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Evaluation of a school-based creative arts therapy programme for adolescents from refugee backgrounds

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ABSTRACT

Creative arts therapy programmes delivered by qualified therapy professionals have been identified as effective for adolescents affected by adversity. The current study provided a controlled trial of creative arts therapy to address the psychosocial needs of students from refugee backgrounds. Forty-two students participated in a therapy trial, comprising an creative arts group and control group. Mental health and behavioural difficulties were assessed pre and post intervention. Hopkins Symptoms Checklist-25 (HSCL-25) and the Strengths and Difficulties Questionnaire (SDQ) were used to assess well-being. Findings suggested an effect for a reduction in behavioural difficulties for the treatment group. A significant reduction in emotional symptoms was found for the treatment group. Findings provide empirical support for school-based creative arts therapy programs specific to refugee young people.

Introduction

Creative arts therapies are increasingly used to address some of the most profound difficulties experienced by young people who have experienced a range of abuses. There is increasing evidence that creative arts therapies are capable of addressing levels of disturbance resulting from early deprivation not otherwise accessible to more traditional talking therapies which rely on higher level cognitive development (Malchiodi, 2008). However, there is still limited empirical support for the use of creative arts therapies with many studies drawing on a case study approach. Milpera State High School, in Brisbane, Australia, is an intensive English language school and settlement service for newly arrived immigrant and refugee students. The Milpera school population includes a majority of refugee students, predominantly from the Middle East, Africa and East Asia. The Home of Expressive Arts in Learning (HEAL) Programme is a school-based mental health initiative that uses creative arts therapies to help refugee children address social, behavioural and emotional issues. This includes the use of arts psychotherapy and music therapy, delivered by appropriately qualified therapists, as part of the school programme to identified refugee students.

School-based interventions for refugee young people

School-based programmes have been identified as important for several reasons. The literature suggests schools are significant contributors to the acculturation process, particularly for psychosocial and emotional development (Derluyn & Broekaert, 2007; Fazel, Doll, & Stein, 2009). Barriers such as language difficulties or cultural misunderstandings about help seeking for mental health issues (Ncube, 2006) may be one of the many reasons why refugee children do not seek additional support, and these barriers do not occur within the school context, where interpreters are readily available and therapy is an accepted part of the school culture. Practical considerations such as transport and time are also mitigated by the available access of school-based services. A survey of young refugees found that 79% opted to access therapeutic support at school rather than at a community clinic (11%) or at home (4%) (Chiumento, Nelki, Dutton, & Hughes, 2011). Chiumento suggests multiple agency partnerships and flexible service delivery is a best practice approach to working with refugee young people. A collaborative service delivery model, linking schools, community and welfare organisations to providing a multi-agency approach represents best practice for working with refugee young people (Betancourt et al., 2010), and this takes places in HEAL at Milpera. A systematic review of the isutilisation of services by children and young people from a refugee background identified that there is scarce research in the area of service utilisation, help seeking and

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barriers to accessing services (Colucci, Szwarc, Minas, Paxton, & Guerra, 2014).

A range of mental health interventions have been identified for working with refugee young people. Psycho-education and life skills training (Erskine et al., 2010; Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004), encouraging protective factors such as cultural identity, problem-solving, narrative exposure therapy (Neuner et al., 2004), Cognitive Behaviour Therapy (CBT) (Ehntholt, Smith, & Yule, 2005), family therapy (Björn, Bodén, Sydsjö, & Gustafsson, 2013), and group therapy (Kira et al., 2012). Creative arts therapy and music therapy have been identified in the literature as appropriate for use with children from refugee backgrounds; however, there is limited empirical research supporting these creative interventions and even less evidence supporting such interventions with children from refugee backgrounds.

Creative expression interventions

The literature on the effectiveness of arts therapy and music therapy is emerging gradually. Slayton, D'Archer and Kaplan (2010) reviewed US art therapy literature for outcome studies and found a small body of quantifiable data proving effectiveness of arts therapy. However, they noted a lack of isstandardised reporting and isutilisation of control groups. They examined 35 studies and concluded 'that art therapy is effective in treating a variety of symptoms, age groups and disorders.' (Slayton et al., 2010).

The Australia New Zealand Arts Therapy Association (ANZATA) website states the growing evidence for efficacy of art therapy underlines the importance of offering a non-verbally-oriented approach, while allowing processing of feeling states beyond the usual limits of verbal therapy. A summary of empirical support for art therapy was presented by Gilroy (2006). This book gives an overview of specific evidence-based research findings from Britain and America, predating 2005. There have been no similar recent comprehensive examinations of art therapy, although systematic literature reviews looking at the efficacy of art therapy for specific populations have been published in recent years.

Gilroy (2006) provided evidence of positive effect in art therapy literature across a number of areas, including with children and adolescents in educational and mental health settings. The literature demonstrated alleviation of stress, facilitation of communication and interaction, better ability to symbolise and reduction in severity and frequency of symptoms (Ball, 2002; Case, 2003; Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Chin et al., 1980; Ivanova, 2004; Saunders & Saunders, 2000; Tibbetts & Stone, 1990; Vandiver & Carr, 2003).

