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Arts-Based Therapy for At-Risk Youth: Enhancing Emotional Expression, Communication, and Group Interaction in a Thimphu Thromde School

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Abstract

This action research evaluated a 35-hour Arts-Based Therapy (ABT) intervention using drama, visual arts, melody, and rhythm to enhance communication and group interaction skills among eight vulnerable grade VII-VIII students from a Thimphu Thromde school in Bhutan. These middle-income youth faced emotional expression and group dynamic challenges and attended twice-weekly sessions. Multi-method assessments demonstrated significant, equitable gains across participants. Quantitative results showed pre/post gains on the World Centre for Creative Learning Foundation (WCCL) ABT Rating Scale (C*ommunication Domain:* of 50-65%*; Group Interaction Domain: 27-52%), 9-26% gains* on the Interpersonal Communication Competence Scale (ICCS), 23-58% on Neutral Observer, 33-*54%* on Round Robin and *33-52%* on River of Life assessments. Qualitative data from anonymous feedback revealed *100%* reported gains in confidence and expression while interviews highlighted reduced hesitation, authentic sharing, empathy, and real-life skill transfer (e.g., "I speak even if wrong"). Despite limitations (small n=8, no control group, short follow-up), findings support ABT's efficacy for Bhutan's at-risk youth facing mental health challenges. Unlike verbal therapies like Cognitive Behavioural Therapy (CBT), ABT offers accessible, non-threatening support for children facing barriers to expression. Future research should incorporate larger rural-inclusive samples, longitudinal tracking, and controls for scalability.

***Keywords*:** Arts-based therapy (ABT), communication skills, group interaction, vulnerable youth

Introduction

Art Based Therapy (ABT) is a form of psychotherapy that uses creative activities such as drawing, painting, drama, melody, rhythm etc. to help people express emotion, explore thoughts, and work through psychological distress (Hilton, 2008). It is known to reduce emotional distress, improve self-esteem and self-awareness, strengthen emotional resilience, and support social skills. It can be used in individual as well as in group setting and is suitable for children, adolescent and adults across a range of mental health conditions. It is increasingly being used in educational institutes across the globe to help vulnerable students to improve interaction, communication, self-esteem and self-awareness.

In Bhutan, youths face a growing crisis of mental health disorders, substance use, stress, and anxiety, while services struggle to meet demand (Pek-Dorji, 2023.) These findings highlight the need for targeted interventions. To explore more effective approaches for helping vulnerable students enhance their psycho-social wellbeing, the Ministry of Education and Skills Development (MoESD) sent selected school counselors from schools across Bhutan for short-term training in Art-Based Therapy (ABT) in India.

This action research studied whether ABT can help vulnerable Bhutanese schoolchildren with communication and group-interaction difficulties to express emotions and manage group dynamics.

Objectives

1. Investigate the influence of ABT on the verbal and non-verbal emotional expression, communication skills, and persuasive abilities of vulnerable youth with communication difficulties.

2. Examine the effects of ABT on teamwork skills and social interaction among vulnerable youth facing group interaction difficulties.

Literature Review

Importance of Communication and Group Interaction Skills

Humans are inherently social creatures, and through the power of social interaction, we refine and enhance our communication skills. Communication and group interaction skills are fundamental to the social and emotional development of children. However, vulnerable children often face barriers that hinder their ability to effectively communicate and engage in group settings, impacting their academic success and overall well-being.

Communication skills refer not only to language proficiency but also to the ability to listen actively, comprehend written information, express ideas clearly in speech and writing, and remain open to different viewpoints. Group interaction skills are learned abilities that enable individuals to participate effectively in group settings, promote cooperation, manage group dynamics, and work toward shared

goals (American Psychological Association, 2015).

These skills foster healthy relationships by enabling children to express their thoughts, feelings, and needs, as well as listen attentively, show empathy, and understand perspectives. They also promote social-emotional growth, communication, and problem-solving.

Challenges from Technology Use

While physical peer interactions serve as the primary arena for refining the essential social skills, the contemporary social landscape introduces new barriers to this development, particularly through the rapid advancement of digital technology. In an increasingly fast-paced and technology-driven world, the rapid proliferation of digital devices poses a distinct risk to children already exhibiting vulnerabilities in communication and group interaction competencies. For children who face pre-existing communication and group-interaction difficulties, excessive screen time often serves as a maladaptive retreat, drastically reducing their opportunities for essential face-to-face contact and exacerbating social disconnection (Kraut et al., 2002). Research indicates that youth with the highest screen time and the least face-to-face contact report the highest rates of loneliness and depression (Twenge & Spitzberg, 2019). This digital isolation deprives vulnerable children of the physical experiences necessary in navigating social cues, interpreting body language, and managing peer relationships.

