



**CaraCare**  
A safe place for children to grow

**Groupwork Report  
Drumbeat  
October-December 2015**

## **DRUMBEAT**

**Our earliest experiences of safety and security are closely connected with rhythmic patterns. We have from our earliest sensory experiences been surrounded by rhythm and continue to live in a world defined by rhythm. Rhythm in music and rhythms in life (biorhythms) share a symbiotic relationship.**

**When a child is abused, their internal and external rhythms are deeply affected and Drumming can bring back some equilibrium and joy.**

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**Much Gratitude**  
**Amanda**

## EXECUTIVE SUMMARY

### Background

Drumbeat Groupwork program was established at Holyoake in WA, which is a service that assists children and families, affected by AOD (alcohol and other drugs) and gambling problems. Drumbeat is now used by professionals in many different countries working in a wide range of areas with diverse populations. The common link to each of the individuals participating in the program is the critical importance of relationships in their lives. Often, for a wide range of reasons, their experience of relationships has not been positive and has led to or exacerbated their social isolation or alienation. Drumbeat has been run in schools, rehabilitation centres, youth centres, juvenile justice/prisons and mental health facilities. The Drumbeat program uses rhythms, songs, games and improvisation to increase social skills, feelings of belonging and connection and self-esteem. It has been developed over a number of years and undergone several formal evaluations which have consistently shown beneficial affect on a range of social measures. The first open training program for Drumbeat facilitators was delivered in 2005 and in 2010 an accreditation process was implemented. (Drumbeat Facilitator Training Program-Building Resilience Through Rhythm-An evidence based social development program using music to engage and transfer social learning).

### Purpose of Report

The aims of this report are

- To document the progress of the children engaged in the first CaraCare Drumbeat group.
- To include the opinions of the children who completed the group.
- To identify and evaluate the process of delivering Drumbeat with another organisation with children who have experienced trauma.

### Method of Data Collection

The data was collected in terms of both a process and outcomes evaluation. A mixed methods approach was utilised to meet these evaluative objectives.

Quantitative data was gathered using WRAP I and WRAP II and analysed to measure increase in resilience-based factors for the children participating in the group.

Qualitative data, (interviews), was gathered and analysed to measure meaning of the experience for the children and participatory factors.

## **Participants**

Of the 5 children engaged in this group:

- 5 were primary victims of abuse
- The age range was 7 to 9 years
- There were 4 girls and one boy
- Most were victims of domestic violence and neglect or AOD abuse of parent and neglect
- Relationship to offender – 1 Father, 3 Mother and Father, 1 Mother

## **Key findings**

The feedback from the children was predominantly positive. Most of the children highlighted that they made new friends, learnt new skills and felt good about themselves for learning new skills. Four children showed an increase in social skills and learning new skills and three an increase in talents and interests. This suggests that the majority of children met the aims of the group.

## **Conclusions**

The results from the evaluation of this group show that Drumbeat had a positive effect for the children particularly in relation to resilience and self-esteem factors. For the next group recommendations should be implemented to improve certain qualities of the group.

## Chapter One: INTRODUCTION

### What is Drumbeat?

In 2003 Holyoake started trialling Drumbeat with groups of at risk, socially isolated young people across the Wheatbelt region of Western Australia. In traditional societies the drum and other rhythmic instruments have long been connected to healing. The drum provides a channel for communication and connection with others. There is a growing amount of research supporting the theory behind the success of music based therapy interventions and drumming in particular. In the field of music therapy itself, drumming and percussion are probably the most widely used and researched modalities within the profession (Thaut, 2005 cited in *The Drum as a Healing Tool in Therapeutic Practice* by Simon Faulkner). Physiological studies have demonstrated that drumming imposes a neurological pattern on the brain that typifies general altered states of consciousness and meditation (enhanced alpha-wave production and brain wave synchronization). These physiological changes are associated with healing and psychological and physical well-being. Drumming induces relaxation, reduces tension and anxiety and facilitates cognitive-emotional integration and social bonding and affiliation (Winkelman, 2003 cited in *The Drum as a Healing Tool in Therapeutic Practice* by Simon Faulkner).

The work done in the world of neuroscience has reinforced these benefits. For example young people and children who have experienced emotional trauma-trauma at an early age can affect the brain and neural pathways. Rhythm exercises have been found to be beneficial by acting in support of the regulation of homeostatic states (Perry, 2007 cited in *The Drum as a Healing Tool in Therapeutic Practice* by Simon Faulkner).

### Drumbeat consists of:

#### These 5 Core Elements

1. Core Rhythms and Songs
2. Discussion and Story-telling
3. Games
4. Improvisation
5. Performance





## Chapter Two: OVERVIEW OF THE PROGRAM-Evaluation

This evaluation report details the participation of 5 children in the first CaraCare Drumbeat group. The group was held on Tuesdays from 4-6pm at CatholicCare Lewisham from October-December 2015 for 8 sessions.