A systematic literature review regarding expressive arts therapies internationally was conducted in 2013 seeking evidence of outcomes for five creative therapy modalities: music, visual arts, dance-movement, drama and writing (Dunphy, Mullane, & Jacobsson, 2013). Findings suggested sufficient outcomes of quality indicating benefits across a variety of physical and psychological conditions, including, for example, dementia, coping with cancer, improvements in self-esteem, PTSD, depression, stress and anxiety.

Creative therapy interventions with children in refugee and non-refugee populations

A review of the literature surrounding arts and music therapy with non-refugee children demonstrates that these are effective interventions for a range of presentations including externalising behaviours (Jones, Baker, & Day, 2004), abuse (Brooke, 1995; Hagood, 2000; Murphy, 2001), trauma (Gantt & Tinnin, 2009), Post Traumatic Stress Disorder (PTSD), (Gantt & Tinnin, 2007), learning difficulties (Strand, 1990), depression (Gussak, 2007; Ponteri, 2001), and Attention Deficit Hyperactivity Disorder (ADHD) (Henley, 1998, 1999).

Fig. 1. "Self Portrait" (soft pastels, paper). Newly arrived group participants considered their strengths while making representations of self.

A recent review of classroom-based creative therapies programmes with refugee and non-refugee children found that creative therapies contributed to improvements in coping, resiliency, pro-social behaviours, self-esteem, emotional and behavioural problems (especially aggressive behaviours) (Beauregard, 2014). The review also suggested the benefits of expressive arts programmes for participants are in the re-construction of meaning. The review suggested creative therapies are well suited to some populations such as refugee young people. Arts based therapies are non-threatening, normalise emotional expression and offers a playful approach to treatment (Beauregard, 2014). Creative therapies are also better suited to very young children who may not have the verbal skills to communicate their internal states. The review also referred to research which looked at creative therapies targeting specific treatment aims such as reducing emotional problems or building resilience (Figs. 1–4).

Creative therapy interventions specifically for refugee young people

Arts and music therapy is a way to reconstruct meaning and identity (Koch & Weidinger-von der Recke, 2009), work with traumatic experiences (Bensimon, Amir, & Wolf, 2008; Eaton, Doherty, & Widrick, 2007; Gantt & Tinnin, 2009; Wertheim-Cahen, van Dijk, Schouten, Roozen, & Drožđek, 2004) and retell stories (Neuner et al., 2004; Sampson & Gifford, 2010), address grief and loss (Choi, 2010) and rebuild social connections (Betancourt et al., 2010).

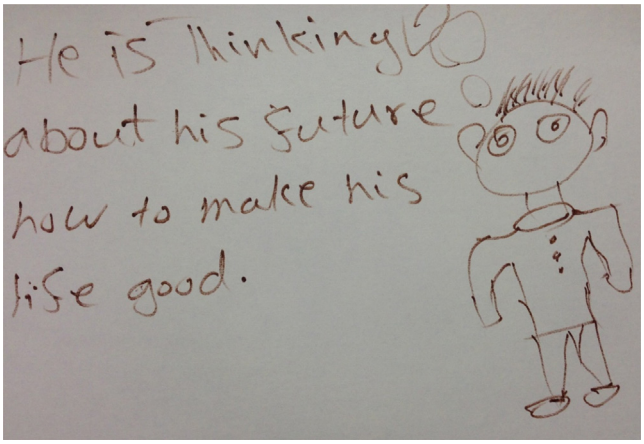

Fig. 2. "My thinking today" (felt pen on paper). Current state of mind was communicated on paper by this young refugee from the Middle East.

Fig. 3. "My Safe Place" (crayon, pencil, felt pen on paper). Arts therapy participants were asked to imagine and then show a place where they could feel safe.

School-based programmes have been identified as places which can ideally meet the psychosocial support needs of this population (Fazel et al., 2009; Hodes, 2002).

Creative activities have been shown to demonstrate good outcomes, particularly for working with marginalised populations such as children and adolescents from refugee backgrounds (Fitzpatrick, 2002; Jones et al., 2004; Marsh, 2012; Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2005; Wertheim-Cahen et al., 2004). Much of the research has been conducted in qualitative, small scale, case study and cohort investigations. The research identifies several reasons why creative expression is effective. In a study of a classroom creative expression workshop for refugee and immigrant children, Rousseau et al. (2005) found lower levels of teacher reported internalising and externalising behaviours in children. The study also found the creative therapy intervention improved self-esteem.

A systematic review of the literature surrounding school and community based interventions for refugee and asylum seeking children found significant changes in symptomology could be attributed to interventions which focussed on verbal processing of past experiences and creative expression interventions (Tyrer & Fazel, 2014). In a review on 1800 refugee young people, fourteen studies were from high income countries. Eleven of these studies were in school settings and three in the community. Interventions compared verbal processing of past events ($N = 9$) or creative expression activities ($N = 7$) or a combination of both ($N = 5$). The studies where creative expression activities were reviewed demonstrated a range of results including a reduction in depressive and anxiety symptoms (Möhlen, Parzer, Resch, & Brunner, 2005); decrease in post-traumatic stress symptoms (Gupta & Zimmer, 2008; Möhlen et al., 2005); self-reported mental health symptoms (Rousseau et al., 2005); decrease in emotional problems as measured on the Strengths and Difficulties Questionnaire (SDQ) (Rousseau, Benoit, Lacroix, & Gauthier, 2009); peer problems as measured on the SDQ (Fazel et al., 2009) and improvements in well-being (Ager et al., 2011). These findings point to the emergence of an evidence base supporting creative therapies.

