



## CORC Report: Drawing and Talking

---

**Nick Tait, Martha Reilly**  
**November 2021**



## TABLE OF CONTENTS

Introduction .....	3
Purpose of scoping exercise.....	3
Methodology.....	4
Recruitment of participants.....	4
Content of interviews .....	4
Participants .....	5
Findings .....	6
Processes and criteria for identifying potential cases for the intervention.....	6
Characteristics and presenting difficulties of those identified.....	7
Changes observed by practitioners .....	8
Changes relating to young people with specific difficulties .....	9
Changes reported by others, including the recipient and others around them .....	9
Particular groups of young people, identified by the practitioner as finding the intervention particularly beneficial .....	10
Factors identified as influencing delivery .....	11
Recommendations .....	12
Feedback on the programme .....	13

## INTRODUCTION

---

Drawing and Talking is a therapeutic intervention for children and adults. It is designed as a short-term pro-active intervention intended to complement, rather than replace, the work of specialist mental health services. Through a 12-week cycle of 30-minute sessions, this non-intrusive tool allows children and young people to express what they need each week. Utilising drawing as a way to help them express their feelings differently than in ordinary verbal language, the Drawing and Talking therapeutic approach allows individuals to discover and communicate emotions through a non-directed technique. This is what sets Drawing and Talking apart from existing solution-focused and cognitive-based therapies and interventions.

## PURPOSE OF SCOPING EXERCISE

---

Currently, Drawing and Talking is an experiential training and the aim of this scoping exercise is to begin to understand the impact of Drawing and Talking.

The main aim of the scoping exercise is to understand more about current implementation and delivery of the intervention, with the aim of collecting findings that could help focus a larger evaluation on specific groups, needs, presenting issues and the effectiveness of the intervention in improving outcomes for these young people.

This exercise focused specifically on identification of the characteristics of participants selected for Drawing and Talking within a range of settings, along with the processes and procedures that inform identification. Participants were also asked to describe the changes they observed in recipients of support, as well as changes observed by others that could potentially be attributed to the intervention.

To inform further evaluation, the findings were also used to inform a logic model for the intervention.

Additionally, many participants gave additional feedback on the intervention, that has been included in this report.

## METHODOLOGY

---

CORC carried out 1:1 interviews with practitioners trained in the Drawing and Talking approach. Each interview was conducted over the phone and used a series of talking points. These helped to focus the discussion and draw out details on the areas of interest.

### Recruitment of participants

The aim was to recruit 20 interviewees that represent the range of settings in which the Drawing and Talking Approach is used. Additionally, the participant group would include both more and less experienced practitioners, and those with different experiences of Drawing and Talking training.

Interviewees were recruited through the Drawing and Talking practitioner network. They were asked if they were willing and able to participate in the interviews. This provided CORC with 113 contacts, all of whom were invited, in stages, for interview, to meet the agreed quota of practitioners from different settings. Unfortunately, practitioners who were keen to be involved were not always available to schedule and attend an interview. Following a second call out, more contacts were found for interviews, so that we had a representative number of practitioners working in different settings.

### Content of interviews

The interviews began with an opportunity for the practitioner to share some information about themselves, their role and the setting in which they work. This was followed by discussion around the following topics:

- Selection of recipients of Drawing and Talking – identification, referral process, criteria
- Presenting needs and difficulties – frequently identified reasons for allocating support
- Other characteristics of participants – additional needs or characteristics commonly seen in participants
- Observable change – changes seen by the practitioner, or reported by others known to the recipient, that could be attributed to the intervention.

Finally, interviewees were given an opportunity to share anything further about Drawing and Talking. While the content remained consistent, the conversational nature of these interviews elicited a variety of responses. Notes were taken during interviews. Interview notes were reviewed, and themes were identified and reported below:

## Participants

CORC interviewed eighteen Drawing and Talking practitioners between May and September 2021. The range of interviewees is shown in fig.1.

