Article

A Multi-centre Randomized Control Group Trial on the Use of Art Therapy for Older People with Dementia

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The principal aim of this study is to evaluate the immediate and long-term effects of art therapy for older people with dementia, specifically to test the premise that participation in art therapy groups effects significant positive changes in mood and cognition both immediately within sessions and later outside the sessions to impact behaviour in the day care/residential care setting. The broader aim is to provide an evidence-based evaluation about the use of art therapy for older people with dementia. In order to isolate the impact of art therapy we compared art therapy groups with activity groups that do not have emotional expression as a central purpose.

Key words: dementia, randomized control trial, art therapy, groups, older people

Introduction

In the last decade there has been a growing awareness of the need to address the issue of improving quality of life for people with dementia. Significant individual differences in the way that dementia manifests itself has complicated the development of a comprehensive care strategy for clients using residential or day centre services. In addition to the cognitive and neurobiological deficits associated with dementia (impaired memory, language and reasoning) the concomitant emergence of depression, anxiety, and personality changes may further erode quality of life (Burns et al.

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2002; Landes et al., 2000). Impaired cognitive resources for people with dementia underpin difficulties in preserving a sense of personal identity and self-esteem. Impaired memories, communication and social skills make inter-personal relationships difficult to sustain. Social isolation and compromised social networks are sometimes regarded as an inevitable consequence of disease expression (Kitwood, 1997; Woods, 2001).

In general, approaches to dementia care are widening to include psychosocial interventions in an attempt to improve quality of life for adults with dementia (Ballard et al., 2001; Marshall and Hutchinson, 2001; Pini, 1996). Specifically, psychotherapists who use primarily art, music and drama are increasingly required to work with this client group (Doric-Henry, 1997; Saunders and Saunders, 2000; Waller, 2002). Case study reports of art or music therapy with this client group have noted a positive impact on emotional adaptation and sociability (Kamar, 1997; Kydd, 2001; Wald, 1993), and on specific areas of cognitive functioning, e.g. language (Brotons and Koger, 2000). Related research also indicates that sensory stimulation may effect short-term benefits for people with dementia (Baker et al., 2001) on measures of mood, behaviour and speech skills during and after sessions (both in day centre units and at home). However, these improvements were not maintained at one-month follow-up. In general there is little adequately controlled, systematic, evidenced based research conducted on the use of art, drama or music therapy with this particular client group. The choice of art therapy as the focus of this research is both opportunistic and timely. To date there are no reported longitudinal, control group studies on the value of group participation in art therapy for people with dementia.

Study Outline

A total of 45 patients with diagnosis of mild to severe dementia were randomly assigned to art therapy or activity groups (with a maximum of six participants per group). Groups met for one hour each week for 40 successive weeks. Standardized measures of cognition, depression, behaviour, sociability, well-being and mood were taken at six assessment points (at baseline, ten, 20 and 40 weeks into group work, with one and three months follow-up). The immediate impact of group involvement on mental acuity, physical involvement, calmness, sociability, cooperative and anti-social behaviour were also

systematically recorded at the end of each session. Qualitative data was also collected but is only referred to briefly in this article in the form of two vignettes. The aim is to indicate the interactions between patient and art work as an example of the art psychotherapy process. This qualitative analysis will be reported in a separate publication.

Over 40 weeks significant positive effects were observed within-session for participants in art therapy groups on measures of mental acuity, physical involvement, calmness and sociability. For the recreational activity groups, positive group changes were also found, but improvements were limited to the first 15/20 weeks of attendance. On cessation of sessions, increased depression scores were reported for art therapy clients, which dissipated by three-month follow-up. No similar changes were observed for activity groups.

The results of this study imply that art therapy and recreational activity group work are beneficial and appropriate interventions for older people with dementia. However, the indications are that art therapy has a subtle, more pronounced and durable positive effect across time.