### 2:1 Aims

To provide children, whose lives have been impacted by the trauma of neglect, violence and AOD (Alcohol and other Drugs) abuse, an opportunity to tap into their own resilience through a fun, engaging and safe group. Topics were explored (using drums) to help build a positive sense of self, develop social skills (social competencies) and increase resilience factors.

The three main aims of Drumbeat were to:

- Improve self-esteem
- Improve coping and emotional regulation
- Improve social skills

### 2:2 Participants

To honour the confidentiality of the children who attended the group there are no images of them in this report. However, they each agreed to photographs of the group process, including them playing the drums.

The total number of children referred to the group was six. As with the WIA group one child was stopped from attending the group by his father. The other five children completed the group though one boy was not able to complete the post-group survey as his mother had a baby and none of his carers could bring him to the last group or subsequent appointments made post group. We have facilitators and carer's observations for this boy

The biographical details are contained in figure 2:

**Figure Two: Biographical details of children**

AGE	GENDER	LIVING CIRCUMSTANCES	ETHNCITY	TRAUMA HISTORY	OFFENDER
7 yrs.	1 girl	3 OOHC	2 Anglo-Australia	3-Physical abuse and witnessed domestic violence.	Fatherx1 Mother/Father x 3
8 yrs.	3 girls & 1 boy  2 girls turned 9 during the group.	2 Family	1 Uruguay  1 Scandinavia  1 Portuguese	3-child neglect.  5-parents AOD abuse	Mother x1

### 2:3 Facilitators

Two clinicians were used in the facilitation of this group. One clinician from Cara House, Amanda Boyd and one clinician from CatholicCare Holyoake program, Sally Riley, which is a program that works with children and significant others effected by AOD (alcohol and other drugs) abuse. Sally Riley is an experienced Drumbeat Facilitator and Amanda Boyd is an experienced Trauma Counsellor.

### 2:4 Attunement- Resilience-Self-Esteem

Attunement to the children's individual needs, emphasising resilience factors in each child's life and promoting pro-social connection between the children were three main process elements of the Drumbeat group work program.

### 2:5 Process

In the process of the Drumbeat Group the Group facilitators planned and modified each session to meet the needs of the group participants. Group facilitators debriefed and wrote observation/process notes after each session and reflected on the children's needs for the next session. Despite each session being based on need there

was a general structure that was adhered to, to provide predictability, safety and connection for the children.

Throughout the eight weeks many modifications had to take place to meet the emotional and developmental needs of each child in the group. More calming activities were introduced and alternative activities to the drumming. The group agreement was added to throughout the eight weeks with the children and a system was worked out when someone needed time out or a break. A time out space was developed. Group facilitator's constantly monitored safety of the group as the girls were at times affected by the boy's behaviour.

## **2:7 Session Structure**

**Each week focused on a certain topic but followed the following structure-**

- A Welcome activity-something calming using the Tibetan singing bowl and/or drums how your week has been. Review group agreement if required. Talk about noticings and topic for today.
- Break-food
- Drumming-learning beats and songs (listening song, respect song and teamwork song)
- Break-food
- More drumming and/or joining games
- Closure activity
- Final week was a celebration and performance by the children to show their carers/families what they had learnt.

Topics included- Rhythm of Life, Relationships/Friendships and communication, Harmony, Feelings, Community/Connection/Teamwork, and Identity.

## **2:8 Children's participation**

Recognising children as the co-creators of their own healing process CaraCare prioritises children's participation in the running of the group sessions. This active participation unfolds over the weeks in a manner that will not flood them and takes into account the children's age and ability.

As each week progressed the children were encouraged to become more active participants in the group structure. This happened in the following ways:

- Children developing group agreement which was added to along the way
- Children leading some activities
- Children choosing which songs they wanted to play
- Children could have one on one time in break-out room if they needed to

## **2:9 Partnership**

This group was a partnership between CaraCare and CatholicCare. The CatholicCare Holyoake program had run Drumbeat groups previously and CatholicCare Lewisham had the resources (drums) and space to run the group. The referrals for the group came from the Holyoake program, Cara House and Inner-West family referral, Burwood.

## Chapter Three: EVALUATION

### 3:1 Measures

The data was collected in terms of both a process and outcomes evaluation. A mixed methods approach was utilised to meet these evaluative objectives. It was decided to use the Wrapped in Angels Resilience Assessment-Pre and Post (WRAP 1 & WRAP II) for Drumbeat **also** as the Drumbeat assessment tools were not age appropriate in relation to developmental understanding and length. The WIA Resilience Assessment was relevant to the aims of the Drumbeat group.

Quantitative data was gathered using the Wrapped in Angels Resilience Assessment-Pre and Post (WRAP I & WRAP II) and analysed to measure improvement in resilience-based factors for the children participating in the group.