In the context of Bhutanese schools, rapid modernization has introduced digital distractions that further marginalize students who already struggle to connect verbally. For these vulnerable children, traditional classroom environments can feel overwhelming, leading to further withdrawal into passive device usage and heightened anxiety during peer interactions.

Therefore, there is an urgent need for targeted interventions that move beyond conventional spoken language to rebuild these foundational social skills. Arts-Based Therapy (ABT) addresses this gap directly by offering a safe, non-verbal, and experiential framework. By engaging through creative mediums, these children can externalize complex emotions without the pressure of direct verbalization, gradually learning to safely navigate group dynamics and rebuild meaningful peer interactions in a shared physical space.

Arts-Based Therapy as a Promising Intervention

In recent years, ABT has emerged as a promising intervention that utilizes creative modalities such as visual arts, music, drama, and movement to foster self-expression, emotional regulation, and prosocial communication skills (Fancourt & Finn, 2019). As an experiential, accessible, and non-threatening form of treatment, ABT activates subcortical pathways to help reduce the linguistic barriers often encountered in traditional verbal therapies (Hass-Cohen et al., 2018). Dynamic, multimodal creative interventions have increasingly been used as targeted strategies for at-risk children and youth experiencing systemic adversity or institutionalization (Save the Children India, 2016). Furthermore, a comprehensive systematic review and meta-analysis of quantitative evidence demonstrates that creative arts-based interventions hold profound clinical promise for trauma-exposed youth by significantly mitigating post-traumatic stress symptoms and reducing negative mood states (Morison et al., 2022).

Drama Therapy

Globally, drama therapy is recognized as a therapeutic tool for various psychological and behavioral issues (Jarman, 2014). Studies show positive effects on emotion regulation, self-esteem, social functioning, emotional and social skills, and cohesion (Bourne et al., 2018; Fancourt & Finn, 2019).

A study on college students in Taiwan found that drama therapy significantly improved six mental health indicators: self-awareness, self-expression, interpersonal and communication skills, self-cognitive reconstruction, social role ability, and decision-making (Chang et al., 2019).

Music Therapy

Music is a social activity that operates at both pre-verbal and verbal levels. It acts as a potent means of communication that is readily accessible long before the acquisition of expressive language, making it an effective medium for relearning and enhancing communication skills as well as fostering social interaction (Bunt & Stige, 2014).

Visual Art Therapy

Art therapy is often used to promote self-esteem, self-awareness, emotional resilience, and social skills, while also helping reduce distress (American Art Therapy Association, 2017). It leverages creative processes to provide alternative non-verbal avenues for self-expression and interpersonal connection bridging communication, emotional regulation, and social participation for children with verbal or social-emotional challenges (Burns et al, 2024).

A study that analyzed the characteristics and trends of publications related to art therapy for children over a 30-year period using bibliometric methods support art therapy as a beneficial intervention for improving children's psychosocial well-being, including communication and group interaction skills (Wu & Chung, 2023).

Research Gap and Need in Bhutan

Common psychosocial treatments for children include Cognitive Behavioural Therapy (CBT), social communication techniques, and parenting training (Ogundele, 2018). However, this is not always suitable for all youngsters, in particular, for children and adolescents struggling to verbalize their experiences and feelings (Scheeringa et al., 2007). ABT provides a valuable alternative.

Despite growing interest in the ABT globally as a therapeutic tool, research and application of ABT as a creative therapeutic tool remain underexplored in Bhutan and research in this area is almost non-existent. Therefore, this action research aims to bridge that gap by examining whether ABT significantly improves communication and group interaction skills among children at risk in Bhutanese educational settings.

Research Question

How does Arts-Based Therapy (ABT) influence verbal and non-verbal emotional expression, teamwork skills, social interaction, communication skills, and persuasive abilities among vulnerable youth in a Thimphu Thromde school with communication and group interaction difficulties?

Methodology

This action research used both qualitative and quantitative data to provide a comprehensive understanding of the effects of ABT. Quantitative data were collected through pre- and post-intervention measures such as observation checklists, behavioural rating scales, and standardized psychometric tests, while qualitative data were gathered through session observations, short reflective notes, semi-structured interviews with the participants and video recordings which helped capture their lived experiences, meanings, and perceived changes in communication and group interaction. The integration of both types of data strengthened the credibility and depth of the findings.

Participants

Eight students in Grades VII–VIII from a lower secondary school in Thimphu Thromde participated in the study. They exhibited varying difficulties with social interaction and communication, particularly in group settings. They also reported low confidence and self-esteem. Participation was voluntary and an informed consent was sought from each child's parent/guardian. For the purpose of confidentiality, participants are referred to in this report using anonymized codes such as P1, P2, and so on, where P1 stands for Participant 1, and so on.