Method

1) Participants

Eighty-four volunteers were invited to participate and assessed for eligibility in this multi-centre, randomized, control group design study. Thirty-nine did not meet the inclusion criteria. Forty-five people with dementia who met inclusion criteria were included. Inclusion criteria were diagnosis of dementia (mixed origin), attendance at day care or residential facility, previous diagnosis by consultant psychogeriatrician, confirmatory diagnosis from medical records. Exclusion criteria were additional psychiatric disorders. The diagnostic profile of the group was probable dementia of the Alzheimer type (N = 18; 11 females), multi-infarct dementia (N = 19; 13 females,) and unspecified dementia (N = 8; 7 females). The average age of women was 84.05 years (range 74–92), men 80.33 years (range 67 = 92).

Baseline cognitive assessment of participants reported a range of cognitive ability using the Mini-Mental State Exam (MMSE) (Folstein et al., 1975). Scores on this assessment range from 0–30, where lower scores indicate higher level of cognitive impairment. Cut-off scores (Tombaugh and McIntyre, 1992) are: 18–26 mild (N = 4), moderate 10–17 (N = 8) and severe 0–16 (N = 33). The

National Adult Reading Test (Nelson and Willison, 1991) was administered at baseline as a pre-morbid measure of IQ. The mean IQ score for people able to complete the NART (N = 20) was 83.08 (range 79–108).

All participation was voluntary and all participants (patients, relatives or management personnel) had the right to withdraw at any time. Written consent was obtained from the next of kin or where there was no designated next of kin, an advocacy worker from the local branch of MIND. The guidelines of the Medical Research Council (1993) regarding consent to participate were followed by monitoring clients' words or actions before, during and after group activity. The Local Area Health Authority and Sussex University Ethics Committees gave ethical approval for the project.

Procedure

Centres to host the research programme were selected on specific criteria: openness to research with this client group and willingness to commit staff and resources for an extended time period. Other considerations were the number of clients with dementia available to participate and an adequate, safe space to conduct an art or activity group. Centres represented a cross section of the type of local facilities available for people with dementia. They included a day resource unit within a local hospital, a privately owned rest home, a rest home run by a company contracted under social services and a resource centre funded by social services. Clients were either day users or in long term care.

Art therapy and activity groups took place in parallel in each centre, on the same day at the same time each week. Each group comprised an art therapist (AT) or occupational therapist (OT), an assistant, and up to six clients. All therapists and assistants attended induction meetings where the research protocol was outlined. Handbooks outlining the research protocol were prepared and distributed. Following standard practice, art therapists were given minimum of fortnightly supervision sessions with the senior AT (DW). Similar supervisory sessions with the Research Psychologist (LS) were offered to the OTs but were not taken up. All assistants worked under the guidance of the therapists and attended regular supervision sessions with the psychologist.

For the art therapy groups, a group-interactive, psychodynamic approach was employed (Waller, 1996). A variety of art materials

were presented for use within the sessions. For the activity groups, a selection of recreational activities was made from a range currently in use in different centres in the locality. OTs were instructed not to use any formal occupational therapeutic methods or any form of art and craft work in the activity groups.

Participants were randomly assigned to art therapy (experimental) or activity (control) groups with a maximum of six per group. Random allocation was based on participants' ID numbers being drawn by chance. Groups met for one hour per week over 40 weeks. Standardized measures of memory and cognition were conducted by the psychologist with patients on an individual basis. Measures of depression, mood, sociability and physical involvement as rated by patients' key workers under interview with the psychologist were taken at six assessment points: baseline (prior to group work); then at ten; 20; and 40 weeks into group work, with two follow-up assessments at one and three months. Within-session changes in mood, mental acuity, physical competence, sociability, anti-social, cooperative and agitated behaviour were completed by therapists at the end of each session and were not referred to again. No comparison scores were made between sessions.

Measures

Outside session measures

Cornell Scale for Depression in Dementia (CSDD) The CSDD (Alexopolous et al., 1988) is a 19 item observational scale based on each participant's behaviour in the week prior to completion. High scores indicate increased depressive symptomology.

The Multi Observational Scale for the Elderly (MOSES) The MOSES (Helmes, 1988) is a 40 item scale based on behaviour in the week prior to completion and scores five separate factors – (1) self-care functioning (grooming, mobility etc.); (2) disoriented behaviour; (3) depressed/anxious mood; (4) irritable behaviour; and (5) sociability and withdrawn behaviour. Increased scores indicate decreased competence.

