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Scratching the Surface:

A service evaluation of an applied theatre intervention for female offenders.

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Over the last three decades, Geese Theatre Company (hereafter referred to as GT) have been using applied theatre techniques to promote positive change in a range of individuals with a particular focus on offenders. They are accustomed to tailoring the content and intensity of programme elements to be responsive to the needs of specific population types and individuals. Although drama has been utilised in forensic settings for many years, GT are known for their innovative approach which places emphasis on improvisation and interactivity as a catalyst for instigating cognitive and behavioural change.¹ Baim and colleagues² note that applied theatre techniques allow for exercises to be tailored to the individual, and have the further advantages of not being constrained by the requirement of sufficient literacy skills and that they allow for realistic skills rehearsal.

The evidence base for the effectiveness of drama interventions with offenders is promising for a range of issues associated with depression^{3,4} and low self-esteem.⁵ Research into the effectiveness of GT programmes has indicated the programme to be

effective in reducing anger,⁶ and increasing self-efficacy, confidence and motivation to change.^{7,8} The work of GT is based on three key underlying theories: Social learning theory; Cognitive-behavioural theory; and Role theory. Rehabilitative work, grounded in such theories, has been found to be effective in producing positive change.⁹

Geese Theatre enables offenders to learn and practice new skills and consider these within the social context, gain insight into their thinking patterns and how these impact upon their behaviour, and to consider the roles that they play in their lives—providing them with assurance that they can create new, prosocial roles.

Geese Theatre use a range of methods which promote and elicit self-reflection and change. 'The Mask' and 'mask lifting' are over-arching concepts used by GT as key catalysts in enabling offenders to 'encounter the hidden thoughts, feelings, attitudes and beliefs of a character'.¹⁰ Furthermore, performances have been found to lead offenders to witnessing the character reveal 'vulnerabilities, insecurities and fears which might otherwise remain hidden'.¹¹ The technique has been found to be powerful and memorable with

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2. Baim C., Brookes S., and Mountford A. (2002) *The Geese Theatre Handbook*. Winchester, UK: Waterside Press.
3. Chapman, E. (2014) 'Using dramatic reality to reduce depressive symptoms: A qualitative study', *The Arts in Psychotherapy*, 41, pp. 137 – 144.
4. Hamamci, Z. (2006) 'Integrating psychodrama and cognitive behavioural therapy to treat moderate depression', *The Arts in Psychotherapy*, 33, pp. 199 – 207.
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6. Blacker, J., Watson, A., and Beech, A. R. (2008) 'A combined drama-based and CBT approach to working with self-reported anger and aggression', *Criminal Behaviour and Mental Health*, 18, pp. 129-137.
7. Harkins, L., Haskayne, D., Watson, A., Beech, A., and Sweeney, C. (2009). Evaluation of Geese Theatre's 'Inside Talk' Programme. Available at: <http://www.artsevidence.org.uk/media/uploads/evaluation-downloads/geese-inside-talk-evaluation-dec-2009.pdf> (Accessed: 15 February 2017).
8. Harkins, L., Pritchard, C., Haskayne, D., Watson, A., and Beech, A. (2011) 'Evaluation of Geese Theatre's Reconnect programme: Use of theatre and drama to address resettlement issues in prison', *International Journal of Offender Therapy and Comparative Criminology*, 55, pp. 546-566.
9. Antonowicz, D., and Ross, R. (1994) 'Essential components of successful rehabilitation programs for offenders', *International Journal of Offender Therapy and Comparative Criminology*, 38, pp. 97-104.
10. Baim et al. (2002).
11. Watson, A. (2009) 'Lift your mask': Geese Theatre Company in performance', in Prentki, T. and Preston, S. (eds) *The Applied Theatre Reader*. Oxon, UK: Routledge, pp. 47 – 54.

the metaphor being quickly grasped by offenders. In addition to short performances by GT practitioners, a range of experiential exercises are used which aim to help offenders become conscious of and reflect on their thoughts, feelings, and ability to make decisions.¹²

Skills practice in sessions can be tailored to the individual's needs and the situations that they struggle with (e.g. dealing with feelings of anger, communication with staff and peers, coping with negative feelings, and asking for help). Issues addressed by GT include self-esteem, self-efficacy, confidence, motivation to change, hope for the future, healing of past negative experiences (e.g. trauma and abuse/neglect), perspective taking, problem solving skills, pro-social/realistic goals, empathy and social skills.¹³

