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Musuk Viger Rojas, Alejandro Moran and Dominique Bourassa  
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# Classroom Drama Therapy Program for Immigrant and Refugee Adolescents: A Pilot Study

CÉCILE ROUSSEAU

*McGill University and Montreal Children's Hospital, Canada*

MARYSE BENOIT, MARIE-FRANCE GAUTHIER, LOUISE LACROIX, NÉOMÉE ALAIN, MUSUK VIGER ROJAS, ALEJANDRO MORAN, & DOMINIQUE BOURASSA

*Montreal Children's Hospital, Canada*

## ABSTRACT

**This evaluative study assesses the effects of a school drama therapy program for immigrant and refugee adolescents designed to prevent emotional and behavioral problems and to enhance school performance. The 9-week program involved 136 newcomers, aged 12 to 18, attending integration classes in a multiethnic school. Pretest and posttest data were collected from the students and their teachers. The self-report and teacher's forms of the *Strengths and Difficulties Questionnaire* were used to assess emotional and behavioral symptoms. At the end of the program, although there were no reported improvement in self-esteem or emotional and behavioral symptoms, the adolescents in the experimental group reported lower mean levels of impairment by symptoms than those in the control group, when baseline data were controlled for. Their performance in mathematics also increased significantly compared to that of their control peers. The findings suggest that the workshops may have an impact on social adjustment of recently arrived immigrants and refugees. This drama therapy program appears to be a promising way of working preventively and in a nonstigmatizing manner with adolescents who have been exposed to diverse forms of adversity, among which are war and violence.**

## KEYWORDS

*adolescents, adjustment, drama therapy, immigrant, prevention, refugee*

IN THE PAST few decades, emigration has become a way to flee countries where organized violence prevails, whether in the form of internal armed conflict or a repressive regime responsible for major social upheaval. As a result, many newly arrived children and adolescents, immigrants and refugees alike, have been exposed to violent

events in their homelands and, being socially disadvantaged, may remain in violent neighborhoods even after migration (Jaycox et al., 2002; Rousseau & Drapeau, 2004). Schools, which are the main point of contact between these adolescents and the host society, are in a key position to implement prevention programs based on ecological

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CÉCILE ROUSSEAU, PHD is an associate professor of psychiatry at McGill University and directs the Transcultural Child Psychiatry Research Team at the Montreal Children's Hospital. Her clinical work is with refugee and immigrant children, mainly in the area of trauma and psychosis, and she consults for health institutions and school boards. Her current research involves evaluation of programs for refugee children and adolescents in schools.

CONTACT: Cécile Rousseau, Director, Child Transcultural Psychiatry Team, Montreal Children's Hospital, 4018 Ste-Catherine Street West, K-107, Montreal (Quebec), H3Z 1P2 Canada. [E-mail: cecile.rousseau@muhc.mcgill.ca]

MARYSE BENOIT has been associated for 3 years with Cécile Rousseau's Transcultural Psychiatry Team at the Montreal Children's Hospital. She completed her PhD at Quebec University in Montreal. Interested in trauma and posttraumatic adjustment, she has coordinated research projects on posttraumatic stress at the National Center for PTSD in Menlo Park (California). She is pursuing her postdoctorate studies at McGill University.

MARIE-FRANCE GAUTHIER has a Masters degree in arts therapy from Concordia University in Montreal and has been working for many years with Cécile Rousseau in the transcultural psychiatry team of the Montreal Children's Hospital. Interested in prevention interventions, she is highly involved in the development of the theater activity. She is the director of the *Pluriel* team and is in charge of the clinical part of the drama therapy projects in high schools.

LOUISE LACROIX is art therapist and assistant professor in the Creative Arts Therapies at Concordia University, and clinician in a Transcultural Psychiatric Clinic. Her research interests are in the transcultural domain with immigrants and refugee children and adolescents. Her implications are to develop and implement creative expression workshops in multiethnic schools.

NÉOMÉE ALAIN is an art therapist and a social worker.

MUSUK VIGER ROJAS is a Peruvian-Canadian psychologist. He holds a Masters degree in clinical psychology from University of Montreal. Also interested in anthropology, he has been working for many years in ethnopsychiatry with immigrant families. He is part of the *Pluriel* team as a comedian and musician.

