
Does drawing aid communication with adolescents in interviews

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Past research has shown that drawing enhances the amount of verbal information that young children report, compared to a verbal interview. The aim of the present experiment was to investigate whether drawing could be used to enhance the amount of information that adolescents report about emotionally significant events. Thirty 15- and 16-year-olds and 30 11- and 12-year-olds were asked to recall two positive emotional experiences (happy, and proud/confident) and two negative emotional experiences (angry, and worried/nervous). For one positive and one negative event, participants told about the event, and for the other two participants drew. Given that adolescents can be difficult to engage with in interviews, it is important to understand whether a technique such as drawing could enhance, or even be detrimental to, rapport and assessment.

A common challenge for psychologists working with older children and adolescents is engaging them in the therapeutic process. Many adolescents attend clinical services reluctantly. An essential goal of assessment and treatment, therefore, is to establish a sound therapeutic relationship and engage young clients in the process (Crenshaw, 2008; Horvath, 2001; Lambert & Barley, 2001; Oetzel & Scherer, 2003). One tool that is often used with children and adolescents during clinical assessment is drawing. Past research has repeatedly shown that, when used in a structured manner using open-ended questions, drawing helps children as young as 3 years old, and as old as 12 years old, to communicate about their personal experiences (Butler, Gross, & Hayne, 1995; Driessnack, 2005; Gross & Hayne, 1998, 1999; Katz & Hershkowitz, 2010; Patterson & Hayne, in press; Salmon, Roncolato, & Gleitzman, 2003; Wesson & Salmon, 2001).

In the basic paradigm that has been used to demonstrate the effect of drawing on children's reports of their own emotional experiences, children are asked to tell the interviewer everything that they can remember about a specific emotional event. Some children are given the opportunity to draw while they are talking and others are not. The interview is then transcribed word-for-word and coded for content. Children are only given credit for information that they report verbally; the drawings themselves are not interpreted in any way.

Using this paradigm, researchers have repeatedly shown that the children who are given the opportunity to draw report more information about their personal experiences compared to the children who simply tell about their experiences. Furthermore, there is no difference in accuracy between children who tell and children who draw-and-tell; both are highly accurate (Butler et al., 1995; Gross & Hayne, 1998; Salmon et al., 2003; Wesson & Salmon, 2001).

Unlike children, adolescents are less likely to readily and willingly engage in drawing. To date it has been unclear whether drawing interviews would be useful with adolescents to aid communication. In fact, it is possible that adolescents might actually reject the opportunity to draw, which could be detrimental to rapport and engagement. In our research, we asked 11- and 12-year-olds, and 15- and 16-year-olds, to talk about four personal, emotional experiences (times when they were happy, proud/confident, worried/nervous, and angry). Each participant drew-and-told about one positive and one negative emotional experience, and the same participant told about the other two experiences.

Our preliminary findings showed that, consistent with past research, the 11- and 12-year-olds who drew-and-told reported more information when drawing-and-telling, compared to when simply telling, for all emotional experiences. The 15- and 16-year-olds reported more information when

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drawing-and-telling about Happy and Worried/Nervous emotional experiences compared to when simply telling about the experiences. Drawing did not increase the amount of information that the older adolescents reported about their Angry and Proud/Confident emotional experiences compared to telling. Importantly, however, drawing never negatively affected the amount of information that the adolescents reported. Although the technique of drawing may vary in effectiveness with different emotional topics, our preliminary evidence suggests that drawing is a tool that can be easily implemented to facilitate assessment with adolescents in clinical settings. We conclude that drawing facilitates communication, probably because it makes adolescents feel comfortable, aids the development of rapport with the interviewer, engages the adolescent in the interview process, and maximises the interview length (Butler et al., 1995; Gross & Hayne, 1998, 1999).

It is important to note, however, that interviews completed in the present research were conducted using strictly open-ended questioning, and the focus was on the participant's verbal report; the drawings were never interpreted. More research is needed to investigate the use of drawing in actual clinical settings before firm recommendations can be made.

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