The Mini-Mental State Exam (MMSE) The MMSE (Folstein et al., 1975) was used as a brief indicator of cognitive status. Scores range from 0–30; lower scores indicate higher impairment.

The Rivermead Behavioural Memory Test (RBMT)
Two sub-tests of the RBMT (Wilson et al., 1985) were used to assess short-term memory – confrontation naming, delayed recognition for simple line drawings and prospective memory – the appointment task.

Tests of Everyday Attention (TEA) Two sub-tests from the TEA (Robertson et al., 1994) were used to assess sustained auditory attention (the elevator counting task) and sustained visual attention (the map task).

Benton Fluency Task This test of verbal fluency requires subjects to generate as many words as possible beginning with a particular letter of the alphabet (letters F, A or S) within a time limit of 60 seconds. (Benton and Hamsher, 1989)

Within Session Measures

Bond-Lader Mood Scale The original visual analogue scale for subjective ratings of mood changes (Bond and Lader, 1974), involves 16 bi-polar scales (for example, alert – drowsy). Four behaviours, mental acuity, physical involvement, calmness and sociability are assessed. Therapists were asked to rate client mood changes within sessions using the midpoint on the bipolar scale to indicate no change.

Cooperative, agitated behaviour or anti-social within sessions were assessed using subsets of questions from: Skill Builders (Mulvey, 1999), Clifton Assessment Procedures for the Elderley (CAPE) (Pattie and Gilleard, 1979) and the Rating Scale for Aggressive Behaviour in the Elderly (RAGE) (Patel and Hope, 1992).

Time Spent in Group
The time of entry and exit of each participant for each session was recorded and the total time spent in sessions calculated.

Statistical Analysis
Data from each of the dependent measures were subjected to Analysis of Variance (ANOVA) with group (art therapy/recreational activity) as a between-group measure and time of assessment

(0, 10, 20, 40, 44, 56 weeks) as a within subject variable. Where interactions were significant, one-way analyses by group were completed, using ANOVA and matched sample t-tests to explore effects of time.

Role of Funding Source

The study sponsor had no role in study design, data collection, analysis, interpretation or write-up.

Results

Out of the 45 participants recruited, 21 completed the project through nine months of group work, one and three-month follow-up. Ten participants died, five participants moved away and nine had incomplete data. Remaining participants were assessed at all six assessment points and attended the majority of their allocated group sessions. Only data from this group are reported here.

Quantitative Analysis

Outside Session Changes

Depression scores from the CSDD (see Table 1 for means and standard deviations) were analyzed using ANOVA, with group (art therapy versus activity) as a between-subjects variable and time of assessment (baseline, 10, 20, 40, one and three month follow-up) as repeated measures. At the outset the art therapy group had higher mean CSDD scores than the activity group ($F(1,19) = 8.65$, $p < 0.01$). There was a main effect of time ($F(5,95) = 4.36$, $p < 0.01$) qualified by a group x time interaction ($F(5, 95) = 2.00$, $p < 0.01$). Comparisons of means indicated that the art therapy group showed significantly increased CSDD scores at week 40, relative to baseline and week 20 assessments ($p < 0.05$). The activity group showed no change over time.

Scores on the Multi-factorial Observational Scale for Elderly Subjects (MOSES) behavioural rating scale were analyzed separately for each factor using ANOVA with group and time of assessment as factors. No group, time or interaction effects were found for any factor except anxious/depressed mood where main effects of group ($F1,19) = 7.16$, $p < 0.05$) and time ($F(5,95) = 2.29$, $p < 0.05$ were reported. Further exploration of the data reported a significant increase in anxious/depressed mood for the art therapy

TABLE 1
Cornell Scale for Depression in Dementia: Art and Activity Groups' Mean Scores

Time	Baseline	10 wks	20 wks	40 wks	44 wks	56 wks
Art group						
Mean	6.33	5.67	5.33	12.22	6.56	7.56
(Standard deviation)	(6.28)	(4.36)	(5.48)	(6.30)	(3.61)	(5.50)
Activity group						
Mean	4.75	3.17	2.08	4.58	4	3
(Standard deviation)	(3.84)	(3.01)	(1.97)	(3.77)	(4.28)	(3.13)

*Increased scores indicate increased depression

group between baseline and the 40-week assessment (paired sample t-tests, $p < 0.01$) mirroring the change in the CSDD over the same time period.