ALEJANDRO MORAN achieved his drama studies at the drama school of Fine Arts in Mexico City, and at Jacques Lecoq's *movement, mime and mask* school in Paris. He works as an actor and as a drama teacher in Mexico, France and Canada. He works with *Pluriel* at the Children's Hospital in Montreal and he is the artistic director of the *Ollín Teatro Transformación, playback* in Montreal.

DOMINIQUE BOURASSA is a comedian.

principles to enhance young people's ability to adapt to their new lives (Bolloten & Spafford, 1998; Rasco & Miller, 2004; Tolfree, 1996).

Building on the literature describing the usefulness of creative expression programs for immigrant and refugee children in clinical and community settings (Danev, 1998; Lopez & Saenz, 1992; Miller & Billings, 1994), a Montreal team composed of schools, community organizations and health professionals developed a set of prevention programs. Their aim is to help newly arrived children and adolescents bridge the gap between home and school, past and present, as well as to work through experiences of loss and trauma (Rousseau, Bagilishya, Heusch, & Lacroix, 1999; Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2005; Rousseau & Heusch, 2000; Rousseau, Lacroix, Bagilishya, & Heusch, 2003; Rousseau, Singh, Lacroix, Bagilishya, & Measham, 2004).

Through repeated qualitative evaluations, four key elements associated with the effects of the workshops were identified: Constructing a safe space, acknowledging and valuing multiplicity, establishing continuity, and transforming adversity (Rousseau et al., 2004). A quantitative evaluation of the elementary school program showed that it significantly increased children's self-esteem and decreased their level of emotional and behavioral symptoms (Rousseau, Drapeau, et al., 2005).

As part of this set of prevention programs, the program offered to adolescents in high schools is based on drama expression. Drama has a number of advantages over group discussion therapy for adolescents (Novy, 2003; Slusky, 2004) and this is particularly true for immigrant and refugee adolescents (Couroucli-Robertson, 2001): First, it facilitates the nonverbal expression that is so important to young people who have verbal limitations; second, it allows conflicts expression and an exploration of a variety of avenues that might lead to solutions to be acted out in a safe environment (Shuttleworth, 1981). For teenagers, theater is also a place where they can play with metaphors, and through them, step back from personal, family, and group experiences and make them their own (MacCormack, 1997). In a school setting, drama promotes social growth through noncompetitive activities that emphasize shared responsibilities and teamwork (McCaslin, 1981). Although most of these interventions have not been systematically evaluated, a randomized trial comparing an intervention using drama-group therapy to a curriculum-studies control and to a waiting list control suggests that the drama intervention is more efficient than the other modalities and that the effects sustained over a year-long follow-up period (McArdle et al., 2002).

Drama is a very specifically human experience. The ability to represent others, to transform oneself, to alter one's state of consciousness, are common features of otherwise quite different types of theater (Schechner, 1985). The opportunity to play with different or ambivalent identities is one of the keys to the transformative power of theater. This transformation of consciousness takes place within a ritual framework that ensures safety for all participants (Myerhoff, 1990) making it possible to hold the stories, images and emotions evoked. Ritual thus becomes at once a form of knowledge, a method of learning, and a way of acquiring a sense of agency (Brockett, 1977).

Playback theater is a type of improvisational theater whose goal is to achieve personal and social transformation through sharing experiences within a ritual space (Fox, 2000a, 2000b). By transforming the framework of time and space it introduces a distance from reality which facilitates the work around a shared intention based on the participant's awareness of a social and ethical responsibility. This may take place around a specific theme (i.e. racism, migration, inequality), or more broadly, a commitment to social justice. Playback theater is used in over 30 countries with different age groups in a variety of settings (schools, hospitals, workplaces, community centers). It borrows from Moreno's Forum Theater (Moreno, 1947) the desire to reach out to the silenced, the

isolated, those who define themselves, or are perceived, as different. It is also inspired by Boal's (1979) and Freire's (1970) wish to promote a position of subject for the marginalized and excluded, which can empower them to transform themselves and their environment. Thus, Playback theater, by acting out personal stories from contemporary society, shakes up or temporarily abolishes the established social structures in order to enable new relationships to emerge within the group (Fox, Muennich Cowell, & Montgomery, 1994).