Fig. 4. "My Journey" (acrylic on canvas) Asked to show a memorable part of the refugee journey, this 15-year-old African boy painted his first ever plane trip.

An exploratory study undertaken by Fazel et al. (2009) evaluated a school-based mental health service for refugee young people. The findings demonstrated a significant reduction in total behavioural difficulties, in particular on the peer problems and hyperactivity subscales. This mental health intervention involved a flexible individualised treatment response which incorporated the following options: family therapy; individual therapy (psychodynamic, supportive); group work and crisis response. The team comprised two child and adolescent psychiatrists, a psychiatrist registrar and a creative arts psychotherapist. Students accessed a varying number of sessions from two brief contacts to weekly sessions for the duration of a year. Observed factors for success included flexible service delivery, use of interpreters to engage students and family members, reduced stigma regarding the accessing of a mental health service when incorporated into the school, and weekly consultations with 'link teachers' who facilitated referrals.

Rationale

The scarcity of empirical research specific to creative expression interventions with children from refugee backgrounds highlights the need for well conducted research in the area. A number of qualitative and single case study design research support the effectiveness of art and music therapy; however, there are few studies using quantitative measures with robust design such as randomised controlled trials, clinical controlled trials or cohort studies. There has been limited use of consistent measures across studies, and a large amount of variability between type of creative therapy intervention and duration. The present study will use measures which have been validated with refugee populations and incorporate a combination of assessing behavioural, emotional and psychological constructs as opposed to assessing only PTSD symptomatology. In the literature to date, methodological challenges have resulted in few studies utilising a control group when assessing the effectiveness of interventions. The current study aims to add to the evidence base for creative expression interventions by incorporating a control group in an assessment of school-based creative arts interventions specifically designed for refugee and asylum seeking young people.

Method

Participants

The 42 student participants were those attending Milpera, the intensive English language State High School in Brisbane, Australia. There were 17 male and 15 female students. The average age of the students attending the programme was 15 years 5 months (SD = 1 year 5 months). All were newly arrived in Australia, coming from the Middle East, East Asia and Africa.

Procedure

Following ethics approval from the QUT Human Ethics Committee, all participants with parental consent in the treatment group and control group were selected from the classes who were due

to graduate (and move onto mainstream high schools) within six months. This controlled for length of time at the school and English proficiency. Students in the intervention group were those who had been identified by teachers and community case-workers as those who may benefit from psychosocial support via the HEAL service. HEAL is staffed by arts psychotherapists and music therapists. All HEAL therapists are experienced with this client group, and are registered in their fields. The HEAL service has been operating at Milpera State High School since 2004. Participants engaged in the intervention for approximately 10 weeks (one term).

Measures

Mental health

Emotional distress was measured using the Hopkins Symptom Checklist (Mollica, Wyshak, de Marnette, Khuon, & Lavelle, 1987) which has been validated for use with refugee populations (Hollifield et al., 2002). The HSCL administered in the current study is a modification of the well-known HSCL-25. The Hopkins Symptoms Checklist-25 comprises two scales, screening for depression and anxiety. A third scale was isutilised to assess somatic symptoms, given that the research demonstrates survivors of torture and trauma may present with somatic symptoms (Mollica et al., 1987). Whilst translated versions are available, the scale was verbally read to the student and translated via a telephone interpreter if required. A 4-point rating scale (not at all = 1, a little = 2, quite a bit = 3 and extremely = 4) was used to indicate the severity of symptoms or feelings. The verbal terms of the Likert scale were improved by placing circles increasing in size above the literal rating scale, which students could see and point to if necessary. Some concepts were difficult to understand for non-English speakers, and in this case body language was used to help explain items. The HSCL was found to have a high reliability rating (Cronbach's alphas for all subscales were: anxiety subscale = .82; depression subscale = .88; and somatic subscale = .83).

Behavioural difficulties

Student's behaviour and symptomatology was measured using the teacher report form of the Strengths and Difficulties Questionnaire (SDQ-T) which has been validated for use with refugee populations (Achenbach et al., 2008; Fazel et al., 2009). Research shows that the SDQ has acceptable reliability and validity (Goodman, 1999). The SDQ was found to have a high reliability rating with the current sample (Cronbach's alphas for all measures were: total difficulties = .76; hyperactivity = .83; emotional symptoms = .82; conduct problems = .86; and prosocial behaviours = .78). The peer problems subscale had a weak reliability (.52).