WRAP I & WRAP II were originally developed by Ms McVeigh and her clinical team at Cara House. Ms McVeigh adapted the original WRAP I & WRAP II tools for use in this group primarily to emphasis that their use is to be administered in a conversational style not as a questionnaire.

Qualitative data, (interviews), was gathered and analysed to measure meaning of the experience for the children and participatory factors. In addition, data was gathered from carers/parents on their experience of the children throughout the group work process.

### 3:2 Administration

#### Quantitative Data

At the start of the group the WRAP I was administered by having a conversation with each child individually based on questions related to the presence of the six domains of resilience in their lives. A rating scale was used to show the strength of the presence of each of these domains.

The child was given the option to have their carer/parent present or to have the conversation on their own. Most children had a carer present.

The domains of resilience are as follows:

- Secure base
- Relationships
- Talents and interests
- Learning new skills
- Social competencies
- Positive Value system

At the end of the group, WRAP II was administered, to ascertain gains in the presence of resilience factors.

For each domain the children could choose a rating from the scale and were encouraged to choose how this was done. They marked the scale themselves or asked the group facilitator to do so.

### **Qualitative data**

Each child was individually interviewed at the end of the group.

The interviews with the children focused on five main areas of discussion:

- 1) What they learnt from being in the group.
- 2) What they liked about being in the group.
- 3) What they did not like about being in the group and anything different they thought could to be done to improve the program.
- 4) Would they recommend it to other children?

Direct quotes from children and carers were gathered, as they are a rich source of data, highlighting the experience of the group for these children.

## Chapter Four: RESULTS

The results of the evaluation had a two-way focus, quantitative and qualitative. The analysis and discussion of quantitative and qualitative data were looked at in three main ways:

- (1) The pre and post qualitative data that looked at the six resilience factors.
- (2) The interviews with the children.
- (3) Feedback from carers/parents

Each child was assigned a pseudonym to protect identity. The results pertaining to each child are recorded under the pseudonyms and summarised in tables in the following sections of this chapter.

### 4:1 Quantitative Data

Results for Jane

Figure 3 shows the scores given by Jane for each domain. The results show improvement in the presence of three out of the six resilience domains.

*Figure Three: Pre and Post Data for Jane*

	Secure Base	Relationships	Talents & Interests	Learning new skills	Social Competencies	Positive Value system
<i>PRE</i>	<b><i>Sometimes</i></b>	<b><i>Sometimes</i></b>	<b><i>Sometimes</i></b>	<b><i>Sometimes</i></b>	<b><i>Sometimes</i></b>	<b><i>Often</i></b>
<i>POST</i>	<b><i>Sometimes</i></b>	<b><i>Often</i></b>	<b><i>Sometimes</i></b>	<b><i>Often</i></b>	<b><i>Often</i></b>	<b><i>Often</i></b>

Results for Fred

Figure 4 shows the scores given by Fred for each domain. Unfortunately post data could not be gathered for Fred due to family circumstances.

*Figure Four: Pre and Post Data for Fred*

	Secure Base	Relationships	Talents & Interests	Learning new skills	Social Competencies	Positive Value system
<i>PRE</i>	<b><i>Occasional</i></b>	<b><i>Sometimes</i></b>	<b><i>Occasional</i></b>	<b><i>Sometimes</i></b>	<b><i>Sometimes</i></b>	<b><i>Often</i></b>
<i>POST</i>						





## 4.2 Qualitative Data

Jane

Figure 11 summarizes the results of the interview with Jane and the comments the carers made.

*Figure Eleven: Summary of interview and carers comment*

JANE		
Personal Comments		Carer Comments
Learnt	'The listening song'	
Liked	Liked calming things, singing bowl, liked playing drums fast and happy. Loved the food. Liked ball drumming game.	
Disliked	When the facilitators had to calm people down. I was frustrated looking at it.	
Recommend to other children	Yes	

Fred

Figure 10 summarizes the comments from carers and facilitators. Unfortunately the facilitators did not get a chance to talk to Fred post group as his mother had a baby and they were all too busy to bring him to last session and subsequent sessions.

*Figure Ten: Summary of interview and carers comment*

FRED	
Facilitator's Comments	Carer Comments
Fred struggled at times with the sound of the drums and the big feelings coming up by being in a group. As time went on he was able to participate more and contribute and when he needed time out he was able to talk about it with a facilitator. Fred showed his leadership skills and empathic side in the group.	Fred really wanted to come; he enjoyed coming. Looked forward to it.

Cecily

Figure 12 summarizes the results of the interview with Cecily and the comments her carer made (grandmother).