This article presents the results of the quantitative evaluation of high-school drama therapy workshops for newly arrived immigrant and refugee adolescents that aimed to facilitate social adjustment, reduce emotional and behavioral symptoms, and improve self-esteem and school performance.

### **Description of the program**

The program is based on Augusto Boal's forum and Jonathan Fox's playback theater. It was developed gradually over a period of 3 years by the Transcultural Psychiatry Team at the Montreal Children's Hospital, in partnership with the creative arts therapies program at Concordia University and the French-language St. Luc High School in Notre Dame de Grâce, a multiethnic district in Montreal with a high proportion of recently arrived immigrants and refugees.

The goal of the drama therapy program was to give young immigrants and refugees a chance to reappropriate and share group stories, in order to support the construction of meaning and identity in their personal stories and establish a bridge between the past and present.

The drama project team, called *Pluriel*, is composed of two men and four women aged 20 to 55 from a variety of cultural backgrounds. They have training in psychology and/or creative arts therapies, as well as in the arts (music, visual arts, theater). All had prior experience of working with children and teens and were familiar with theater techniques, improvisation and therapy involving difficult psychosocial issues.

The workshop is part of the regular school day. The teachers are present and participate at will, by commenting or contributing a personal story for example. The students take part in nine weekly 75-minute sessions.

Within a safe and respectful atmosphere, a play director co-ordinates and contains the story told by an adolescent as it unfolds, while actors and musicians gather the information in order to play the story back to the teller and the group, sometimes as early as Week 2. Adolescents join in to play with the team. The stories told can be transformed and replayed through alternative scenarios developed by the group of adolescents. The idea is to alter the situation to empower the storyteller and the others, either by changing the meaning, building a relationship, or creating an opening or dialogue with others that was missing from the original story. This part of the workshop becomes a collective effort, focusing on cocreating a story or situation where the adolescents look for alternatives to their first reactions and strategies.

All the workshops are organized along the same lines over the 10 weeks, although student involvement and topic complexity often gradually increase as participants become more comfortable with the medium. Each week, the *Pluriel* team members introduce a topic by each relating a brief personal experience. The students are then invited to express their experiences or concerns on the topic using fluid sculptures, rants, pairs and other reflective techniques, which have been refined by playback and Boal's forum theater. Using sound, movement, and a few words, they rely mostly on images and work with metaphor to reflect the point of view and the feelings of the teller. For

example, the pairs technique is used to reflect a person's contradictory feelings, and the rants simultaneously reflect different points of view of the same situation or experience. They can help broaden the perception of a situation by representing a plurality of internal and external voices. The topics are broad and are presented in an open-ended way to prompt the exploration of ideas and feelings associated with key experiences, such as migration, families, moving from one culture to another, belonging, and not belonging. For example, participants are encouraged to talk about a situation that makes them feel good or in which prejudice or racism plays a role. Some topics lead to an exploration of power relationships, expectations, and other common constraints on young people. The last workshop deals with expectations of the future, hopes and dreams, and the worries that go along with them. A number of youth stories evoke experiences of adversity. Some speak, directly or indirectly, of the insecurity in the country of origin.

A youth from Sri Lanka recounted a story about his childhood:

He was 6 years old and had been left alone at home by his parents who warned him not to open the door. Someone knocked on the door. He did not want to open to the man he could see through the window. He tried to phone his father but did not succeed. He was terrified because of the stories he had heard about criminals entering the houses to steal and kill. He threw a chair in the window and hid under the covers in his bed. In the morning he heard his parents talking with the man he had been afraid of, who turned out to be a Canadian friend. 'He was not dangerous and gave me chocolate, but I had been so afraid'.

For this youth the most important feature of this story is the feeling of helplessness when he could not reach his father. In his memory, Sri Lanka is associated with terror and feelings of abandonment, while Canada evokes a more benign environment. For him, the storytelling and acting were associated with the sharing of strong emotions and subsequent relief. It appeared to be a form of working through premigratory and family issues. Other youth stories highlighted adversity in the host country.