Intervention

The intervention comprised arts therapy activities used within the creative therapies programme, referred to as Home of Expressive Arts and Learning (HEAL). Activities comprise: sculpture using clay, play-doh and plasticine; painting; sand play; collage; construction using woods and fabrics; drawing; photography and digital art; doll, puppet and mask making; creating group murals; story-telling; and drama. Music therapy activities used in sessions include: lyric analysis, song-writing, song-parody, instrumental/vocal improvisation (with percussive instruments, drums, keyboards, guitar and vocal sounds), rapping and musical games, learning how to play guitar or keyboard, listening to musical favourites, sharing songs from original culture or religious background, dancing, performance during exit parades and school events.

HEAL utilises an integrated arts psychotherapy approach which is the "focused use of visual arts and play activities within the therapeutic relationship to meet developmental, emotional and psychological needs" (HEAL annual report, 2012). HEAL also utilises a narrative approach, termed The Tree of Life programme which draws strengths based approaches targeting self-identity and cultural identity (Denborough, 2008; Ncube, 2006). The HEAL programme incorporates several other approaches in its creative expression intervention. It draws on the BRiTA Futures programme (Erskine et al., 2010; Mitchelson et al., 2010) which primarily targets resilience and acculturation stress by addressing concepts of cultural and personal identity.

Students involved with the HEAL programme accessed a minimum of one hourly session per week. Students also accessed a group intervention with music therapy (40%) or arts therapy (60%). Group interventions were conducted in cultural groups and were divided into gender; e.g., Afghan girls' group. A quarter of the sample also accessed additional individual therapy. Individual sessions represented a weekly one on one session for 45 min.

Results

Preliminary analyses

The data were analysed using Statistical Package for Social Sciences (SPSS) for Windows (Version 21.0). The raw data was entered into SPSS. Missing values were replaced using the expectation maximisation function. Analyses were run with and without missing values and the imputed data set was used for increased power.

Table 1 shows the descriptive statistics for relevant variables used in the study. The participants were controlled for length of time at the school. Students were selected from classes with the highest English language ability.

Table 2 shows the baseline scores for each of the measures used in the intervention.

Independent t*-tests*

The main analyses looked at whether the HEAL intervention had a significant effect on student's self-reported mental health symptoms or teacher reported symptomatology. An independent-samples *t*-test was conducted to compare student mental health

Table 1
Descriptive statistics for relevant variables used in the study.

	Mean HEAL	Control	SD HEAL	Control
Age (yrs)	15:9	15	1:3	1:8
Male	8	9		
Female	14	11		
Years schooling prior to AU	8	8	2.7	2.4
Months of school in AU	6.7	4.5	3.3	2.3
Length of stay in AU (months)	11	6.4	4.2	2

N = 42.

Table 2
Baseline scores.

	Mean HEAL	Control	SD HEAL	Control
Anxiety symptoms	1.17	1.34	.35	.49
Depression symptoms	1.53	1.67	.61	.53
Somatic symptoms	1.47	1.60	.55	.43
Total difficulties	6.53	3.43	6.16	3.2
Hyperactivity	2.21	1.19	2.99	1.64
Emotional symptoms	2.68	.81	2.81	.98
Conduct problems	.74	.63	1.85	.96
Peer problems	.88	.94	1.31	1.12
Prosocial behaviour	7.58	7.12	3	3.22

N = 42.

Table 3
Mental health symptoms (self-reported) and behavioural difficulties (teacher reported) before and after the intervention.

	Mean HEAL	Control	SD HEAL	Control	*T*	*p*	df	Cohen's *d*	95% CI Lower	Upper
Total difficulties	−3.97	−1.52	5.64	2.47	1.79	.08	40	.57	−.31	5.22
Hyperactivity	−2.34	−.5	2.3	1.15	1.65	.11	40	.52	−.22	2.12
Emotional symptoms	−1.49	−.33	2.3	.98	2.08	.04*	40	.66	.35	2.28
Conduct problems	−.62	−.52	1.75	.96	.23	.82	40	.07	−.79	1
Peer problems	−.55	.19	.94	2.5	1.29	.21	40	.41	−.42	1.89
Prosocial behaviour	1.75	1.3	2.36	3.37	−.54	.59	40	.17	−2.29	1.32
Anxiety symptoms	0	.07	.36	.47	−.53	.60	40	.17	−.33	.19
Depression symptoms	−.17	.23	.71	.46	−.32	.75	40	.1	−.44	.32
Somatic symptoms	.29	−.23	.53	.39	.42	.67	40	.13	−.23	.35

$N = 22$ in HEAL group. $N = 20$ in control group.
** $p < .01$.
*** $p < .001$.
* $p < .05$.

symptoms and behavioural difficulties for those who participated in the HEAL and control group conditions.

There was a significant reduction in the scores for emotional symptoms in the HEAL ($M = -1.49$, SD = 2.3) and no intervention ($M = -.33$, SD = .98) conditions; t (40) = 2.08, $p = 0.04$. There was a suggestion of an effect for total behavioural difficulties, HEAL ($M = -3.97$, SD = 5.64) and no intervention ($M = -1.52$, SD = 2.47) conditions; t (40) = 1.79, p = .08 demonstrating that participating in the HEAL programme has benefits for classroom behaviour. It should be noted that the effect size for behavioural difficulties was .52 suggesting a moderate effect. This suggests that there may have been insufficient power in the sample size to find a significant result but with a larger sample significant changes in behavioural difficulties may have been demonstrated. Moderate effect sizes were also noted for emotional symptoms, hyperactivity and peer problems. Table 3 presents the results.