Recent statistics in the UK suggest that those in prison are 8.6 times more likely to commit suicide than those in the general population.¹⁴ High levels of mental health issues, suicide, self-harm and low self-esteem have been found among female offenders,¹⁵ with issues such as hopelessness and depression being found to be associated with suicide attempts in female offenders.¹⁶

In an article co-produced by the International Association of Suicide Prevention (IASP) and the World Health Organization (WHO),¹⁷ it was noted that 'Whatever individual stressors and vulnerabilities may be operating, a final common pathway leading an inmate to suicide seems to be feelings of hopelessness, a narrowing of future prospects and a loss of options for coping.' (p. 7). In addition, research suggests that holding positive beliefs about the future (e.g., being able to cope and positive prospects) is inversely associated with suicidal ideation.¹⁸ As such, it is suggested that interventions designed to target hopelessness, fear over future prospects, and mental well-being may be beneficial for offenders in terms of reducing suicidal ideation, decreasing levels of depression and increasing well-being.

As outlined above, previous research findings regarding the impact of drama based interventions and, more specifically, GT programmes, are promising. However, such research has not yet been conducted with a sample of female offenders and the issue of hopelessness has not yet been explored. It could be

hypothesised that, within a population of vulnerable female offenders who have issues such as suicide ideation and/or who commit acts of deliberate self-harm (DSH), addressing issues such as hope, self-esteem, control, and asking for help would have a positive impact on reducing such thoughts and/or acts.

The current study sought to examine the potential impact of *Scratching the Surface*—a ten session programme delivered intensively over five days for female offenders in prison in the UK. More specifically, the study aimed to address the questions:

- Does completion of the programme lead to a statistically significant increase in levels of mental well-being and psychological functioning as measured by the Warwick-Edinburgh Mental Well-being Scale?
- Does completion of the programme lead to statistically significant and clinically meaningful increases in levels of hope as measured by The Beck Hopelessness scale?
- Do participants hold positive opinions about the *Scratching the Surface* programme?

Method

Participants

Participants were recruited through the Safer Custody team. *Scratching the Surface* was delivered to four groups, resulting in a total of 23 women who completed the programme. Of these women, 21 participated in the study. Women were aged between 20 and 49 with a mean age of 31 ($SD = 8.0$). Specific information about offending behaviour was not provided, however, the majority of the women were felt by the team to be vulnerable and at risk of suicide and/or DSH. The majority ($n = 16$) were white British (69.6 per cent). Other ethnicities in the group were two black British Caribbean women, one black British African, one Asian British Indian, one mixed white and black African, one mixed white and black Caribbean, and one Asian British Pakistani.

12. Baim (2007).

13. Baim (2007); Baim et al. (2002).

14. Ministry of Justice (2017). *Safer in custody statistics bulletin, England and Wales, deaths in prison custody to December 2016, assaults and self-harm to September 2016*. Available at: <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-december-2016> (Accessed: 15 March 2017).

15. Byrne, M., and Howells, K. (2002), 'The psychological needs of women prisoners: implications for rehabilitation and management', *Psychiatry, Psychology and Law*, 9, pp. 34–43.

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17. World Health Organization (2007). *Preventing suicide in jails and prisons*. Available at:

http://www.who.int/mental_health/prevention/suicide/resource_jails_prisons.pdf (Accessed: 15 March 2017).

18. Linehan, M., Goodstein, J., Nielsen, S., and Chiles, J. (1983), 'Reasons for staying alive when you are thinking of killing yourself: The reasons for living inventory', *Journal of Consulting and Clinical Psychology*, 51, pp. 276 – 286.

Measures

Participants were asked to complete two psychometric measures (The Beck Hopelessness scale; and the Warwick-Edinburgh Well-being scale) prior to the first session and following completion of the programme; comparisons of pre and post scores were made.

The Beck Hopelessness Scale is designed to assess three main aspects of hopelessness: loss of motivation; expectations; and feelings about the future. The scale contains 20 'true or false' statements and participants are required to tick a box to state whether they either agree with a pessimistic statement or disagree with an optimistic statement. Whilst not directly measuring suicide ideation and DSH, the tool provides an indication as to changes in levels of depression¹⁹ and general hope for the future. As *Scratching the Surface* aimed to address issues such as these, this was considered an appropriate measure for use in the study.