Gender: In the main, the practitioner contacts were female, but we were able to speak to one male practitioner. It is our belief that this reflects the significantly larger number of female practitioners who are trained to deliver the programme.

Fig.1.

Breakdown of interviews	Total
Mainstream Secondary – State	3
Mainstream Primary – State	2
Mainstream Primary – Independent	2
Other – Please list below	
Specialist support team	
SEMH Specialist teacher working with mainstream and Pupil Referral Units (PRUs)	
Children’s Well-being practitioner in private practice	
Specialist therapeutic care for adopted children	4
Special school	3
Alternative provision or PRU	4

Training and experience of participants: Of those interviewed, all had done the initial training, and 10 of them had also done the Advanced Training, with 13 working as independent Drawing and Talking practitioners. The average length of time they had been practitioners was 3.5 years. The longest serving practitioner had worked with the intervention for 16 years.

Additionally, several participants made mention of taking part in the training during the COVID pandemic, focusing on delivering the intervention online. In the main, they were not able to put this training into practice due to the difficulty of doing any online work during COVID. It was reported that there had been a lack of access to appropriate equipment, when needed, along with limited privacy from family at home.

Breakdown by experience: Fig.2.

Up to 1 year	4
2-4 years	8
5+ years	4
Not specified	2

## FINDINGS

---

### Processes and criteria for identifying potential cases for the intervention

Each organisation has a different method of identification and referral for Drawing and Talking. Some are more formalised than others. A recurring theme across all types of setting is the desire for referral to be formalised. However, most practitioners are realistic about when and how they might be able to do this, citing additional paperwork and administration as significant considerations.

Participants reported that the majority of referrals had come directly from teachers, along with suggestions from SENCOs, Learning Support staff and Safeguarding Leads. These had generally been based on informal observation.

*“We aren’t (using) set criteria for selection. Observations of pupils’ interactions and body language are important.”*

In some settings, young people were given the opportunity to try Drawing and Talking before the decision was made to continue.

*“Depending on how they do with the first session, they may then decide that Drawing and Talking is not the best fit for them”*

Many organisations are using the Strengths and Difficulties Questionnaire (SDQ) to identify pupils that may benefit most from Drawing and Talking. In settings where this happens, the SDQ is generally used to understand the needs of the young person, to inform decisions about which intervention(s) a child or young person may benefit from, with Drawing and Talking being one of the possibilities to choose from. When the SDQ is used, practitioners do send the SDQs home to be completed by the parent or carer, as well as to the most appropriate teacher. Practitioners reported that the SDQ was used as a baseline to work from.

Some interviewees reported that Drawing and Talking is also used as an informal interim support for young people on long waiting lists for CAMHS. It was noted that there does tend to be an overlap between those on waiting lists for CAMHS, and those identified for Drawing and Talking.

A small number of practitioners identify young people through their direct work within their settings. The group included practising or former art teachers who felt that their experience was useful in identification. Observation of young people taking part in creative activities was also felt to be informative within the selection process.

*“In art classes, (I was) spotting those more inclined. You know from class whether they can focus and interact, (or) whether you have to use symbols to communicate in the session.”*

One Pupil Inclusion Centre (similar to a PRU) uses Drawing and Talking with most of the young people who come through the unit. The interviewee reported that most of the young people have issues at home, so using a non-intrusive, self-guided tool like Drawing and Talking is very effective. Their view is that children, who might not be presenting with a specific need, can benefit from having a quiet space in which to flourish .

Instances were also reported of parents requesting that their child receive the intervention, having heard about it from other parents. Another interviewee described how parents were involved in the referral and identification process.

Good communication with parents prior to the intervention was identified as important by some participants.

*“When this hasn’t happened, parents can be left wanting more information.”*

Several practitioners have also mentioned children and young people that have heard from peers about Drawing and Talking working for them, and they have asked to take part.