Discussion

The HEAL creative arts therapy was shown to impact positively on emotional symptoms and behavioural difficulties with young people from refugee backgrounds affected by high levels of adversity. These findings demonstrated moderate effect sizes for the reduction of: behavioural difficulties, emotional symptoms, hyperactivity and peer problems, suggesting that significant effects may be found if a larger sample were utilised. These results are consistent with those reported by Durà-Vilà, Klasen, Makatini, Rahimi, & Hodes (2013), who worked with a similar group (refugee young people) and demonstrated a decrease in teacher-rated hyperactivity and peer problems as measured by the SDQ. The intervention Durà-Vilà and colleagues assessed was an individual, family and supportive approach which had a strong narrative element.

Narrative approaches have been found to be beneficial with refugee populations (Ncube, 2006; Neuner et al., 2004). Further research into creative expression interventions with a narrative therapy focus would be beneficial as the emerging results suggest a positive effect on children's classroom behaviour. Research into the link between creative therapy and the verbal processing of events would also be beneficial. Research presented by Tyrer & Fazel (2014) compared the difference between two approaches, creative expression and verbal processing of events; however, it could be hypothesised that creative therapy facilitates the emergence of a verbal narrative and that the two approaches are interrelated.

One way to understand the findings is to gain a student-centred understanding of participants' school experience:

> I like this school because I learn lots of things. I can manage everything now. When I came first I can't do anything. I like teachers and students because of lots of cultures. This school talks about how to make friends and how to know how other people feel. This term I went to HOW programme and that was good for my writing. Also I like HEAL if I have any feelings they can help me solve my problems.

Response to Is there anything else you would like to say about school? HEAL participant, June 2014.

Anecdotally, therapists note that it is difficult for newly arrived refugee youth to reflect on their therapy while still attending Milpera High School. It is often after they have left, to progress onto their mainstream school, that they are more open to comment on their experiences. The following comments were made by four students who had moved on, after participation in therapy, in response to *What do you think about going to HEAL?*

(a) "HEAL helped me to learn and to breathe properly. I miss home. I cried a lot. HEAL did a lot for me".
(b) "I think HEAL helps me to like my new life and to make me remember good things in my mind".
(c) "In HEAL I could talk. I was sad, then I felt more happy. I am happy more now".
(d) "I talked about my feelings, drew and wrote about feelings. You can draw your stories. That's good".

Limitations

A number of methodological limitations are acknowledged. Students were not able to be randomised to classes depending on treatment group, teachers were not blind to treatment allocation and follow up studies with students would be challenging with this population (Beauregard, 2014). In the current study, there was significant variability within the intervention. Students who accessed the HEAL programme had differing therapists as well as some variation in the length and type of interventions. The study thus looks at effectiveness in a real world setting. Some students were involved with HEAL for group and individual sessions, whilst others were only involved in a group capacity. Whilst the minimum inclusion criteria was engagement with the service for at least one hour, some students accessed significantly more time with the programme. There was also no distinction made between music therapy and art therapy interventions and individual therapists were not instructed to deliver a similar intervention. Using a manualised programme would add to methodological robustness for future evaluations, as would comparing different interventions within HEAL such as group versus individual and art versus music.

Self-report measures may not fully capture the full array of data with this population. Limitation of self-report measures are supported by evidence which found inconsistencies in self-reporting of

symptoms with refugee populations (Spinhoven, Bean, & Eurelings-Bontekoe, 2006). Cultural understandings of mental health often do not match western conceptualisations of depression and anxiety and there may be a stigma surrounding reporting symptomatology (Derluyn & Broekaert, 2007; Erskine et al., 2010; Murray, Davidson, & Schweitzer, 2010; Spinhoven et al., 2006).

Future research could aim to mitigate some of these issues by using a different measure such as the Hopkins Symptom Checklist-37 which has been translated into multiple languages and validated for use with adolescent refugee populations (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007). The Hopkins Symptom Checklist-37 looks at internalising and externalising symptoms and has significant and positive correlations with the self-report version of the 11–17 year old version of the SDQ.

Future research could also incorporate a qualitative element to add to the depth of the research. If individualised approaches are suggested as best practice when designing interventions then qualitative data may present a richer and more in-depth analysis of the mechanisms of change in therapy. Qualitative data may also provide information on how the goals of the HEAL programme are being addressed.

The findings of this research support the effectiveness of creative arts therapy with refugee young people. Implications of this research include using the HEAL programme with refugee young people to address emotional problems and improve classroom performance. HEAL may also be an effective intervention to use with other populations with high rates of intergenerational trauma, such as indigenous populations. It may also be an appropriate intervention for students with behavioural difficulties. Future research into how the HEAL programme is structured and what aspects (e.g., group versus individual; music versus art) are effective would be useful to explore.