Data Collection Instruments

The study employed multiple data collection instruments to capture change from different perspectives and strengthen triangulation. The use of standardized, observational, reflective, and self-report tools allowed the researcher to document both behavioral change and participants' subjective experiences of the intervention (Rubin & Martin, 1994).

ABT Rating Scale for Children at Risk

The ABT Rating Scale for Children at Risk, developed by the WCCL Foundation, was used to assess changes in emotional and behavioral functioning among children participating in ABT. The scale focuses on domains such as emotional expression, attention, participation, social interaction, and task engagement, and uses a Likert-type format to track progress across sessions (WCCL Foundation, 2005). In this study, the scale was used before and after the intervention to document changes observed in participant behavior and engagement over time. This instrument was appropriate because arts-based interventions often seek to support emotional expression and social adjustment, which may not always be fully captured through conventional achievement-based measures. A structured rating scale allows

the facilitator to observe gradual changes in behavior across sessions and compare baseline and post-intervention functioning systematically (WCCL Foundation, 2005).

ABT Assessment Tools

Two arts-based assessment tools, Round Robin and River of Life, were administered as pre- and post-intervention activities to examine participants' growth and self-expression. The River of Life method is a well-established participatory arts-based tool that invites participants to represent their life experiences through a river metaphor, making it possible to reflect on key events, challenges, and turning points in a visual and narrative form (Denov & Shevell, 2021; Institute of Development Studies, 2023). In the study, the River of Life activity was primarily used to help participants express themselves and to track their progress before and after the intervention, particularly in the way they communicated, expressed themselves, and interacted with others in the group.

Round Robin was implemented as a structured collaborative drawing activity. Each participant began by drawing on a sheet of paper for approximately 2–3 minutes, after which the paper was passed to the next participant, who added to the existing drawing for about 2 minutes before passing it on again. This process continued sequentially until all participants had contributed to each drawing. The activity was designed to encourage shared participation, visual expression, turn-taking, communication, and interaction within a supportive group setting (Roizen, 2016)**.**

Observation by a Neutral Observer

Observation data were collected by a neutral observer, who was a teacher colleague from the school, using a structured checklist. The checklist was used to record observable indicators such as attention, cooperation, participation, responsiveness, and interaction with peers during the 35-hour intervention. This tool was used primarily because independent observation is valuable in action research interventions. It reduces facilitator bias and provides an external account of participant behavior during the sessions. It allows research in the 'natural setting' (Ellis, 2023). The use of a neutral observer also strengthened the credibility of the findings by providing a second perspective on participant progress.

Feedback From the Participants Using a Set Questionnaire

Anonymous feedback was collected from all participants at the end of the intervention through a google form questionnaire. Questionnaires are useful in program evaluation because they allow participants to report their experiences in a confidential way and can reduce pressure to give socially desirable responses. In this study, the questionnaire asked about participants' enjoyment of the sessions, perceived benefits, emotional comfort, challenges faced, and suggestions for improvement. The questionnaire provided direct evidence of participant perceptions and was particularly useful for capturing immediate responses after the intervention. Anonymous feedback is especially important in school-based work, where students may otherwise hesitate to express negative or mixed views openly.

Participant Interview

Semi-structured interviews were conducted with participants at the end of the intervention to gain a deeper understanding of their experiences, as interviews are a useful qualitative method for exploring participants' perspectives in detail (Patton, 2002). The interview questions focused on perceived growth, changes in confidence, communication skills, social interaction, and any benefits or challenges experienced during the sessions. The interviews complemented the questionnaire and observation data by providing more detailed insights into participant experiences. They also allowed the researcher to capture meanings and reflections that may not have emerged in the structured tools.

Standard Evaluation Tests

The Interpersonal Communication Competence Scale (ICCS) was administered as both a pre-test and a post-test to measure participants' communication competence over the course of the intervention. The ICCS was originally developed by Rubin and Martin to assess interpersonal communication competence across multiple dimensions, and it has been used in later research to evaluate communication skills in different populations (Rubin & Martin, 1994). Since the present study focused on participants' social interaction and communication, this scale provided a standardized measure that complemented the arts-based and observational tools. The ICCS was appropriate for this study because it offered a structured way to examine change in communication-related skills over time. Using both pre-test and post-test scores allowed the researcher to compare baseline communication competence with post-intervention outcomes.