The WEMWBS contains 14 Likert scale items designed to measure subjective wellbeing and psychological functioning.²⁰ Developers note that an interest in mental wellbeing is a comparatively recent phenomenon and, as such, there are no specific clinical cut-off points although increases of between three and eight points would indicate meaningful improvements. In addition, it is suggested that very low scores relate to depression. At an individual level the measure has value as a qualitative tool on which to base further investigation of a person's mental wellbeing in a clinical context.²¹ More specifically, the WEMWBS was considered to be a suitable measure for the current evaluation due to the focus on areas targeted by the GT such as hope, anxiety, self-esteem, positivity, confidence, self-efficacy and creating future goals.

Both psychometric measures are widely used and have been tested for reliability and validity.^{22,23}

In addition, an eight item Likert scale and open-ended question questionnaire was administered immediately following the final day of the programme. The Likert scale contained items such as 'they had

enjoyed the programme', 'they had learnt new skills', 'they had done something they were proud of.' Open-ended questions were used to explore areas such as whether participants felt the programme had had an impact on them, whether there were parts they found to be memorable, and how did they feel about the way in which GT staff interacted with them.

Procedure

Prisoners who had agreed to take part in *Scratching the Surface* were provided with an information sheet about the study by GT staff. Prisoners who were willing to take part in the study were asked to sign a consent form. Psychometric measures were completed by participants prior to the start of the programme in a quiet room where their responses could not be overlooked by other participants or GT staff. Participants were asked to write a memorable 4-digit code on their completed measures to allow it to be matched with the post programme psychometric measures (administered following the same

procedure as pre-programme measures). Likert scale/open ended questionnaires were administered immediately following programme completion; questionnaires were also anonymised.

Analysis

Anonymised pre and post data for the Beck Hopelessness Scale and the Warwick-Edinburgh Well-being scale were analysed using the Statistical Package for Social Sciences (SPSS: Version 22). Paired sample t-tests were conducted to look for the existence of statistically significant differences between pre and post scores.

Likert scale/open ended questions

Likert scale scores given (1 = strongly agree; 5 = strongly disagree) were averaged across the group and percentages were calculated. Open ended question responses were collated and summarised.

The WEMWBS contains 14 Likert scale items designed to measure subjective wellbeing and psychological functioning.

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20. Taggart, F., Stewart-Brown, S., and Parkinson, J. (2016), *Warwick-Edinburgh Mental Well-being Scale (WEMWBS): User guide, version 2*. Edinburgh, UK: NHS Scotland.

21. Stewart-Brown, S., and Janmohamed, K. (2008). *Warwick-Edinburgh Mental Well-being Scale (WEMWBS). User Guide Version 1*. Warwick and Edinburgh: University of Warwick and NHS Health Scotland.

22. Bouvard et al. (1992).

23. Stewart-Brown, A., Platt, S., Tennant, A., Maheswaran, H., Parkinson, J., Weich, S., Tennant, R., Taggart, F., and Clarke, A. (2011), 'The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): A valid and reliable tool for measuring mental well-being in diverse populations and projects', *Journal of Epidemiology Community Health*, 65, pp. 1- 40.

Results

Beck Hopelessness Scale

Repeated measures t-tests were conducted on pre and post scores. Statistically significant reductions in scores on the hopelessness scale were identified ($t(20) = 5.58, p = < .001, d = 1.26$) between questionnaires completed prior to and following the programme ($M = 8.52, SD = 5.32; M = 3.38, SD = 4.08$). Ten of the 21 respondents scored above the clinical cut-off point of 8 (implying higher risk of suicide) prior to the programme. A reduction ($M = 8.3$) in scores was found for nine of these participants. In all of the nine cases this led to the score moving from above clinical cut-off for increased risk of suicide to below the cut-off point.

Warwick-Edinburgh Well-being Scale

A statistically significant increase in scores on the well-being scale were found for participants between their scores prior to the programme ($M = 37.33, SD = 9.70$) and scores following the programme ($M = 47.71, SD = 7.72; t(20) = -4.50, p = < .001, d = 1.18$). Scores from 19 of the 21 women showed an increase in well-being; 16 of these were such that they indicated a meaningful improvement in mental well-being.

Likert scale/open ended questions

The Likert scale responses (see Table 1) showed that all participants would recommend the programme to someone else, enjoyed the programme, and felt they had learnt new skills. The vast majority of participants agreed with all other items; where participants did not respond with 'agree' or 'strongly agree', a response of 'neither agree nor disagree' was given. No participants disagreed with any statement.