Further research is suggested to establish the efficacy of creative arts therapy-based programmes with a larger sample size. In conclusion, the current findings contribute to the small but emerging evidence base supporting creative arts therapy interventions as effective with displaced young people, many of whom have had to deal with the most adverse of experiences.

References

Achenbach, T. M., Becker, A., Döpfner, M., Heiervang, E., Roessner, V., Steinhausen, H. C., et al. (2008). Multicultural assessment of child and adolescent psychopathology with ASEBA and SDQ instruments: Research findings, applications, and future directions. *Journal of Child Psychology and Psychiatry*, *49*(3), 251–275. http://dx.doi.org/10.1111/j. 1469-7610.2007.01867.x

Ager, A., Akesson, B., Stark, L., Flouri, E., Okot, B., McCollister, F., et al. (2011). The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in Northern Uganda. *Journal of Child Psychology and Psychiatry*, *52*(11), 1124–1133. http://dx.doi.org/10.1111/j. 1469-7610.2011.02407.x

Ball, B. (2002). Moments of change in the art therapy process. *The Arts in Psychotherapy*, *29*(2), 79–92. http://dx.doi.org/10.1016/S0197-4556(02)00138-7

Bean, T., Derluyn, I., Eurelings-Bontekoe, E., Broekaert, E., & Spinhoven, P. (2007). Validation of the multiple language versions of the Hopkins Symptom Checklist-37 for refugee adolescents. *Adolescence*, *42*(165), 51–71.

Beauregard, C. (2014). Effects of classroom-based creative expression programs on children's well-being. *Arts in Psychotherapy*, *41*(3), 269–277. http://dx.doi.org/10.1016/j.aip.2014.04.003

Bensimon, M., Amir, D., & Wolf, Y. (2008). Drumming through trauma: Music therapy with post-traumatic soldiers. *The Arts in Psychotherapy*, *35*(1), 34–48. http://dx.doi.org/10.1016/j.aip.2007.09.002

Betancourt, T. S., Borisova, I. I., Williams, T. P., Brennan, R. T., Whitfield, T. H., de la Soudiere, M., et al. (2010). Sierra Leone's former child soldiers: A follow-up study of psychosocial adjustment and community reintegration. *Child Development*, *81*(4), 1077–1095. http://dx.doi.org/10.1111/j. 1467-8624.2010.01455.x

Björn, G. J., Bodén, C., Sydsjö, G., & Gustafsson, P. A. (2013). Brief family therapy for refugee children. *The Family Journal*, *21*(3), 272–278. http://dx.doi.org/10.1177/1066480713476830

Brooke, S. L. (1995). Art therapy: An approach to working with sexual abuse survivors. *The Arts in Psychotherapy*, *22*(5), 447–466. http://dx.doi.org/10.1016/0197-4556(95)00036-4

Case, C. (2003). Authenticity and survival working with children in chaos. *Inscape*, *8*(1), 17–28. http://dx.doi.org/10.1080/17454830308414050

Chapman, L., Morabito, D., Ladakakos, C., Schreier, H., & Knudson, M. M. (2001). The effectiveness of art therapy interventions in reducing post traumatic stress disorder (PTSD) symptoms in pediatric trauma patients. *Art Therapy*, *18*(2), 100–104. http://dx.doi.org/10.1080/07421656.2001.10129750

Chin, R. J., Chin, M. M., Palombo, P., Palombo, C., Bannasch, G., & Cross, P. M. (1980). Project reachout: Building social skills through art and video. *The Arts in Psychotherapy*, *7*(4), 281–284. http://dx.doi.org/10.1016/0197-4556(80)90007-6

Chiumento, A., Nelki, J., Dutton, C., & Hughes, G. (2011). School-based mental health service for refugee and asylum seeking children: Multi-agency working, lessons for good practice. *Journal of Public Mental Health*, *10*(3), 164–177. http://dx.doi.org/10.1108/17465721111175047

Choi, C. M. H. (2010). A pilot analysis of the psychological themes found during the CARING at Columbia—Music therapy program with refugee adolescents from North Korea. *Journal of Music Therapy*, *47*(4), 380–407.

Colucci, E., Szwarc, J., Minas, H., Paxton, G., & Guerra, C. (2014). The utilisation of mental health services by children and young people from a refugee background: A systematic literature review. *International Journal of Culture and Mental Health*, *7*(1), 86–108. http://dx.doi.org/10.1080/17542863.2012.713371

Denborough, D. (2008). *Collective narrative practice: Responding to individuals, groups, and communities who have experienced trauma*. Adelaide, South Australia: Dulwich Centre Publications.

Derluyn, I., & Broekaert, E. (2007). Different perspectives on emotional and behavioural problems in unaccompanied refugee children and adolescents. *Ethnicity & health*, *12*(2), 141–162. http://dx.doi.org/10.1080/13557850601002296

Dunphy, K., Mullane, S., & Jacobsson, M. (2013). *The effectiveness of expressive arts therapies. A review of the literature*. Melbourne: PACFA.