A teenage girl from the Middle East shares with the class that she is afraid of her ex-boyfriend. After a brief period of dating, she broke off the relationship because she realized he was 'doing bad things'. He subsequently called her mother and even her brothers in the country of origin, accusing her of bad conduct. Her mother was worried and the rest of her family upset and angry with her. Her best friend seems not to take her seriously. She became quite sad during the storytelling and acting. The boys in the group showed solidarity and proposed to help, even if sometimes in inappropriate ways (suggesting to 'beat up' the ex-boyfriend). The teacher also was concerned and suggested different solutions. The girl felt supported and somehow protected. The intervention gave her story legitimacy and provided her both with a solidarity network and with a feeling of agency because the group believed in her capacity to defend herself and stand up in front of intimidation.

Once or twice during the program, or when participants seemed to be stuck or reticent to share stories spontaneously, sometimes because of the sensitivity of the topics, the team used a tool called a 'story house', developed by one of its members to address specific themes, such as violence or migration. Each participant writes a three-sentence story on a sheet of paper. The stories may stem from their own experiences, or things they have heard about; they may be either very close to or seemingly quite far removed from what they have experienced themselves. The stories are then posted around the

room and the participants vote on the ones they wish to see acted out. All of the stories remain posted throughout the session and it is emphasized that those not selected are just as important and meaningful as those that are.

One of the team's goals is to convey the story through the use of images and metaphors. The use of verbal language is limited in order to emphasize sound, movement, and rhythm. Youth rapidly become familiar with this means of expression and use the simple means available (colorful fabrics and music instruments) very effectively in their improvisations. For example, they may use a piece of red cloth to represent fire or blood as well as to dress up for a ball. To alleviate slightly the constraints of expressing oneself in host-country language students are encouraged to use their native language and the group follows the musicality and intonation of the voice, while translation is provided whenever peers or team members can help by interpreting. It is interesting, however, to note that while some emotions have to be expressed through their mother tongue, the teens often prefer to use a foreign language to create a distance from the emotional experience and decrease its intensity.

Qualitative evaluation suggests that the ritual nature of the drama therapy workshops provides a safe environment for the adolescents to express themselves. Witnessing the reenactment of their traumatic stories as well as their hopeful stories of resilience allows the adolescents to transform adversity directly, indirectly (by witnessing others) or metaphorically. The workshops empower the adolescents by emphasizing the strengths that stem from adversity and provide them with an opportunity, through the playback of their stories, to construct meaning and grieve some of the losses associated with their migration and premigration experiences (Rousseau, Gauthier, et al., 2005).

## Method

### Overview

Data collection occurred during the school year of 2003–2004. The drama workshops were held in five integration classes in a multiethnic high school in Montreal. Integration classes are attended by newly arrived refugee and immigrant youth to help them to learn French, the mainstream language in Quebec.

As opposed to other high-school classes, the integration classes have two main teachers, a French teacher with which the students spend most of their time and a mathematics teacher. The French teachers attached to these classes by the school at the beginning of the year were randomly assigned to the experimental versus control group. There were no exclusion criteria and all the students in the randomized classes were included in the pool of potential participants. Youth under the age of 18 gave written assent for participation as well as one of their parents or legal guardians. The ethical review committee of the Montreal Children's hospital approved all the procedures. Some 79.2% of the adolescents and their parents who were asked consented to the research and 8% of the participants in the initial sample dropped out during the course of the study because they changed classes or school. A total of 123 adolescents aged 12 to 18 took part in the whole study; 66 in the experimental group and 57 in the control group. Adolescents in the experimental group who did not consent attended the workshops, but no data were collected on them. Adolescents did not receive a monetary compensation for their participation.

### Pre and postassessment

Data were collected before and after the program. Project staff, composed of four research assistants from different cultural background and languages, distributed the

assessment questionnaires (described later) to the participants in the experimental and control groups. Participants sat apart from each other and were instructed to keep their response confidential. Project staff remained available to answer questions and assist with reading and comprehension difficulties. When the 9-week workshops were done, the participants in both groups were invited to repeat the assessment questionnaires. Teachers were also asked to complete the questionnaires at pre and postassessment.