Table 1. Likert scale statement response summary

Statements regarding Scratching the Surface	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Would recommend the programme to someone else	-	-	-	2	19
2. Enjoyed the programme	-	-	-	8	13
3. Learnt new skills	-	-	-	13	8
4. Have more confidence	-	-	1	13	7
5. Using theatre and drama made the project more memorable	-	-	1	3	17
6. Done something they are proud of	-	-	2	12	7
7. Better at opening up to people	-	-	3	12	6
8. Feel better in themselves	-	-	4	10	7

Open-ended question summaries

Which elements of the project were found most useful/memorable?

Four women mentioned that they felt role play to be useful/memorable. In addition, four participants commented that the masks were useful: 'Acting out things with masks was a good source to reflect on our self.' More generally, participants commented that they felt they knew themselves better as a result of the programme ($n = 5$), one participant commented,

Learning about how I can react to different situations and how the outcome of the situation is down to me and my decisions.

Others felt they were now better able think about how their actions affect their future in the short and/or long term ($n = 6$), and to think about life goals ($n = 3$). Four participants made reference to enjoying and/or seeing the benefit of feeling supported by others in the group and team work, for example:

Being in a safe environment which has enabled me to look at myself as a person and recognise that I am not a bad person. Found working as a team to solve problems in particular the games that were played.

Part of *Scratching the Surface* involves the GT practitioners devising a personal piece of work for each individual in the group, based on their progress throughout the course and on the areas the women themselves have identified as difficult, challenging or that they feel they need to work further on. These tasks may involve skills practice role plays, opportunities to reflect on aspects of their lives, or the creation of memorable statements or images. For GT what is important is that the piece of work is specifically tailored to the individual.

Reference was made to the benefits of these personalised pieces of work ($n = 5$) such as developing coping skills, problem solving skills and confidence. With reference to her particular issues, one participant commented

...it helped me with situations with my children and problem solving—they're fantastic what they do—I'm a different person.

Which elements were found least useful/memorable?

The vast majority of participants ($n = 16$) stated that there was nothing in the programme that was not useful. Four respondents felt the warm-up games were not necessarily useful and one commented that she was not comfortable with a particular game that involved pointing at people as she felt this to be rude (this was potentially as a result of a cultural difference).

What impact did participants feel the project had on them?

All participants made reference to solely positive impact of participating in the programme. There was a range of positive impacts noted. Four women made remarks that they felt the programme had given them a more positive outlook on life and six felt the programme had resulted in an increase in confidence and/or self-esteem: *'I can see to the future, it looks a lot brighter and I have more confidence'*. In addition, some participants ($n = 4$) mentioned that they are now more able to think before they act: *'To think what might that word or action have on my future achievements'*.

Furthermore, eight participants felt they had developed new skills and/or changed their behaviour, for example:

It has made me see a better me and it's showed me new skills that I can use in everyday situations' and 'Will allow me to build up self-esteem. To have more confidence in self and ability to carry things out that I find difficult.

How did participants feel about the way Geese staff interacted with them?

All respondents made positive comments regarding Geese staff. Words such as *'friendly', 'approachable', 'fun', 'understanding', 'fantastic', 'amazing', 'supportive', 'creative', 'non-judgemental', 'empathetic', 'helpful', 'respectful'* and *'gifted'* were used to describe the practitioners. It was also commented that they were easy to interact with and engaging.

Where women went in to more detail regarding their thoughts on the GT practitioners, comments were made such as, *'They were amazing, supportive and very creative. They engaged with us well and listened to us as much as we did to them—extremely respectful and passionate'* and *'They were supportive and helpful they made me think I can do this.'*

Three participants noted that staff were able to meet the needs of individuals despite it being group work. One woman went further to mention how GT practitioners made her feel able to explore her feelings:

The staff who delivered this course were excellent, they made me feel safe and secure which allowed me to explore my feelings then not being judgemental—this goes a long way

in making me feel a valued individual. The staff were empathetic, supportive, acknowledging when things were tough. Both [names practitioners] are a credit to Geese Theatre.

Further comments

The majority of participants ($n = 19$) chose to make additional comments all of which were positive. Seven women took the opportunity to thank GT practitioners for delivering the programme and five mentioned that they felt the programme should be made available to others. More specifically, based on individual experiences, it was commented that the programme may be particularly good for women who lack confidence or who have mental health issues. One participant went further to suggest it would also be beneficial for those who are not in prison: *'This group needs to be available in all prisons and all types of people whatever problems they have. Everybody should have a chance to do the course whether they are in prison or not.'*

Lastly, one participant commented that the course is particularly useful for people in prison as it will improve relationships in the prison

environment:

I believe the project should be done as part of a regime for also making others aware that everyone has a better understanding in getting along with others in prison life.