## Characteristics and presenting difficulties of those identified

The most common difficulties reported as an identifier for using Drawing and Talking were trauma and anxiety-related behaviours. Difficulties at home such as bereavement, particularly traumatic bereavement, and divorce were often identified.

*“(with) pupils that suddenly regress, or have behavioural or friendship issues, we will use Drawing and Talking; or where we are alerted to a change in circumstance, family history; often (following) bereavement, or when parents say there is something wrong that they can’t verbalise, or a teacher notices changes in behaviour. “*

A group of young people discussed by a number of interviewees were children with language and communication difficulties. Children who struggle to communicate and verbalise their feelings are frequently referred for Drawing and Talking. They can be those with selective mutism, or those who struggle with emotional regulation and expression.

Views of the suitability of Drawing and Talking for young people with language and communication difficulties varied amongst participants. In one unit that has many non-verbal pupils and significant experience of working with children with these difficulties, a variety of communication tools have been used effectively to support access to Drawing and Talking. However, in other settings, practitioners were less confident to use the approach with non-verbal young people and, although they had considered this as a possibility, they had not worked with this group.

Children and young people with autism/ASD were a focus in a number of interviews. Practitioners working in non-specialist settings identified that this was a group they believed would not benefit from the intervention. Challenges identified included, how literal they can be in their interpretation of tasks that they don’t initially get the idea/ concept of. However, practitioners working in specialist settings with a larger group of children on the spectrum, reported having been able to use Drawing and Talking with this group. They identified specific strategies, such as talking about the process of sessions, very carefully. They had observed that some may struggle with fantasy and imagination, but felt that perseverance does seem to benefit children in this group.

*“A child I worked with recently did have autism and he was struggling with entering fantasy with Drawing and Talking. He was repeatedly drawing his toys and dogs, alongside Minecraft pictures but the dog became the way-in with this child.”*

*“I found it difficult with those pupils on the autism spectrum. They were quite literal in their thinking about what the session would entail. They saw it has an opportunity to draw.”*

Interviewees commented that COVID has affected the needs of young people. Practitioners reported increased numbers of traumatic bereavements, that are affecting children and young people. COVID-related anxiety was increasingly identified as a presenting difficulty for those referred; along with children in more unstable home environments having had to spend more time isolated at home.

*“Bubbles in school have been a barrier to doing Drawing and Talking”*

*“With COVID closures, everything would stop. Only online classes, no Drawing and Talking online. Our Head didn’t want us to do Drawing and Talking online.”*

## Changes observed by practitioners

All practitioners spoke passionately about their belief in the intervention and the difference it made to young people.

*“I really do believe in it. I believe it to be simplicity itself, but it seems so powerful. It’s a powerful tool/ intervention. It’s so powerful in helping people with their emotions.”*

Session to session, all practitioners noted that children and young people are more talkative and engaged. They want to come to sessions, trust is built up with the practitioner, and it becomes something they look forward to. They are reported to be calmer and they engage better in the classroom after a session.

*“(the) student has had an outlet to express themselves creatively, then returned to class and focussed better on the lesson.”*

*“Drawing and Talking helped the student understand what (was) happening and was able to talk about it more.”*

Improvements in the relationship between the participant and the practitioner were frequently reported across the period of intervention. Participants come to see the practitioner as a trusted person who they enjoy spending time with and interacting with.

*“Drawing and Talking really helps them to open up and trust an adult”*

How the child’s relationship to the practitioner is altered outside of sessions was reported. One interviewee described a participant coming up to them and referencing specific drawings from their session and updating the practitioner about how they feel now.

The most frequently described change, reported by all practitioners, was that young people become more ‘open’ and willing to talk to the practitioner. A frequently recurring phrase in interviews was that participants ‘feel heard’.

*“They will talk more, it opens them up, and they feel heard more.”*

Practitioners reported that their participants’ moods improved, and they appeared to be a lot happier at the end of a session.

*“They’ll start off a session disengaged and quiet. By the end of the session, they are animated and chatty”*

Practitioners also observed improved mood outside the sessions.