### **Assessment questionnaires**

Emotional and behavioral symptoms were assessed with the *Strengths and Difficulties Questionnaire* (SDQ; Goodman, 1999) completed by the adolescents and by the teachers. This 25-item Likert scale was completed by the teachers and adolescents. The psychometric properties of the SDQ are good (Goodman, 2001). The SDQ has been translated into more than 20 languages and has been widely used in culturally diverse settings (Bourdon, Goodman, Rae, Simpson, & Koretz, 2005; Goodman, Renfrew, & Mullick, 2000). A choice of the French or English version was offered to the adolescents, but a version in their native tongue was available on request. The teachers received a French version. The SDQ also includes an impact supplement that enquires about symptoms in terms of chronicity, distress, social impairment, and burden for others. In our study, internal consistency of the self-report version was satisfactory, although not high, with Cronbach's alphas ranging from .53 for the total SDQ score at T1 and .73 at T2. The internal consistency of the self-report Impairment Impact Supplement was excellent ( $\alpha = .96$ ). Internal consistency of the teacher's version was also high ( $\alpha = 0.91$  at T1 and 0.90 at T2).

Self-esteem was assessed with the self-esteem scale (SES), a 10-item Likert scale (Rosenberg, 1965) ( $\alpha = .90$ ).

School performance was assessed on the basis of the first and the last report cards of the school year. The first report was issued in November, before the beginning of the program, and the last one was issued in June. We considered the grade point average (GPA) in mathematics and French, the two compulsory subjects in integration classes. It is to be noted that all the teachers were blind to the fact that school performance was part of the study assessment and that the mathematics teachers, who did not participate in the intervention, were also blind to the experimental versus control status of their students.

### **Statistical analysis**

The effects of the drama workshops on the young people's emotional and behavioral symptoms were assessed with univariate generalized linear models (GLMs). The statistical significance of the program was assessed with *t*-tests for the experimental status coefficient adjusted for the baseline measure of the outcome under study to control for the initial difference between the experimental and control groups. To gain a better understanding of gender differences, independent GLMs were also conducted for each gender. The fit of each model was checked by residual analysis.

## **Results**

Table 1 summarizes gender distribution, age and continent of origin of the adolescents. Most were from Asia, Eastern Europe, and South America. Continent of birth did not significantly influence the effect of the program and thus was not controlled for in the statistical analysis. The gender ratio was roughly equal in the control group, but there were more boys (60%) than girls (40%) in the experimental group. The mean age was



Table 1. Demographic characteristics

	Experimental	Control
	<i>n</i> = 66	<i>n</i> = 57
Gender		
Boys (%)	60	53
Girls (%)	40	47
Age		
Mean	15	14
SD	1.4	1.4
Origin (%)		
Asia	31	58
Eastern Europe	38	23
South America	22	14
Middle East	7.5	5
Africa	1.5	0

similar in both groups. At the moment of the study, 75% of the participants had been in Canada for less than a year, 15% for between one and two years, and 10% for more than two years. Regarding the immigration status at preassessment, 60% of the participants were permanent residents, 15% were refugees or waiting for a status, and 25% had no idea of their parents' status. The majority of the refugee participants were from Asia (53%) or South America (33%), while the majority of the permanent residents were from Eastern Europe (42%). At preassessment, the majority of the participants reported to understand well or very well French (68%) and/or English (56%).

To compare the emotional and behavioral symptoms of the two groups at baseline, independent *t*-tests were performed on the SDQ self-report and teachers' report scores. The *t*-tests showed that the mean self-report score was significantly higher at baseline in the experimental group than in the control group ( $t = 2.312$ ,  $df = 121$ ,  $p = 0.022$ ). No significant group differences were found in the teachers' reports at baseline.

Paired sample *t*-tests measuring the differences between baseline and postintervention (Table 2) and regression analysis controlling for group differences at baseline did not show significant differences at posttest between the experimental group and the control group with regard to emotional and behavioral symptoms reported either by the adolescents or their teachers.