Discussion

Concurrent with previous studies looking at drama based interventions and GT programmes with male offenders,²⁴ findings of the current evaluation indicate that *Scratching the Surface* had a positive impact on participants in areas such as hope, mental well-being, confidence, self-efficacy, self-esteem, positivity, anger reduction and control, decreasing depression, and reduction in the risk of attempted suicide and DSH.

Clinically significant reductions in post programme scores for participants who scored above the clinical cut-off point on the Beck hopelessness scale prior to the

... the programme may be particularly good for women who lack confidence or who have mental health issues.

24. Blacker et al. (2008); Chapman (2014); Hamamci (2006); Harkins et al. (2009); Harkins et al. (2011); Pendzik (2008).

programme were indicative of a decreased likelihood suicidal ideation and corresponding increases in levels of hope.

In addition, statistically significant improvements on the WEMWBS were indicative of the programme having had a positive impact on participants mental well-being (i.e., anxiety, problem solving, future planning, ability to communicate with others). The WEMWBS can be seen to measure states of happiness and life satisfaction, as well as psychological functioning, relationships and self-acceptance;²⁵ in short, authors of the WEMWBS describe mental well-being as 'positive states of being, thinking, behaving and feeling' (p. 4). Despite the small sample size, results can be seen to provide an indication that improvements may also be seen in scores on the Beck hopelessness scale and the WEMWBS for a larger sample of female offenders.

Results of the Likert scale/open-ended question questionnaire were also very promising. Largely positive responses on Likert scale items such as having more confidence, being better at opening up, and feeling better in themselves, were also indicative that participation in the programme had addressed issues which were related to relationships and mental well-being. Responses to open-ended questions highlighted the positive views that participants held about GT staff. Participants mentioned traits such as empathetic, respectful, non-judgemental when describing GT staff. Such comments are supportive of previous research which has highlighted the importance of a positive therapeutic relationship.²⁶

In addition, comments made regarding the usefulness of role play and being in a safe environment were supportive of previous literature.^{27,28} Results from the psychometric and questionnaire measures emphasise that, through the use of applied theatre techniques and exercises, the programme benefits participants by instilling or increasing positivity towards themselves and positivity regarding their futures (i.e., the planning of attainable, pro-social life goals). The success of placing an emphasis on such positive elements is concurrent with Good Lives Model (GLM) principles.²⁹

Limitations

It was felt by prison Safer Custody Team staff that prisoners may be less likely to volunteer for the programme if it were to be overtly targeted at those who commit DSH and/or contemplate suicide. As such it was advertised to prisoners as being suitable for those who wish to address confidence and general well-being. As a result, participants on the programme were not all considered to be at high risk of DSH and suicide. However, groups did contain prisoners who were considered vulnerable to such thoughts/behaviours. Pre-programme scores on the Beck Hopelessness Scale indicated that approximately half of those participating in the study were at increased risk of attempting suicide.

Due to the small sample size for the study, generalisability cannot be inferred. Future evaluations may benefit from larger sample sizes, access to data on frequency of incidents of DSH by participants pre and post programme, and access to data on adjudications within prison in order to measure changes in behaviour following the programme.

Furthermore, it would be advised that future studies include a follow-up element whereby psychometric measures are administered after a period of time has elapsed to look at whether the benefits experienced were maintained.

Conclusions

Although methodological limitations must be taken into account, through combining findings of the psychometric measures and questionnaire elements of the study, it can be tentatively concluded that *Scratching the Surface* benefitted those who took part. More specifically, comparisons of pre and post scores indicated an increase in levels of hope and mental well-being. Qualitative feedback gained through the questionnaire indicate that the applied theatre techniques and exercises used by GT were integral to the programme benefitting those who participated.

25. Putz, R., O'Hara, K., Taggart, F., and Stewart-Brown, S. (2012). *Using WEMWBS to measure the impact of your work on mental wellbeing: A practice-based user guide. Feeling good and doing well in Coventry Wellbeing Project*. Available at: http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/userguide/wemwbs_practice_based_user_guide.pdf (Accessed 15 March 2017).

26. Kozar, C., and Day, A. (2012) 'The therapeutic alliance in offending behaviour programs: A necessary and sufficient condition for change?' *Aggression and Violent Behaviour*, 17, pp. 482-487.

27. Hudson, K. (2005) *Offending identities. Sex offenders' perspectives on their treatment and management*. Devon, UK: Willan Publishing.

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