Durà-Vilà, G., Klasen, H., Makatini, Z., Rahimi, Z., & Hodes, M. (2013). Mental health problems of young refugees: Duration of settlement, risk factors and community-based interventions. *Clinical Child Psychology and Psychiatry*, *18*(4), 604–623. http://dx.doi.org/10.1177/1359104512462549

Eaton, L. G., Doherty, K. L., & Widrick, R. M. (2007). A review of research and methods used to establish art therapy as an effective treatment method for traumatized children. *The Arts in Psychotherapy*, *34*(3), 256–262. http://dx.doi.org/10.1016/j.aip.2007.03.001

Ehntholt, K. A., Smith, P. A., & Yule, W. (2005). School-based cognitive-behavioural therapy group intervention for refugee children who have experienced war-related trauma. *Clinical Child Psychology and Psychiatry*, *10*(2), 235–250. http://dx.doi.org/10.1177/1359104505051214

Erskine, H. E., Harris, M., Mitchelson, M. R., Prasad-Ildes, R., Ramirez, E., Siskind, D., et al. (2010). BriTA futures: A resilience-building program for children and young people from culturally and linguistically diverse backgrounds—Program description and preliminary findings. *Advances in Mental Health*, *9*(3), 243–254. http://dx.doi.org/10.5172/jamh.9.3.243

Fazel, M., Doll, H., & Stein, A. (2009). A school-based mental health intervention for refugee children: An exploratory study. *Clinical Child Psychology and Psychiatry*, *14*(2), 297–309. http://dx.doi.org/10.1177/1359104508100128

Fitzpatrick, F. (2002). A search for home: The role of art therapy in understanding the experiences of Bosnian refugees in Western Australia. *Art Therapy*, *19*(4), 151–158. http://dx.doi.org/10.1080/07421656.2002.10129680

Gantt, L., & Tinnin, L. W. (2007). Intensive trauma therapy of PTSD and dissociation: An outcome study. *The Arts in Psychotherapy*, *34*(1), 69–80. http://dx.doi.org/10.1016/j.aip.2006.09.007

Gantt, L., & Tinnin, L. W. (2009). Support for a neurobiological view of trauma with implications for art therapy. *The Arts in Psychotherapy*, *36*(3), 148–153. http://dx.doi.org/10.1016/j.aip.2008.12.005

Gilroy, A. (2006). *Art therapy, research and evidence-based practice*. London: Sage Publications.

Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, *40*(5), 791–799. http://dx.doi.org/10.1017/S0021963099004096

Gupta, L., & Zimmer, C. (2008). Psychosocial intervention for war-affected children in Sierra Leone. *The British Journal of Psychiatry*, *192*(3), 212–216. http://dx.doi.org/10.1192/bjp.bp.107.038182

Gussak, D. (2007). The effectiveness of art therapy in reducing depression in prison populations. *International Journal of Offender Therapy and Comparative Criminology*, *51*(4), 444–460. http://dx.doi.org/10.1177/0306624x06294137

Hagood, M. M. (2000). *The use of art in counselling child and adult survivors of sexual abuse*. London: Jessica Kingsley.

Henley, D. (1998). Art therapy in a socialization program for children with attention deficit hyperactivity disorder. *American Journal of Art Therapy*, *37*(1), 2–12.

Henley, D. (1999). Facilitating socialization within a therapeutic camp setting for children with attention deficits utilizing the expressive therapies. *American Journal of Art Therapy*, *38*(2), 40.

Hodes, M. (2002). Three key issues for young refugees' mental health. *Transcultural Psychiatry*, *39*(2), 196–213. http://dx.doi.org/10.1177/136346150203900206

Hollifield, M., Warner, T. D., Lian, N., Krakow, B., Jenkins, J. H., Kesler, J., et al. (2002). Measuring trauma and health status in refugees: A critical review. *Journal American Medical Association*, *288*(5), 611–621. http://dx.doi.org/10.1001/jama.288.5.611

Ivanova, A. (2004). Therapeutic art practices with orphan children in Bulgaria. *Art Therapy*, *21*(1), 13–17. http://dx.doi.org/10.1080/07421656.2004.10129324

Jones, C., Baker, F., & Day, T. (2004). From healing rituals to music therapy: Bridging the cultural divide between therapist and young Sudanese refugees. *The Arts in Psychotherapy*, *31*(2), 89–100. http://dx.doi.org/10.1016/j.aip.2004.02.002

Kira, I. A., Ahmed, A., Wasim, F., Mahmoud, V., Colrain, J., & Rai, D. (2012). Group therapy for refugees and torture survivors: Treatment model innovations. *International Journal of Group Psychotherapy*, *62*(1), 69–88, 101521ijgp201262169.

Koch, S. C., & Weidinger-von der Recke, B. (2009). Traumatised refugees: An integrated dance and verbal therapy approach. *The Arts in Psychotherapy*, *36*(5), 289–296. http://dx.doi.org/10.1016/j.aip.2009.07.002

Marsh, K. (2012). The beat will make you be courage: The role of a secondary school music program in supporting young refugees and newly arrived immigrants in Australia. *Research Studies in Music Education*, *34*(2), 93–111. http://dx.doi.org/10.1177/1321103x12466138

Malchiodi, C. A. (2008). Creative interventions and childhood trauma. In C. Malchiodi (Ed.), *Creative interventions with traumatized children* (pp. 3–21). New York: Guildford Press.