Independent samples t-tests reported no differences between groups on the MMSE on study entry (AT mean 11.26, activity mean 8.93 $p < 0.05$) and no group differences ($F(1,11) = 0.39$, $P < 0.05$) or change over time ($(5,55) = 0.38$, $p < 0.05$). There were no group differences or changes over time reported for any of the measures of cognition, memory or attention (RBMT, FAS or TEA).

Within Session Changes

Mean time spent in sessions for members of the art therapy and activity groups was comparable ($F(1,19) = 0.20$, $p > 0.05$) (46.2 minutes and 44.4 minutes, respectively).

Data for the Bond Lader Mood Scale was collapsed across five week time bins and each of the four factors was subjected to ANOVA, with group as a between subject factor and time as a repeated measure. For each of the four factors, main effects of group were qualified by interactions between time and group (mental acuity: $F(7, 133) = 9.39$, $p < 0.01$; physical involvement: $F(7,133), = 8.22$, $p < 0.01$; calmness: $F7,133) = 5.09$, $p < 0.01$; and sociability: $F(7,133) = 7.5, p < 0.01$) (see Figures 1,2,3 and 4).

To explore the interactions, paired sample t-tests were conducted on data from each group separately (art and activity) comparing scores at baseline and 40 weeks. For the art therapy group, scores increased over time, with all four factors showing significant positive changes between the first five and the last five weeks of group work (all p values < 0.05). For the activity group there were also significant changes on these comparisons (all p values $p < 0.05$) but scores decreased (reduced mental acuity, sociability, calmness and decreased physical involvement).

Co-operative behaviour increased over time for both groups ($F(7,133) = 5.71$, $p < 0.01$), with no group differences. On assessment of agitated and anti-social behaviour within sessions, scores were at floor and did not change over time. No other measures reached significance.

Qualitative Analysis

Qualitative data was also gathered by the art therapists in the form of systematically produced process notes for each of the patients,