*“One child used to look down all the time when they walked around, and then they changed to be looking up and smiling.”*

## Changes relating to young people with specific difficulties

The positive impact on tics, Tourette’s, stuttering, and stammering was reported by several practitioners. One practitioner reported improvement from as early as the second session, with others observing a decrease in frequency. One practitioner reported that by the end of the sessions, one boy did not stutter at all when talking to the Drawing and Talking practitioner.

*“Children that struggle with language have very big noticeable changes throughout the 12 weeks.”*

One practitioner specifically mentioned a pupil with selective mutism that was non-verbal with all staff before their first session, but was talking by session two - to the point where it became difficult to get the child to stop speaking.

*“Hearing the voice at all ... was a huge thing”*

A practitioner noted the greatest impact on a young person who didn’t have a diagnosis of autism, but had language difficulties. Following an accident at school, he had difficulty expressing how he was feeling. His behaviour had become very aggressive, and self-harming was an issue. Initially he was unable to verbalise his fear, but this then changed dramatically. At the start, drawings were full of conflict, war and threats towards teachers and family. Over time his drawings changed as he was able to process, and express himself clearly.

Positive impact on young people, who have experienced trauma, was reported. For example, one Year 5 child had been dealing with traumatic bereavement of a parent for a year. The child was referred for Drawing and Talking and their teacher could see the difference in 3 weeks.

*“If it’s a past trauma that is not ongoing, I see a bigger difference. Those still in trauma still use it as an expressive tool but it’s not as easy to see the impact, as they are still in the traumatic situation. It’s a safe way for them to express themselves.”*

With students that are in PRUs, following Drawing and Talking has helped them to develop a different attitude to school. Specific changes in behaviour include, going from struggling to get to the building and spending time having a ‘meltdown’, to particularly seeing their confidence grow. Through changes in their body language and becoming less hunched and more engaged, they developed a straighter and more confident stance. Some developed from never having spoken clearly, to having self-belief and engaging with the safe space.

## Changes reported by others including the recipient and others around them

Practitioners reported that lots of reports of positive impact from those known to participants had been received, but identified that a lack of formal feedback process meant gathering evidence of impact was a challenge. It was also reported that, in settings where the SDQ was used, this did not always happen at the end of support. There were several initiatives reported, that were in the early stages of implementation, to get not only SDQ data after Drawing and Talking is used, but to also get impact statements from teachers.

Generally, teachers report to practitioners that, on their return to class from a session, participants are calmer and more engaged with class and peers. Low level behaviours, like minor fights, seem to reduce because of their Drawing and Talking work.

*“A school refuser became better at being in lessons, with reduced panic attacks”*

*“A girl at Week 5 of drawing and talking gave the Assistant Head the positive feedback - ‘I feel so much lighter.’”*

Reports from parents vary a lot but were reported as generally positive, but change was not always well defined. There was a minority who reported they had not noticed a change in behaviour. Where there were parents reporting changes, they were far reaching, from the young person seeming better in themselves, to seeming calmer generally, and when in a crisis situation, responding less angrily.

When children have worked with CAMHS or play therapists following Drawing and Talking, positive feedback has been received about the effectiveness of the support provided by Drawing and Talking.

## Particular groups of young people, identified by the practitioner as finding the intervention particularly beneficial

Practitioners identify those who have struggled to verbalise their feelings as seeing the most benefit. They report that Drawing and Talking has given them access to a new set of skills and tools to express themselves. Also, the drawing can provide an outlet for issues that they have not been conscious of.

Children with very active imaginations were felt to be particularly suited to the intervention. Those with less active or vivid imaginations can be more difficult to engage, and it can take time to draw them out. Those that have particular interests outside of school, like reading and gaming, tend to be more on board with imaginative process of Drawing and Talking.