Video Recording

Throughout the intervention, video recordings were collected at selected intervals to support facilitation, reflection, and documentation. Video recording serves as a valuable observational tool in intervention studies by capturing non-verbal behaviors, interaction patterns, and participant dynamics that may be missed during live sessions. Furthermore, video data has the benefit of reducing observer bias (Caldwell & Atwal, 2005). In this study, these recordings provided supplementary evidence to evaluate participant engagement and support the researcher's self-evaluation. The video data were not treated as stand-alone evidence but rather as an additional source for triangulation. This helped the researcher compare observations across instruments and better understand how participants responded during the sessions.

Intervention

As part of the intervention, a series of creative ABT sessions were designed and delivered over a period of ten months. The intervention comprised a total of 35 hours of intensive ABT sessions incorporating diverse art forms such as play and drama, movement, visual arts, and music and rhythm activities.

To sustain engagement and effectiveness, each session lasted less than one hour and followed a consistent ABT session architecture comprising *pre-session*, *actual session* (Communion, Creation, Closure), and *post-session* phases. This structure is standard in ABT practice and supports containment, therapeutic focus, and integration across sessions (Thergaonkar & Daniel, 2019; Sarangan, 2018). Each session was documented using a standardized Session Record Sheet (SRS) developed by the World Centre for Creative Learning (WCCL) Foundation, which consists of three main parts aligned with these phases.

Pre-Session: Practitioner Centering and Preparation of Space and Resources

Prior to each session, the ABT practitioner **engaged** in a brief centering practice guided by the *Subtle Energy Guide* (SEG) and **prepared** the physical space and materials. The SEG, developed by the WCCL Foundation and grounded in Indian psychology and Mahayana Buddhist mind-training, **provides** ABT practitioners with a framework for perceiving clients' patterns and designing interventions attuned to their needs (WCCL Foundation, n.d.).

Actual Session: Communion, Creation, and Closure

Each ABT session followed a tripartite structure: ***Communion, Creation***, and ***Closure,*** with approximate time allocations of one-fourth, one-half, and one-fourth of the session, respectively (Thergaonkar & Daniel, 2019; Sarangan, 2018).

Communion

Communion established a shared "here and now," built group cohesion, and gently activated the artistic modalities to be used in the main activity (Thergaonkar & Daniel, 2019). It typically included a brief, repeated ritual such as a breathing exercise, simple chant, counting practice, or grounding movement that marks the transition into the therapeutic space.

Skill Warm-Up

Skill warm-ups were short, playful exercises that prepared specific artistic skills for the Creation phase. Examples included rhythm or clapping patterns, vocal exercises or simple songs, movement or body-awareness games, quick drawing or painting strokes, and simple turn-taking, listening, or imagination games (Thergaonkar & Daniel, 2019; Sankaran, 2018). Warm-ups were selected to align with each session's therapeutic goal and the primary artistic medium (e.g., movement warm-ups before dance/embodiment; sound/rhythm games before music-based creation).

Creation (Core ABT Activity)

Creation formed the heart of each session, in which participants engaged in a structured artistic activity aligned with the session's therapeutic goals (Thergaonkar & Daniel, 2019). Depending on the

session plan, participants worked with art forms such as visual art, movement, music, drama, clay work, or collage. The practitioner provided non-directive support, observed emerging patterns, and offered gentle scaffolding to assist hesitant participants or invite reflection. These activities allowed participants to project inner experiences onto artistic media, experiment with new behaviors, and practice critical skills like emotional expression, communication, cooperation, and self-regulation (Sarangan, 2018; Thergaonkar & Daniel, 2019). For instance, a drama improvisation invited participants to practice initiating conversation and taking turns. Ultimately, the creation phase enabled participants to externalize and transform their experiences within a contained, supportive therapeutic relationship (Thergaonkar & Daniel, 2019).

Closure (De-Roling and Closing Ritual)

Closure facilitated disengagement from the intense creative work, supported participants' return to ordinary classroom mode, and consolidated learning (Thergaonkar & Daniel, 2019; Sarangan, 2018). It comprised of two main components: de-roling/transitioning out of creation and a closing ritual. De-roling involved guided activities that helped participants "step out" of roles, characters, or emotional states entered during Creation (e.g., "shake off the character," "put the mask away," "call out your own name"). The closing ritual consisted of a brief, repeated practice (e.g., deep breathing, a closing chant, or a gratitude circle) that supported emotional regulation, consolidated insights, and enabled a safe transition back to routine (Thergaonkar & Daniel, 2019).

Post-Session: Recording Observations and Reflecting on Effectiveness

After each session, the practitioner systematically documented observations and reflected on the session's effectiveness. This post-session work formed part of the intervention, informing ongoing adaptation and providing data for improvement. Activities in this phase included completing the SRS; noting key moments in Communion, Creation, and Closure; recording detailed observations of individual participants' responses (e.g., changes in mood, participation level, and social interaction); and documenting group dynamics (e.g., cohesion, conflict, leadership, inclusion/exclusion patterns, and communication styles). The practitioner also reflected on how well the activities aligned with the therapeutic goals and participants' needs, what worked well, what was challenging and why, and considered adjustments for future sessions.