FIGURE 1
Art and Activity Groups' Mean Scores of Mental Acuity

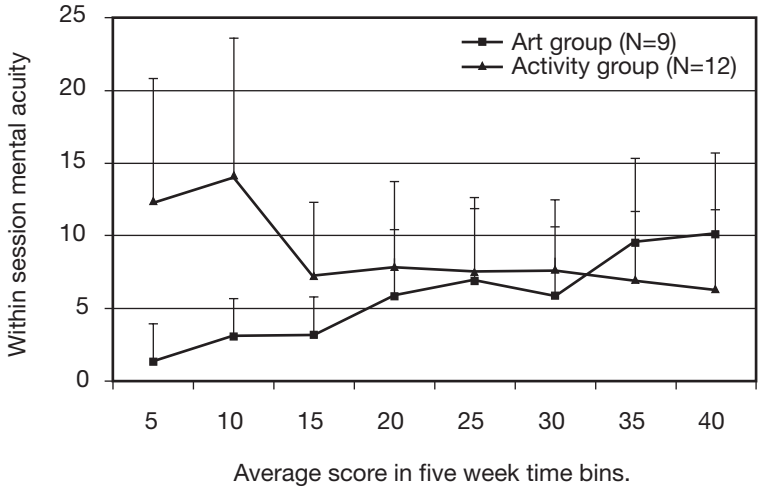


FIGURE 2
Art and Activity Groups' Mean Scores of Physical Competancy

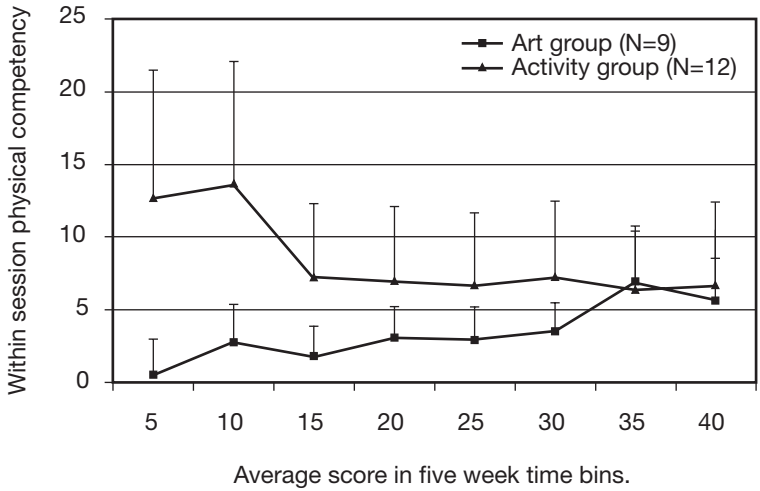


FIGURE 3
Art and Activity Groups' Mean Scores of Calmness

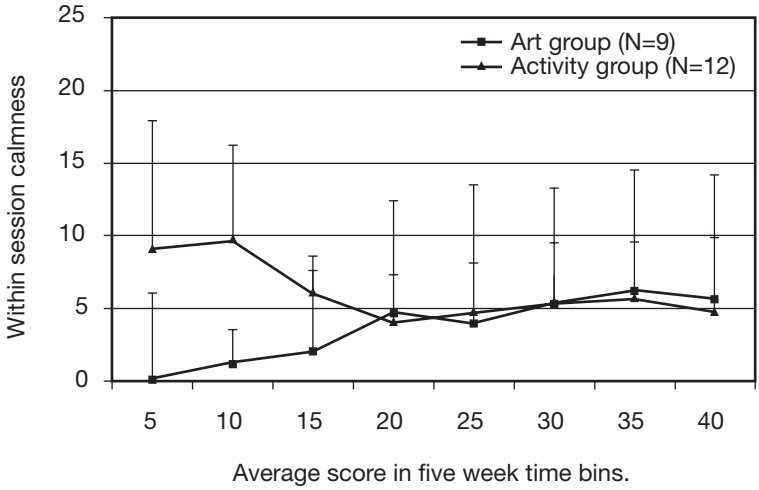
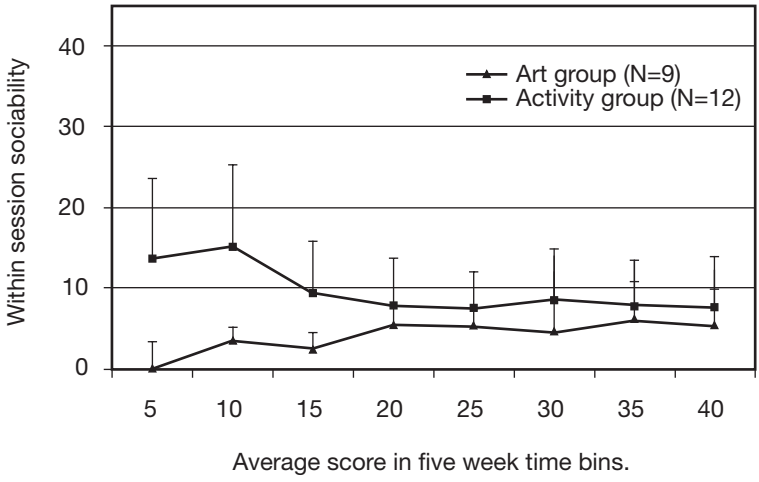


FIGURE 4
Art and Activity Groups' Mean Scores of Sociability



commenting on individual responders, group dynamics, significant institutional features. In addition, each piece of art-work was collected, dated and photographed for analysis in conjunction with process notes. Two brief vignettes are included in this article illustrating some of the interactions between patient and art-work as an example of the art psychotherapy process. This qualitative analysis will be reported separately. However, two case study vignettes are included here to indicate some of the processes involved in the art therapy groups.