*Figure Twelve: Summary of interview and carers comment*

CECILY		
Personal Comments		Carer Comments
Learnt	Drumming and learning songs	Cecily developed her patience, a lot better at waiting. She was able to support her sister at a meeting and sat and didn't speak for 30 mins. Very good at sharing and more kind.
Liked	Drumming, became more calm	
Disliked	Nothing	
Recommend to other children	Yes	Yes

Harriet

Figure 13 summarizes the results of the interview with Harriet and the comments her carer made (mother).

*Figure Thirteen: Summary of interview and carers comment*

HARRIET		
Personal Comments		Carer Comments
Learnt	Pretty happy I was good at drumming and wall handstands	Excited to come & looked forward to it each week. Noticed the boy's behaviour but it didn't seem to bother her too much.
Liked	You can make new friends. Having a good time. Liked singing bowl and meditating. Liked games and drumming and strength cards. I liked waiting, fun waiting for someone else to see what they do first.	
Disliked	Don't know	
Recommend to other children	Yes	Yes

Amelia

Figure 14 summarizes the results of the interview with Amelia and the comments from her carer (grandmother).

*Figure Fourteen: Summary of interview and carers comment*

AMELIA		
Personal Comments		Carer Comments
Learnt	Noticed that I was getting better at things and I tried and I could do it.	Calm and nice. She is enjoying it.
Liked	Liked everything. Having everyone around and supporting me. Liked playing games.	
Disliked	Nothing	
Recommend to other children	Yes. Loved the drums.	Yes



## Chapter Five: DISCUSSION

The results highlight that all children who completed pre and post data increased their scores by half or over half over 6 domains. All children increased in learning new skills and social skills/social competencies. Three children increased in talents and interests-learning new things and feeling good about it. All children said that they would recommend the group to other children.

### 5:1 Quantitative & Qualitative Data

The quantitative data proved to be a strong case for the efficacy of Drumbeat as a means of providing children an experience that has the potential to bolster their resilience capacity.

**This data highlighted that the main areas of resilience development happened in the learning new skills, social competencies/skills and self-esteem areas.**

The qualitative data was a rich source of information on the children's "lived experience" of the group and the "meaning-making" ascribed to the experience. See below.

### 5:2 Social Connections

Often children who have been abused are socially isolated and struggle with their ability to connect to others due to poor social skills and interpersonal relationships. The answer to the question that asked what they liked most about the group highlighted that the social connection was important. Some of the responses were:

- Making New Friends
- Having everyone around and supporting me

CaraCare recognises the power of a healing community for children found in groups. It believes in the growth that can be harnessed when children are brought together to bear witness to the strength and power in each other's therapeutic journey. The words that honoured this are the children's own and highlight the importance of giving them a space to be with each other.

### 5:3 Enjoyment

A core component of resilience-based practice is engaging in activities that give joy. The children expressed excitement and enjoyment throughout the eight weeks. Some of their responses throughout the group and post group included:

- This is fun
- Having a good time

- Liked playing games
- Liked games and drumming
- Liked playing drums fast and happy
- Loved the food

### **5:5 Learning New Skills/Drumming**

Two of the aims of Drumbeat are to improve coping and emotional regulation and self-esteem. Throughout the course of the eight weeks there were different activities included to calm and regulate and new songs and rhythms were introduced. The children commented:

- Liked singing bowl and meditating
- Liked calming things
- Became more calm
- Pretty happy I was good at drumming and wall handstands
- Noticed that I was getting better at things and I tried and I could do it
- Liked drumming and learning songs

### **5:6 Carer's feedback**

The carers gave positive feedback with all of them saying that the children were enjoying the group and wanted to come back. Some of them noticed specific behaviour changes like their child being calmer and more patient.

### **5:7 Limitations**

The limitations of the data:

- Small numbers of participant's means data cannot be globalised.
- Lack of comparison with another group work program.

## RECOMMENDATIONS

The following recommendations are based on the findings from the data analysis, interview contents, interpretation of the results and facilitator observations and discussions.

For the next Drumbeat Groups:

- A more thorough assessment in WRAP 1 of children's hyperarousal levels and the impact of the noise of drums in a group.
- Smaller space to be used where it is easier for containment
- Breakout space more accessible and more child-friendly
- Older age group, probably 9 years and up more appropriate
- For younger children shorter sessions
- Sessions broken up into some drumming and then other break-out activities
- To develop specific programs for each group based on the manuals- DRUMBEAT for Complex Needs and The Drum as a Healing Tool in Therapeutic Practice and on the philosophy of CaraCare.
- Only trauma-informed facilitators to be used who are familiar with the Cara philosophy of working with children who have experienced abuse and neglect

## REFERENCES

DRUMBEAT (Building Resilience Through Rhythm) Facilitator Training Program-An evidence based social development program using music to engage and transfer social learning-Holyoake, Western Australia.

DRUMBEAT (Building Resilience Through Rhythm) The Drum as a Healing Tool in Therapeutic Practice by Simon Faulkner.