However, paired sample *t*-tests (Table 2) and regression analysis controlling for group differences at baseline (Table 3) performed on the distress and impairment perception, as measured by the SDQ Impact Supplement, showed a significant effect of the intervention on the adolescents' perception of the impact of their symptoms on different aspects of their lives (general distress, home life, friendships, classroom learning, leisure activities, and total impact score). The participants in the experimental group reported less impact in all categories except learning at posttest, whereas those in the control group reported more impact on distress ( $t = -2.353$ ,  $df = 56$ ,  $p = 0.022$ ) and friendships ( $t = -2.191$ ,  $df = 56$ ,  $p = 0.033$ ), and a higher total impact score ( $t = -2.159$ ,  $df = 56$ ,  $p = 0.035$ ). No significant group differences were found in the teachers' reports.

Independent *t*-test analysis showed significant differences between the groups at baseline. Participants in the experimental group reported a greater impact than those in the control group for all categories. Thus, regression analysis controlling for the group differences at baseline (Table 3) showed that the therapy had significant effects on the

Table 2. Mean pre- and posttest SDQ scores for emotional and behavioral symptoms and impairment perception – paired sample *t*-tests

N = 123	Experimental			Control		
	Before	After	Paired <i>t</i> -test	Before	After	Paired <i>t</i> -test
Emotional and behavioral symptoms						
Self-report	13.30	13.23	.126	11.46	11.89	-.701
Teacher's report	6.38	6.05	.682	5.63	5.07	1.163
Impairment perception (Impact Supp.)						
Self-report						
Difficulties upset or distress me	1.15	.82	2.462*	.58	.93	-2.353*
Interfere with home life	1.08	.68	3.089*	.53	.82	-1.839
Interfere with friendships	1.26	.80	3.363**	.53	.84	-2.191*
Interfere with classroom learning	1.12	.83	1.754	.61	.91	-1.720
Interfere with leisure activities	1.00	.65	2.789*	.51	.82	-1.818
Total impact score	5.61	3.79	3.085*	2.75	4.33	-2.159*
Teacher's report						
Difficulties upset or distress adolescent	1.29	1.27	.116	1.09	1.18	-.697
Interfere with friendships	1.21	1.21	.000	1.12	1.25	-.828
Interfere with classroom learning	1.45	1.44	1.21	1.39	1.44	-.394
Total impact score	3.95	3.92	0.093	3.60	3.86	-.718
Self-esteem	28.77	28.68	0.173	28.72	28.68	0.075

\*  $p < 0.05$ ; \*\*  $p < 0.01$ .

Table 3. Effects of drama therapy program on distress and impairment perception<sup>a</sup>

N = 123	Beta	<i>t</i> -test <sup>b</sup>
Self-report		
Difficulties distress me	-.183	-2.289 (.024)
Interfere with home life	-.183	-2.192 (.030)
Interfere with friendships	-.187	-2.310 (.023)
Interfere with classroom learning	-.120	-1.404 (.163)
Interfere with leisure activities	-.172	-1.988 (.049)
Total impact score	-.194	-2.378 (.019)
Teacher's report		
Difficulties		
Distress adolescent	.009	.113 (.91)
Interfere with friendships	-.038	-.472 (.637)
Interfere with classroom learning	-.017	-.257 (.798)
Total impact score	-.021	-.276 (.783)

<sup>a</sup> Regression coefficient for experimental status (exp. = 1; cont. = 0) after controlling for baseline value of outcome. <sup>b</sup> *t* statistic (*p* value in parentheses) for test of significance of regression coefficient.

perception of distress ( $\beta = -.183$ ); on the perception of impairment of home life ( $\beta = -.183$ ), friendships ( $\beta = -.187$ ), and leisure activities ( $\beta = -.172$ ); and on the total impact score ( $\beta = -.194$ ).

Additional statistical analyses considering immigration status and length of time since the participants' arrival showed no differential effect on the symptoms at baseline or on the response to the intervention. However, paired sample *t*-test analysis revealed a

gender effect on the perception of impairment and distress: Girls in the experimental group showed a significant decrease on the total impact score ( $t = 3.781, df = 25, p = 0.001$ ), whereas boys in the control group showed a significant increase on the total impact score ( $t = -2.309, df = 29, p = 0.028$ ) (Figure 1). No age effect was observed.