Case Vignette 1

HH regularly attended the art therapy sessions, despite initial difficulties in deciding what to draw. He seemed compliant and eager to please, but expressed surprise when the art therapist wanted to keep his work. Although he often said he hadn't a clue what to do, he drew a dog with some dexterity, and on the following week returned to the drawing and shaded it in. HH's dog was interesting to some of the other patients. He said that it was a terrier with a big head, similar to one that died of old age. The dog looked quite aggressive. HH said that it bites and barks loudly, saying 'woof'. He became despondent when he couldn't get the head right and declared that he was no good at drawing. But he persevered and by colouring in with pencil, made the dog softer and furrier. On the third week, HH was feeling ill, with chest pains. Nevertheless, he attended, chose charcoal and explored this medium. His drawing was shakier and cruder than that of the dog. He said the drawing was of himself, then later of a 'young man' with a lot of black hair. This led HH to recall that both he and his brother started to lose their hair at age 14. He didn't complete the drawing and was at a loss to know what to do for the rest of the session. On the fourth week a female patient gave him her clay. He was worried about making a mess but started to play with the clay, remarking that his arthritis made it hard for him to handle it. He produced a male figure, calling it 'Noah' and was preoccupied by trying to get it to stand up. Eventually he accepted that it had to remain lying down. It looked squashed, as if dropped from a great height. He was frustrated with his efforts, but the process of making these images led him to be more open about his relationship with the rest of the group members. He sought reassurance about the quality of what he was producing, needing to be accepted for himself, despite his frailty and lack of skill (as he perceived it).

Case Vignette 2

BB was a resident at one of the centres. He was quiet and thoughtful and at the start of the groups was stuck. He tried using pencil but couldn't make any marks due to his hands shaking. By the end of the first session he was trying out the paints. His images were very small and detailed, including a flower in red, blue and green. He was happier using paint and colour. BB said very little, but had plenty of eye contact

with the female assistant. He did not acknowledge the art therapist. In the second session this changed: he was bright and chatty and sat near to the art therapist, making a lot of eye contact with him. He was, however, anxious and didn't know what to do, asking the assistant what she was going to do. He commented that the art therapist didn't seem to know what to do either. Towards the end of the session, he became interested in the birds outside, commenting on the types he had seen and lamenting the fact that he used to be able to name them. This was a difficult session for everyone, due to a last minute change of room, which was smaller and quite claustrophobic for everyone. In the next session, BB and a female patient (H) were looking at magazines provided for collage. H was making derogatory remarks about the art therapist, pointing out the pictures of naked or scantily clad women, laughing and joking. H tried to draw BB into this, but he remained quiet and withdrawn and a bit agitated. The art therapist reminded him about the 'birds' he had talked about in the last session and he became animated describing 'black and white ones hopping about and getting tangled up in the trees'. He did not wish to draw, though. It felt to the art therapist that BB himself felt tangled up, and trapped.

In later sessions, BB explored the clay, working confidently and enjoying himself. He made a life sized model of a rat, with tail, whiskers and other details. He was pleased with this model and showed it around to the other group members. He was anxious that it be kept safe. He continued in subsequent sessions, making bigger, detailed models, including a 'kind of dog with a flat nose'. This gave him a lot of pleasure and amusement. He remembered the models from one week to the next.

Some groups later, he was upset, talking about his wife not coming any more, that she was dead. His wife had encouraged and supported him and he missed that. However, he took comfort from nature, and said that he enjoyed 'making lots of models for children.' It seemed as if the clay models were giving him some purpose and enjoyment in an otherwise bleak situation.

Discussion

The aim of this study was to test the premise that participation in art therapy groups could produce significant positive changes in mood and cognition for older people with dementia. Furthermore, that those changes could extend beyond the therapeutic environment and impact on behaviors in the broader day care/residential care setting.