Data Analysis Procedure

Quantitative data from the WCCL ABT Rating Scale, ICCS, Neutral-Observer Checklist, Round Robin, and River of Life activities were organized by participant code. Pre-test and post-test scores for the eight participants were compared using descriptive statistics, including frequencies, percentages, means, and percentage change. Individual and aggregate pre-post changes were examined to identify improvements in communication, emotional expression, group interaction, and teamwork.

Since the study involved a small sample (N = 8) and was designed as school-based action research rather than a controlled experimental study, the quantitative analysis focused on descriptive

comparison of individual and group-level change rather than inferential statistical testing. Patterns of improvement across participants and assessment tools were used to assess the consistency of change.

Qualitative data from the anonymous participant questionnaire, semi-structured interviews, SRS, and selected video recordings were analyzed using thematic analysis. Transcripts and written responses were reviewed repeatedly, and meaningful statements were coded according to participants' experiences, perceived changes, benefits, challenges, and application of learning in daily life. Similar codes were grouped into broader categories and themes, such as increased confidence, reduced hesitation, improved emotional expression, empathy, communication, and social interaction. Participants were anonymized using alphanumeric codes (e.g., P1, P2, P3).

Quantitative and qualitative findings were integrated through triangulation. Convergent findings across assessment tools, participant feedback, interviews, facilitator reflections, neutral-observer records, and video observations were used to strengthen the interpretation of results. This process enhanced the credibility of the findings by examining whether improvements shown in numerical scores were also reflected in participants' reported experiences and observed behaviors.

Findings

The 35-hour ABT intervention significantly improved communication and group interaction skills among all eight participants. Across quantitative, observational, and qualitative measures, participants progressed from hesitation, limited expression, and low confidence to greater verbal openness, peer engagement, and teamwork, reflecting both individual gains and overall group transformation. The results across all assessment tools are presented below.

Table 1
Aggregate pre- and post-intervention means across all eight participants

Measure	Pre-test mean	Post-test mean	Mean gain (%)
WCCL Communication	2.9	4.5	55%
WCCL Group Interaction	3.5	4.6	31%
ICCS Total Score	55.3	62.9	14%
Neutral Observer	24.5	33.4	36%
Round Robin	32.4	43.3	34%
River of Life	27.6	39.1	41%

Table 1 presents the pre- and post-intervention mean scores for the eight participants across all six assessments. The results indicate substantial gains across all measures, demonstrating improved communication, group interaction, and emotional expression following the 35-hour ABT intervention.

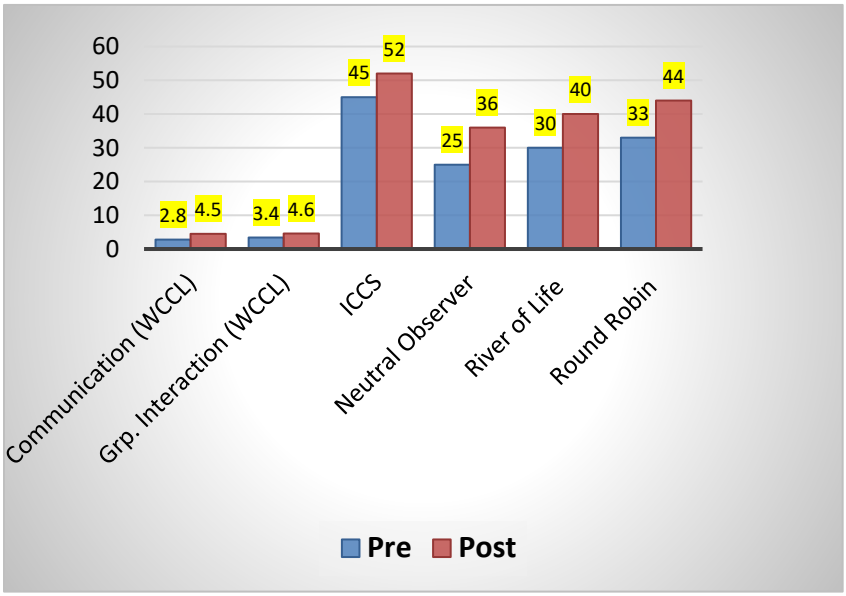
Participant Feedback and Interview

Participant feedback and interviews confirmed quantitative gains. All reported greater comfort in speaking, sharing feelings, and collaborating. They showed reduced hesitation, increased confidence, and enhanced expression through art, movement, music, and drama which helped them overcome fears of judgment through honest, constructive interaction.