Mitchelson, M. R., Erskine, H. E., Ramirez, E., Suleman, F., Prasad-Ildes, R., Siskind, D., et al. (2010). BRiTA futures: A resilience-building program for children and young people from culturally and linguistically diverse backgrounds—Program description and preliminary findings. *Advances in Mental Health*, *9*(3), 243–254. http://dx.doi.org/10.5172/jamh.9.3.243

Möhlen, H., Parzer, P., Resch, F., & Brunner, R. (2005). Psychosocial support for war-traumatized child and adolescent refugees: Evaluation of a short-term treatment program. *Australian & New Zealand Journal of Psychiatry*, *39*(1/2), 81–87. http://dx.doi.org/10.1111/j.1440-1614.2005.01513.x

Mollica, R. F., Wyshak, G., de Marnette, D., Khuon, F., & Lavelle, J. (1987). Indochinese versions of the Hopkins Symptom Checklist-25: A screening instrument for the psychiatric care of refugees. *American Journal of Psychiatry*, *144*, 1567–1572.

Murphy, J. (2001). *Art therapy with young survivors of sexual abuse: Lost for words*. Philadelphia: Brunner-Routledge.

Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: Best practices and recommendations. *American Journal of Orthopsychiatry*, *80*(4), 576–585. http://dx.doi.org/10.1111/j. 1939-0025.2010.01062.x

Ncube, N. (2006). The tree of life project: Using narrative ideas in work with vulnerable children in Southern Africa. *International Journal of Narrative Therapy and Community Work*, *1*, 3–16.

Neuner, F., Schauer, M., Klaschik, C., Karunakara, U., & Elbert, T. (2004). A comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating posttraumatic stress disorder in an African refugee settlement. *Journal of Consulting and Clinical Psychology*, *72*(4), 579–587. http://dx.doi.org/10.1037/0022-006X.72.4.579

Ponteri, A. K. (2001). The effect of group art therapy on depressed mothers and their children. *Art Therapy*, *18*(3), 148–157. http://dx.doi.org/10.1080/07421656.2001.10129729

Rousseau, C., Benoit, M., Lacroix, L., & Gauthier, M.-F. (2009). Evaluation of a sandplay program for preschoolers in a multiethnic neighborhood. *Journal of Child Psychology and Psychiatry*, *50*(6), 743–750. http://dx.doi.org/10.1111/j. 1469-7610.2008.02003.x

Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2005). Evaluation of a classroom program of creative expression workshops for refugee and immigrant children. *Journal of Child Psychology and Psychiatry*, *46*(2), 180–185. http://dx.doi.org/10.1111/j. 1469-7610.2004.00344.x

Tyrer, R. A., & Fazel, M. (2014). School and community-based interventions for refugee and asylum seeking children: A systematic review. *PLoS ONE*, *9*(2), e89359. http://dx.doi.org/10.1371/journal.pone.0089359

Sampson, R., & Gifford, S. M. (2010). Place-making, settlement and well-being: The therapeutic landscapes of recently arrived youth with refugee backgrounds. *Health Place*, *16*(1), 116–131. http://dx.doi.org/10.1016/j.healthplace.2009.09.004

Saunders, E. J., & Saunders, J. A. (2000). Evaluating the effectiveness of art therapy through a quantitative, outcomes-focused study. *The Arts in Psychotherapy*, *27*(2), 99–106. http://dx.doi.org/10.1016/S0197-4556(99)00041-6

Slayton, S., D'Archer, J., & Kaplan, F. (2010). Outcome studies on the efficacy of art therapy: A review of findings. *Art Therapy: Journal of the American Art Therapy Association*, *27*(3), 108–118. http://dx.doi.org/10.1080/07421656.2010.10129660

Spinhoven, P., Bean, T., & Eurelings-Bontekoe, L. (2006). Inconsistencies in the self-report of traumatic experiences by unaccompanied refugee minors. *Journal of Traumatic Stress*, *19*(5), 663–673. http://dx.doi.org/10.1002/jts.20152

Strand, S. (1990). Counteracting isolation: Group art therapy for people with learning difficulties. *Group Analysis*, *23*(3), 255–263. http://dx.doi.org/10.1177/0533316490233006

Tibbetts, T. J., & Stone, B. (1990). Short-term art therapy with seriously emotionally disturbed adolescents. *The Arts in Psychotherapy*, *17*(2), 139–146. http://dx.doi.org/10.1016/0197-4556(90)90024-K

Vandiver, T., & Carr, M. (2003). Effects of instructional art projects on children's behavioral responses and creativity within an emergency shelter. *Art Therapy*, *20*(3), 157–162. http://dx.doi.org/10.1080/07421656.2003.10129576

Wertheim-Cahen, T., van Dijk, M., Schouten, K., Roozen, I., & Drožđek, B. (2004). About a weeping willow, a phoenix rising from its ashes, and building a house… Art therapy with refugees: Three different perspectives. In J. P. Wilson, & B. Drožđek (Eds.), *Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims* (pp. 419–441). New York: Brunner-Routledge.