On the first of these counts, group data has shown that over 40 weeks of therapy, art therapy participants showed session-to-session cumulative changes in measures of responsiveness. Mental acuity, sociability, calmness and physical engagement within art therapy sessions increase on a slow, upward, linear trajectory. The group work, which began with apprehension and low levels of interest, concluded with a significant and marked engagement of participants within the group. This cohesion was further evidenced by increased depression scores coincident with the end of 40 weeks of art therapy. The positive effects of continued participation in the art

therapy programme contrasted with the effects of a comparable programme of non-specific, recreational activities. For the recreational activity group, we see a short-term improvement in responsiveness demonstrated by a steep positive change over the first 10–20 weeks of the programme. However, this is not maintained, and is followed by a similarly steep decline in engagement with a flattened response in the second half of the programme (at a level lower than baseline measures). Thus, the comparable test of change between baseline and 40 weeks for the recreational activity participants produces a significant negative change over time.

The results are particularly compelling, since each factor is a composite outcome from four component scales, independently completed for each session, and without reference to previous ratings. The data project a picture of increasing response to the session environment, with more positive engagement in each session for the art therapy group and less positive engagement for the recreational group.

A possible explanation of the results is that they reflect a subjective bias on the part of the facilitators, with the art therapists anticipating and reporting more positive outcomes from their clients as the weeks passed. If this was the case, evidence of an equally positive bias would be represented by the OT's facilitating the activity groups. The data would also reflect polarized scoring, with more positive or negatives scores systematically recorded; this was not the case. Secondly, in a pilot study involving the same team, we collected parallel assessments of within-session measures from the facilitators and a within-session observer. The assessments were made independently, and inter-rater reliability proved to be high (Sheppard et al., 2000). The same therapists were involved in this study, as highly experienced and objective in their use of the scales. The decision to secure a single rater assessment in the present study was driven by the size of the data-processing task associated with the analogue scales for such a large number of participants over a 40 week programme and the lack of advantage reported within the pilot.

With regard to the second aim – demonstration of the broader impact of therapy on behaviour outside of sessions – we were disappointed by the lack of objective measures of group change. At outset clients in both groups were relatively low on measures of depression, and scope for 'improved' scores over time was limited. The cognitive measures equally failed to reflect any change over

time. However, key workers frequently volunteered anecdotal evidence of observed changes in social and communication behaviour for individuals from both group activities that were not picked up by our measures. We therefore believe that for all volunteers the effects of group participation did carry behavioural change into the centre environment. Evidence included changes both in recognition of group members outside of sessions and better person-to-person communication between clients and carers. It is clear that our standardized measures were simply not sensitive enough to capture the change reported by centre staff.

These 'added value' effects of therapy are clearly relevant to decisions on service provision. However, establishing an environment that facilitates emotional expression may create both practical and psychological problems for those involved in the care of people with dementia. Recognition, however, of the longer-term benefits of encouraging emotional expression in the client, and the recognition of 'personhood' which this implies, are aspects of care provision which need to be addressed more directly.

Future work is required using more sensitive measures of behaviour change than those reported here, without sacrificing the objective, standardized criteria of validity, reliability and specificity. It may be the case that quality of life measures sensitive to the needs and abilities of this client group would fulfill that criteria.

In summary, this unique multi-centre randomized control group trial on the use of art therapy for people with dementia provided clear evidence of positive and durable benefits to aspects of mental alertness, sociability, physical and social engagement in clients with moderate and severe dementia. These changes were quantitatively and qualitatively different from the pattern of effects achieved with a parallel programme of recreational activity.

Clinical Implications of the Study

- Elderly people with dementia show positive changes in mood and sociability in response to regular periods of small group work.
- Art therapy sessions produce benefits over and above those observed in response to similar time spent in recreational activities.
- The benefits extend to improved sociability in the wider day care setting.

Limitations of the Study

- The numbers of clients contributing a full set of data over 40 weeks is limited.
- The sample is mixed in terms of diagnosis and degree of dementia.
- Test selection to identify quantitative measures of change is challenging with this population.

Addendum

Some Further Reflections on the Study, its Benefits and Limitations.