Detailed Findings

Figure 1

Pre-Post ABT gains for participant 1 across all measures



Participant 1 (P1)

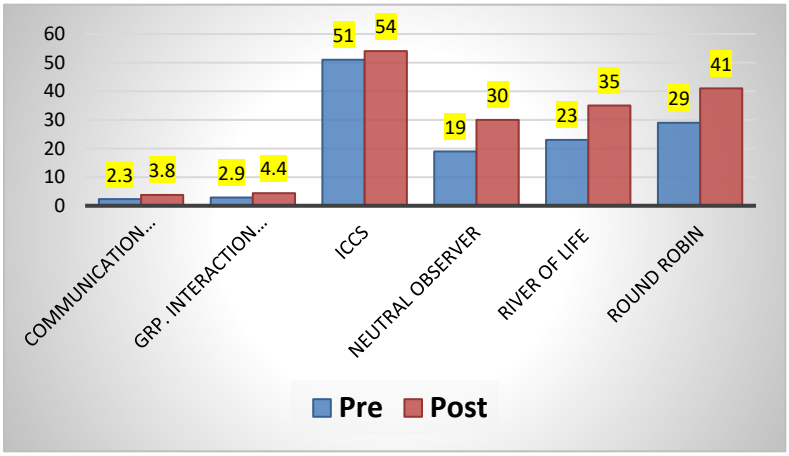
P1, a soft-spoken 12-year-old Grade VII girl from an overprotective only-child family, entered ABT anxious due to prior bullying in the US and had difficulty in readjustment in Bhutan. She also experienced intermittent symptoms and suicidal ideation. Despite a strong vocabulary, she initially struggled with verbal emotional expression and group interactions. Over the course of the programme, she transitioned from shyness to a state of confidence, flexibility, and resilience, emerging as a natural leader by sessions 8-10. By sessions 31-32, she was expressing herself spontaneously and creatively within group settings, utilizing rich metaphors, props, and strong nonverbal cues.

Starting from moderate baselines, P1 achieved comprehensive post-intervention growth. Quantitatively, WCCL Communication surged from 2.8 to 4.5 (+60.7%) and Group Interaction from 3.4 to 4.6 (+35.3%), while ICCS increased from 45 to 52 (+15.6%) and Neutral Observer from 25 to 36 (+44%). River of Life rose from 30 to 40 (+33%) and Round Robin from 33 to 44 (+33%) as shown in **Figure 1,** reflecting deeper emotional narratives and group-level integration.

Interview themes such as “Comfort with Speaking” (“I’ve gotten more comfortable… openly speak my thoughts”) and “Expression of Feelings” (“speak my expression… through art”) aligned with these gains and her reported readiness for presentations (“I can do presentations… won’t hesitate”) affirmed transferable, real-world expressive confidence.

Figure 2

Pre-Post ABT gains for participant 2 across all measures



Participant 2 (P2)

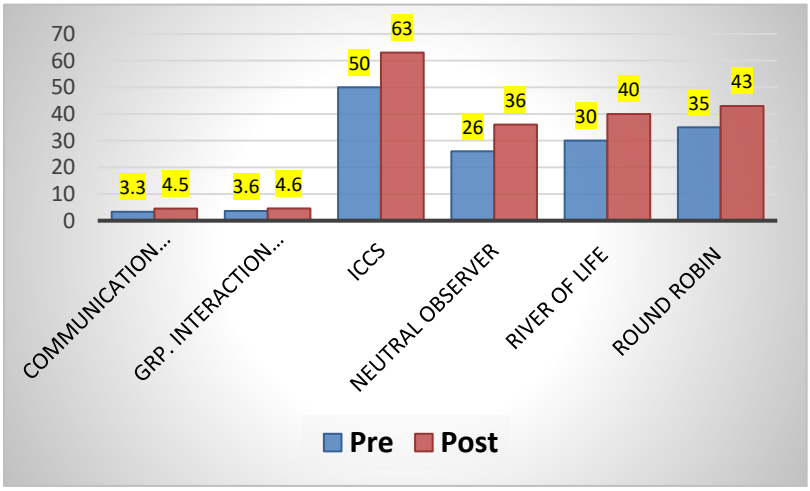
P2 is a shy 13-year-old Grade VII girl from a supportive, middle-class family in Thimphu. She performs above average in studies and has no mental health diagnosis. Upon entering the 35-hour ABT intervention, she was hesitant and inaudible, frequently freezing during debates or in crowds, and struggling with both spontaneous speech and deep writing. As sessions progressed, she grew spontaneous and confident. By mid-program, she engaged fully in creative activities, singing freely, using props and rhythms joyfully, and speaking with minimal anxiety. By the end of the intervention, she transitioned from non-verbal participation to confident drama and storytelling, sharing affirmations promptly and integrating fully into group dynamics.