With regard to self-esteem, paired  $t$ -test analysis did not show significant differences within groups between pre and post assessment. Independent  $t$ -test analysis did not show between group differences at baseline.

With regard to school performance (Table 4), paired sample  $t$ -test analysis comparing the first and last report cards of the school year showed a significant difference in oral expression for both groups (experimental group:  $t = -4.022, df = 62, p = 0.000$ ; control group:  $t = -3.607, df = 55, p = 0.001$ ) and a significant improvement in mathematics for the experimental group ( $t = -2.890, df = 62, p = 0.005$ ). Although independent  $t$ -tests did not show significant group differences at baseline, the GPAs in French (including oral expression) and mathematics were higher in the experimental group than in the control group at baseline. Regression analysis controlling for group differences at baseline confirmed significant posttest differences in mathematics GPAs between the experimental and the control group ( $\beta = -.167$ ). No significant improvement was reported in either group between the first and the last report cards with regard to overall French results.

Further paired sample  $t$ -test analysis showed a gender effect on improvement in the GPAs for French and mathematics. Figure 2 illustrates a bigger improvement on both measures for the boys in the experimental group than for those in the control group. Specifically, the boys in the experimental group showed a significant improvement in their French ( $t = -2.708, df = 36, p = 0.01$ ) and mathematics results ( $t = -2.836, df = 36, p = 0.007$ ) between the first and the last report cards, while the boys in the control group did not (French:  $t = -.420, df = 27, p = 0.678$ ; mathematics:  $t = -0.938, df = 26, p = 0.357$ ). Regression analyses controlling for group differences at baseline were not significant.

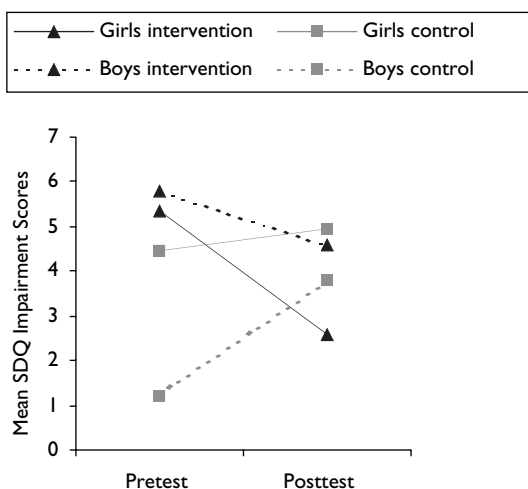


Figure 1. Gender differences on mean pre and posttest SDQ total impact scores.

Table 4. School performance as measured by GPAs on first (November) and last (June) report cards of school year – paired sample t-tests

	<i>Experimental</i>			<i>Control</i>		
	<i>First</i>	<i>Last</i>	<i>Paired t-test</i>	<i>First</i>	<i>Last</i>	<i>Paired t-test</i>
Oral expression	4.27	5.21	-4.022*	3.77	4.82	-3.607*
French (total results)	16.98	17.81	-1.482	15.73	16.70	-1.281
Mathematics	4.35	4.94	-2.890*	3.96	3.91	.185

\*  $p < 0.05$ .

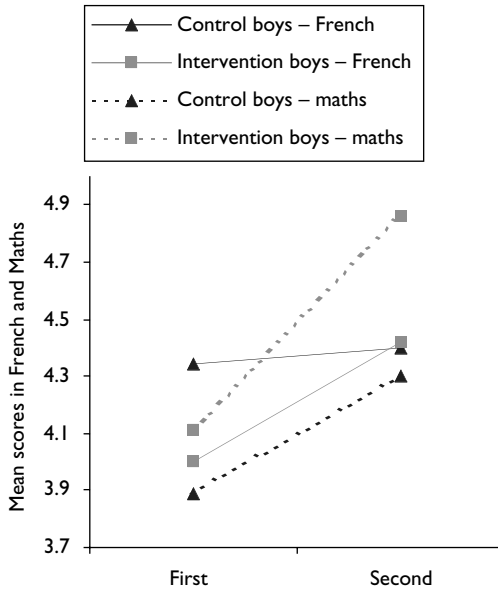


Figure 2. Differences in boys’ French and mathematics GPAs between first and last report cards.