Since completing the study in 2002 and writing up the paper, we have been very fortunate in receiving a lot of interest, feedback and criticism. We would like to thank Dr Malcolm Pines and his editorial team and reviewers most sincerely for the help and support they have given over the article's preparation.

The conclusions of this study should be viewed with caution given the final sample size at 40 weeks of therapy, and one and three months follow-up. The health characteristics of this frail, elderly, client group with dementia of differing aetiologies (Alzheimer's, Parkinson's and multi-infarct), and an average group age of 82 years meant that attrition rates (due to death, ill health, changes in care provision, transport or changes in residence beyond the participants' control) were much higher than anticipated. Although the number of clients providing usable data at 40 weeks ($N = 21$) meant that statistical analysis would as a consequence be limited, it was felt that the presence of a controlled comparison lent sufficient strength to the study that findings should be offered, albeit cautiously.

The standardized measures selected met criteria for validation and test-retest reliability as reported in the original validation studies (see References). The choice of measures for this particular project was narrow, but those chosen are routinely used with older people with dementia. Our reliance on observer ratings does reduce the 'generalizability' of our findings. However, the use of observer ratings is again not uncommon practice due to the impaired cognition and limited communication skills often experienced by these clients. The issue of observer bias in general – whether observations are conducted by psychotherapists, clinical psycholo-

gists or participants, are qualitative or quantitative in nature – is unfortunately always a potential criticism when evaluating the impact of any form of group therapy. From the perspective of conducting this work, we selected fully-qualified therapists and facilitators with some years of experience in working with this client group. We considered that part of professional training and qualification meant that ethical standards were encouraged and would be met.

There are a number of ways that the high depression scores at the end of nine months for the art therapy group may be interpreted. One proposition is that these be viewed as a response to the ending of the group as the incidence of increased depression coincided with the beginning of discussions of finishing the group (some weeks prior to sessions stopping). Another consideration is they are a contra-indication for art therapy, that clients were becoming more depressed simply through involvement with the group. We feel this is unlikely on the basis of feedback from other art psychotherapists working with this client group. It is also the case that they may be a reflection of a growing negative perception of art therapy on the part of the key workers who were asked to rate their clients behaviour over a particular period. The particular issue of therapist subjectivity within the art therapy groups is a difficult criticism to answer, but of course could well be a possible explanation for the increased response noted within the sessions. It is of interest that the facilitators of the activity groups did not perform similarly, rather than reporting a decreased response. It is here that we might have been able to examine the impact of the groups on therapists and control group facilitators through supervision; unfortunately the offer of supervision for the control facilitators was not taken up. The existence of the art work, as a visual, concrete indicator of clients' response, cannot be underestimated as an important feature of the group and a way of monitoring clients' participation in the group and their mood.

Many studies attempting to systematically evaluate interventions with this client group and art therapy employ small samples with no comparison groups (and few standardized measures). For the most part work is presented in the form of case studies or small group work. This project is probably one of the first of its kind conducted within the UK. Currently, there are very few therapeutic interventions available for this client group within this age range that have been systematically evaluated over such a lengthy period of

time. It is also the case that no studies have reported utilizing a randomized control group design with this client group with this particular type of therapy, thus the findings are presented very much in the spirit of research attempting to break new ground.

Since ending the control group study we were fortunate to obtain a further grant from the Health Foundation to make a qualitative analysis of all 160 sessions of art therapy, including all art work, where we were able to investigate in more detail the impact on the individuals who participated in the art therapy groups throughout the whole period. This project was completed in Autumn 2005 and has provided us with a wealth of information that we will present at a later stage.

We are grateful to colleagues who have reviewed the paper and to the editorial board of *Group Analysis* for their assistance and constructive criticism. We hope that this publication will encourage future debate and stimulate fruitful discussion to develop this issue of measurement and evaluation of interventions for this particular client group.

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The Health Foundation have funded a further 18 month project in which an analysis of the 160 sessions of art therapy groups will be made of group dynamics, art therapy processes, art work and impact on individual clients. The aim is to gain further information on which processes were most and least helpful to clients.

Therapeutic Practice Guidelines have been produced. Details are available from diane.waller@virgin.net

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