by Family & 8 Hours for ACC.

ABT clients progress more on finding purpose & meaning in life.

Scores on *Purpose of Life* questionnaire indicates a visible shift for all three experimental groups in the study.
For Family - Progress of 20% for experimental group versus 2% for the control group.
RMP - Progress of 20% for experimental Vs 13% for control
ACC - Progress of 11% for experimental VS 8% for control.

ABT clients displayed more Feeling, Openness & Involvement in the group

Experimental group scored higher on the group therapy record score given by a neutral observer. Scores for two groups show that,
For RMP (Experimental = 99% Vs. Control = 78%)
For ACC (Experimental = 83% Vs. Control = 68%)

ABT KITS

All ABT practitioners working in organizations receive an ABT Kit comprising of musical instruments, theatre props, visual art material and training videos + Manuals.

About the Study:

Research in St. Catherine of Siena School and Orphanage, Mumbai.

This particular study was an exploratory study to investigate the following research questions:

What is the best ABT intervention Design that has an impact on Children at Risk in an institutional setting?

and,

What assessment tools are most suitable for this population?

30 children in the age group of 9 – 14 were randomly selected. Three intervention cycles were conducted with 10 children in each cycle. With each intervention cycle, the formats and processes were re-defined, and results for each cycle showed progressive improvements.

READ MORE...

The full report on ABT with children at-risk can be purchased online from www.wcclf.org or send a mail to earthpeople@gmail.com for payment options.

Children At-Risk

A Case Study .....

Background: Asif is 11 years old boy living in the institute for the past 5 years with his sister because their father abandoned them. Asif is too impulsive and hyperactive, constantly fidgeting and lost in his own world and yet being able to pay attention to every word that is being said in the room. He is focused in individual tasks but finds it difficult to remain focused on group tasks. Social interaction skills are a little weak and he is unable to participate well or make suggestions in group tasks. Most children do not want him in their group and he is happy to be by himself. He struggles to write as his spellings are terrible but he never gives up.

According to the above observations the three Therapeutic Goals prioritized for Asif were: *1) Ability to regulate impulse 2) Sense of belongingness to the group (help, share, accept, etc.) 3) Improve creative expressions through artistic skills.* The three respective domains for the above are *Mindfulness, Group Interactions and Expression*.

Practitioner's analysis of SRS indicates major shifts in impulsivity of Asif. In the first few sessions it was seen that he found it extremely hard to control his impulse of fidgeting and moving. Even though he comprehended game rules, he ended up losing points because he couldn't stop himself from flouting them. When it came to expressing creativity (sessions 5, 6, 7, 8) he was always in a hurry without having any plan in mind. About expressing his ideas and thoughts (S1), when it came to working with a group, his awareness of others in the group was low and he usually kept to himself without being too involved in group activities.

Asif was sitting very patiently for his turn in a group task, for which he revised the rules of the game several times (S12). Slowly he was becoming aware of his fidgeting and began controlling it. In (S14), he first hurriedly drew the regular items that are a in a house, but when asked to re-think it, he came up with interesting objects, each of which had an explanation attached to it e.g. *"Phone – kabhi kidhar ghum gaya toh mummy ko phone kar sakta hai (Phone - if I get lost somewhere, i can call my mom)"*. What shows Asif's immense growth in a single exercise is his diary work of S15. The work given was a little abstract and required much introspection. Asif wrote detailed stories about 5 objects from his family and his childhood that he had deep connections with.

The above shift in Asif's behavior can be supported by the **Practitioner's Rating Scale results that show a steep growth in the domains of, Mindfulness Technique from 37% to 83%, in Expression from 40% to 60% and in Group Interaction a slight but steady growth from 54% to 57% to 60%.**

The Organization Head who takes Asif's life skill sessions indicated in the observer's checklist that Asif has become patient and waits for his turn.

During the Post-Intervention Interview it was noted that Asif was quite fidgety in the beginning when there was no activity or conversation happening with the interviewer. **Once an introduction was made, he calmed down and was able to control himself. He made eye contact throughout the conversation**, although physically he did keep rocking or looking around. ❄❄❄❄❄❄❄

Children At-Risk

Key Learnings from Action Research

Prior Practice	Newly-Adopted Process
1. Prior to the study, most ABT Practitioners were choosing therapeutic goals from the *social skills* domain alone. In fact, '*group work*' and '*self-expression*' appear as therapeutic domains in all the 35 reports that were reviewed.	1. Needs analysis during the study showed that, '*Mindfulness' (attentional systems)* and '*Cognitive*' domains emerged frequently along with '*Group-Work*' and '*Expression*'. When these therapeutic domains were targeted, the sample size showed maximum progress in *Mindfulness* (68%) and *Cognitive* (52%) domain, followed by improvement in *Group Work* (45%) and *Expression* (35%)
2. Beliefs and attitudes were being taught to children, based on the moral outlook of the Practitioner (e.g. Don't lie, because God will punish you). Practitioners were unsure of how to approach topics like anger, selfishness etc.	2. A distinction was made between 'Observable Behaviors' and 'Key Concepts' that children need to learn. These 'Key Concepts' were derived from a framework of Secular Ethics devised by H.H. Dalai Lama. This secular framework can accommodate theistic, atheistic and agnostic views, because it is grounded in universal values. These Key concepts are incorporated in the intervention design.
3. Earlier interventions had alloted 6 sessions for needs analysis of children. However, due to the nature of this group, even seasoned practitioners reported that more number of sessions are required.	3. Practitioners were able to identify a child's therapeutic needs most accurately when s/he spent about 3 sessions on each therapeutic domain. Therefore, an intervention design of 12-15 needs-analysis sessions and 20-24 therapy sessions was adopted.
4. Earlier studies aimed at generating group results using standardized tests. But, due to several reasons (cited in the full report), it was difficult to find appropriate standardized tests for this group.	4. Results were more appropriately expressed when practitioners treated each client's data in an individualized case study format. Hence, a case study tool kit comprising of following tools was adopted: Assessment Form, Rating Scale for ABT Practitioner, Caregiver's Checklist, Session Record Sheets and Post-intervention Interview Format

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