## FACTORS IDENTIFIED AS INFLUENCING DELIVERY

---

Practitioners find the 12-week session structure, with sessions at the same time each week generally easy to stick to. However, there can be issues with the regularity, especially in alternative and specialist provision settings. This is because of the changeable nature of activities and other provisions that may conflict. In mainstream school settings, where timetables remain fixed, this proves to be less of an issue.

While many can do the thirty minutes a week slot, there are some that allow additional time either side of a session, for fetching the child and returning them to class, as well as allowing space for additional conversation. In the main 30–40 minutes is sufficient. However, some practitioners make the 30 minutes part of an hour-long session with the child.

A lot of practitioners have highlighted the importance of having dedicated space for Drawing and Talking. This is, of course, not possible in all settings, with many using their offices. Those that can dedicate space find that storage of the children's drawings, sand tray and other materials makes a big difference enabling the child or young person to come in and go to their materials.

*“Having the access to sand play has been really beneficial with those that have struggled more with drawing “*

In specialist provision, adaptations were being made to enable access. Examples include, the use of Makaton, or a Pixon board with an ‘I want... I need... I feel...’ statement, using emoticons at the start and end of sessions. It was observed that, over the course of the 12 weeks, fewer conversational prompts are needed, in some cases no prompts are needed at all.

More recently, COVID had impacted how sessions are administered, and whether the whole 12 weeks could be completed, and some practitioners had provided support online. They found that some children were able to adapt and draw on the screen, but several practitioners found that the connection was not the same. Some attributed this to the children being at home and not feeling like they have their usual safe space.

## RECOMMENDATIONS

---

- Establish referral recommendations for providers to follow, this could include protocols for referrals from a range of sources including parents and self-referral, as well as school staff. CORC would recommend incorporating a standardised measure into this process (see below).
- Identify an appropriate outcome measure to use as part of routine monitoring and evaluation. As many providers are already using the SDQ, it may be appropriate to use this. However, other possibilities should be considered, informed by the outcomes identified in the logic model.
- Develop systems that enable practitioners to routinely gather observations and feedback from participants and their close networks (parents, school staff etc.).

## FEEDBACK ON THE PROGRAMME

---

Although not a focus of the work, during interviews much positive feedback for Drawing and Talking was received. A selection of comments is shared here:

*“There isn’t anything quite like it in term of simplicity and really accessible to all CYP. It’s a very easy and powerful tool.”*

*“We see a lot of difference in temperament; being calmer, happier to speak, (it) opens up doors for the children. It surprised the Head Teacher, as she is traditional in her approach. The training completely changed her mind, she finds it so interesting how it supports young people, a big fan.”*

*“It’s so unique there isn’t anything comparable.”*

*“I’ve found it really helpful with children that aren’t able to reach their playful side.”*

*“I think it’s fantastic. From doing the Foundation Training, I would be happy not to teach but just do Drawing and Talking, especially for Special Needs pupils.”*

*“A pupil told (the) Head of Year it made them feel better.”*

*“It’s absolutely brilliant. Loved doing the training. Loved using it. This is amazing, why aren’t more people doing it? It’s not expensive, it’s not too time-consuming. I don’t know why more people don’t use it.”*

*“It would be really, really good if everyone has an understanding of what the intervention is and where it’s coming from, why it’s used. A resource that you could share with colleagues to get an understanding of the intervention, so other staff can identify pupils it could be helpful for.”*

*“Sometimes, looked after children are very wary. Difficult striking the balance, (it) will often get them speaking about non-related issues from their pictures which means I have to log for safeguarding.”*

*“For me personally I’ve found the whole process of discovering Drawing and Talking, delivering it, sharing with schools to have deepened my own ethos and how I work with children. It has led me to therapeutic play and trauma induced process. I hold Drawing and Talking at the centre at that.”*

### Comments from participants reported by practitioners included:

*“I’m not afraid to go out (in) the playground and speak to people” “I’m not afraid to say to an adult, ‘I am struggling’.”*

*“Thank you for making me smile again.”*

*“I feel so much better from when I did my first drawing”*