Her WCCL Communication rose from 2.3 to 3.8 (+65.2%) and Group Interaction from 2.9 to 4.4 (+51.7%); ICCS increased from 51 to 54 (+5.9%), Neutral Observer from 19 to 30 (+58%), River of Life from 23 to 35 (+52%), and Round Robin from 29 to 41 (+41%) as shown in **Figure 2.**

Interview themes such as "Increased Confidence" ("Now I feel much more confident and hesitate less") and "Reduced Hesitation" ("Before I used to hesitate a lot… now I feel more comfortable") closely mirrored these gains, and her comment on public speaking transfer ("It'll help me… in public speaking") confirmed real-world application.

Figure 3

Pre-Post ABT gains for participant 3 across all measures



Participant 3 (P3)

P3, a 13-year-old Grade VII girl from a post-divorce family, entered ABT as an active, above-average participant. While she was socially engaged, she struggled with unassertive communication, frequent conflicts, and the avoidance of deep emotional expression. By the midpoint of the program, she began sharing

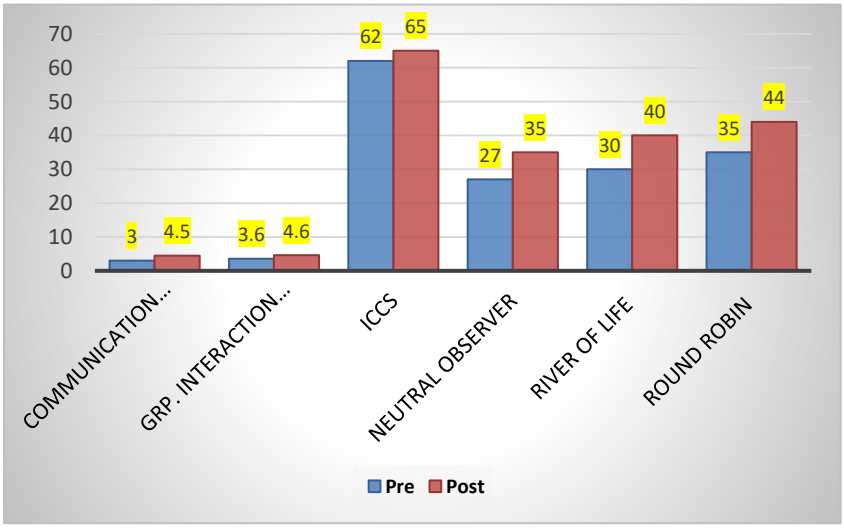
vulnerability, utilizing art and storytelling to process her parents' divorce and the death of her uncle. By the end of the program, she asserted opinions confidently, delivered responsive teamwork with spontaneous humor, and led rhythm/song activities.

Her WCCL Communication improved from 3.3 to 4.5 (+36.4%) and Group Interaction from 3.6 to 4.6 (+27.8%); ICCS rose from 50 to 63 (+26%), Neutral Observer from 26 to 36 (+38%), River of Life from 30 to 40 (+33%), and Round Robin from 35 to 43 (+23%) as shown in **Figure 3.**

Interview themes aligned with gains: "Empathy Development" ("reflected... put myself in their shoes... make them feel safe") and "Openness to Others' Opinions" ("Before I denied them... now I feel very open") matched Group Interaction improvements; "Enhanced Expression through Arts" ("Even when words fail... through music... drawings") reflected River of Life uplifts.

Figure 4

Pre-Post ABT gains for participant 4 across all measures



Participant 4 (P4)

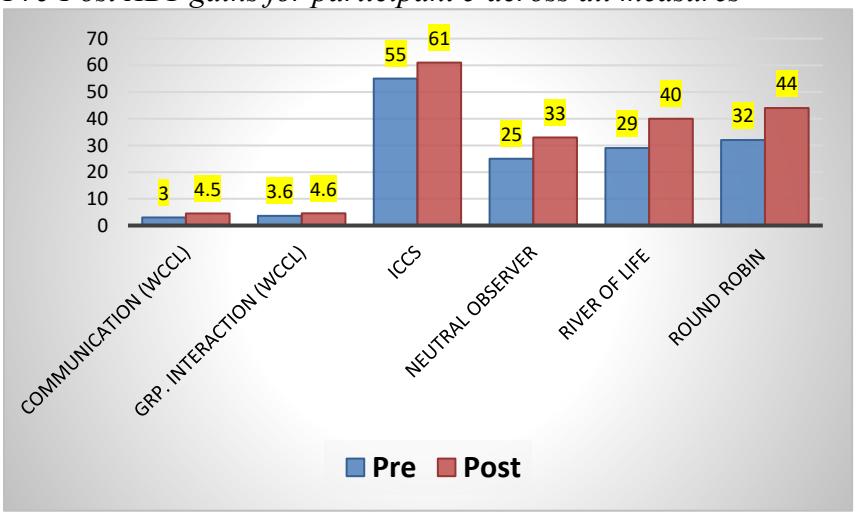
P4, a 13-year-old Grade VII boy from a middle-class family, entered ABT academically strong but quiet in class, speaking rapidly like "rapping," avoiding firm stances in debates, and disengaging in group games. As sessions progressed, he engaged deeply, beatboxing (Session 8), Japanese rapping with djembe (session 9), then leading rhythms and drama with clear, confident speech.