### Discussion

Although the drama workshops do not have a direct effect on symptoms reported by adolescents or teachers, they do significantly decrease the adolescents’ overall perception of impairment by symptoms and decrease the symptoms’ interference with friendships, home life, and leisure activities.

Impairment is an inherent component of most childhood diagnoses, and in particular of posttraumatic stress disorder (American Psychiatric Association [APA], 1994). However, in the field of trauma studies, researchers have frequently focused more on the number of symptoms than on how these affect everyday life (Eyber & Ager, 2004). In the literature on refugees, a noticeable gap between symptoms and social adjustment in traumatized and yet well functioning adolescents is often reported, indicating that in spite of adversity, they are able to adapt to their new lives (Mollica, Poole, Son, Murray, & Tor, 1997; Sack, 1999; Tousignant et al., 1999). The decrease in impairment observed suggests that the drama workshops may consolidate the adolescents’ adaptation to their new milieu and may be a good strategy to help them cope with the challenges of

reconstruction, even though there is still some emotional turmoil associated with this adjustment period.

It is to be noted that, in this study, refugee children did not report more symptoms than their migrant counterparts. A recent study in Montreal (Rousseau & Drapeau, 2004) shows that premigratory traumatic experiences are as common and are associated with as much symptoms in migrant and refugee families in Quebec in the last decade. This shift in profile of immigrant, from economic migrant to political migrant, may be responsible for this absence of difference observed.

The workshops also improved school performance, especially in mathematics, indicating that the subjective self-reported perception of decreased impairment is also associated with an objective improvement in functioning in some domains. As expected in a welcoming class, oral French expression also improved significantly in both experimental and control groups during the year. The improvement seemed more important in the experimental group, although it was not statistically significant, probably because of the limited sample size.

Interestingly, this positive change was not reflected in the teachers' reports. In focus groups, teachers from the experimental group (and their colleagues in the qualitative assessment) (Rousseau, Gauthier, et al., 2005) spoke of the perceived benefits of the therapy and the fact that the workshops made them realize the past experiences and the present distress of many of their students. It is possible that the progress they emphasized in the focus groups was not reflected in their posttest SDQ reports because their increased awareness of the adolescents' emotional state made them more conscious of symptoms and their impact.

The therapy appears to act differently in boys and girls: It is associated with a decrease in impairment for girls, while it appears to prevent its increase in boys. The effect on academic performance, however, is more significant in boys in the experimental group, who improved both in mathematics and in French. These differences in effects, which were also observed in the evaluation of the elementary program (Rousseau, Drapeau, et al., 2005), are a good reminder of the necessity to consider the specific needs of both genders when developing such programs and assessing them with a variety of indicators.

Surprisingly the intervention had no measurable effect on self-esteem, in spite of the subjective evaluation of the youth documented through the qualitative evaluation in which the youth underlined that the intervention helped them to know more about themselves and to feel better. This absence of effect may be a sign of limited transcultural validity of the self-esteem scale or an indication that the youth subjective evaluation could have been dictated by the desire to please the interviewers and the intervention team.

This study has a number of limitations. First, the evaluation was limited to short-term effects and did not include a longer-term impact measure because of the difficulty of following the participants after they had moved to another class or school. Second, teachers were not blind to experimental versus control status. Third, the relatively low Cronbach's alpha of the SDQ raises some concerns about the need to further validate its transcultural use. Because it is applied to a limited number of units (classrooms), randomization in this study did result in significant differences among groups, with the experimental group displaying significantly more symptoms and impairment than the control group. In spite of these differences, the directionality of change supported the hypothesis of program effectiveness.

When these limitations are taken into account, our results provide preliminary evidence that drama workshops may help adolescent newcomers through their adjustment process. The program appears to be a promising way of working preventively and

in a nonstigmatizing manner with young people who have been exposed to war and violence, by providing a metaphorical space where trauma and loss can be expressed and transformed.

More research is needed to replicate these results, evaluate the medium- and long-term impact of the workshops, determine the optimal moment for this type of preventive intervention and envision their potential usefulness in the regular curriculum of schools that receive newly arrived immigrants and refugees.

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