WCCL Communication rose from 3.0 to 4.5 (+50%) and Group Interaction from 3.6 to 4.6 (+27.8%); ICCS increased from 62 to 65 (+4.8%), Neutral Observer from 27 to 35 (+30%), River of Life from 30 to 40 (+33%), and Round Robin from 35 to 44 (+26%) as shown in **Figure 4.**

Interview themes mirrored gains: "Improved Communication" ("helped me… use my own thoughts to talk to friends"); "Increased Confidence" ("Now I'm very confident… I share what I do"); and "Emotional Regulation" ("used to be short-tempered… It calms me down"), underscoring arts-based self-regulation and transferable peer skills.

Figure 5

Pre-Post ABT gains for participant 5 across all measures



Participant 5 (P5)

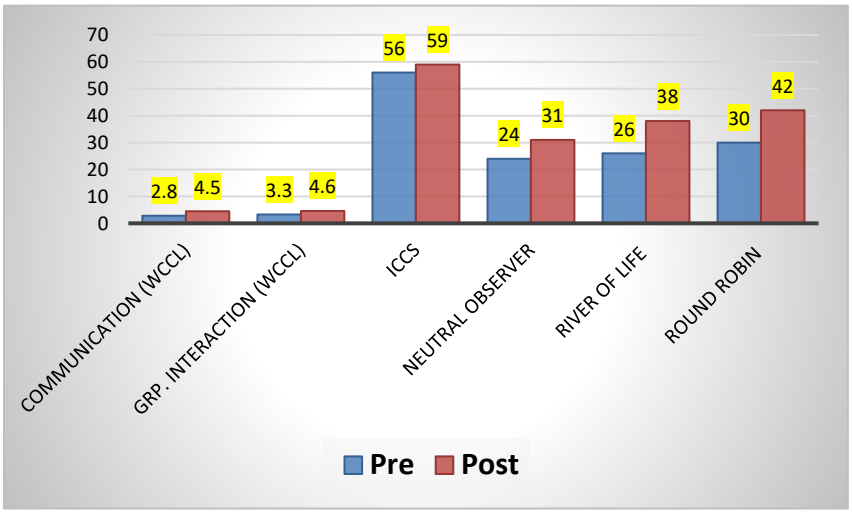
P5, a 14-year-old Grade VIII girl from a supportive middle-class family, entered ABT as a quiet, low-self-esteem student with crowd-anxiety and minimal class participation. Although she had a conducive home environment, she spoke little and shared emotions only briefly at first. However, progress accelerated by mid-program. She shared ideas actively (Session 18), engaged playfully (Session 19), and deepened disclosure (Sessions 31–32). By the end, she spoke confidently, supported teammates, and attuned fluently to group dynamics.

WCCL Communication rose from 3.0 to 4.5 (+50%) and Group Interaction from 3.6 to 4.6 (+27.8%); ICCS increased from 55 to 61 (+10.9%), Neutral Observer from 25 to 33 (+32%), River of Life from 29 to 40 (+38%), and Round Robin from 32 to 44 (+38%) as shown in **Figure 5.**

Interview themes such as “Communication Improvement” (“I can finally open up my feelings… express how I feel”) and “Ease of Sharing” (“First time uncomfortable… day by day I hesitate less”) reflected these gains, and “Social Interaction Changes" ("Before I was quite shy... now much more confident") and "Emotional Intelligence" ("I'll be able to understand others' feelings") validated stronger group attunement and everyday collaboration.

Figure 6

Pre-Post ABT gains for participant 6 across all measures



Participant 6 (P6)

P6, a hardworking 14-year-old Grade VIII girl from a loving middle-class family and above-average student, entered ABT struggling with emotional expression, persuasion, and assertion. Nervous and risk-averse, she initially chose safe roles and spoke briefly. As sessions

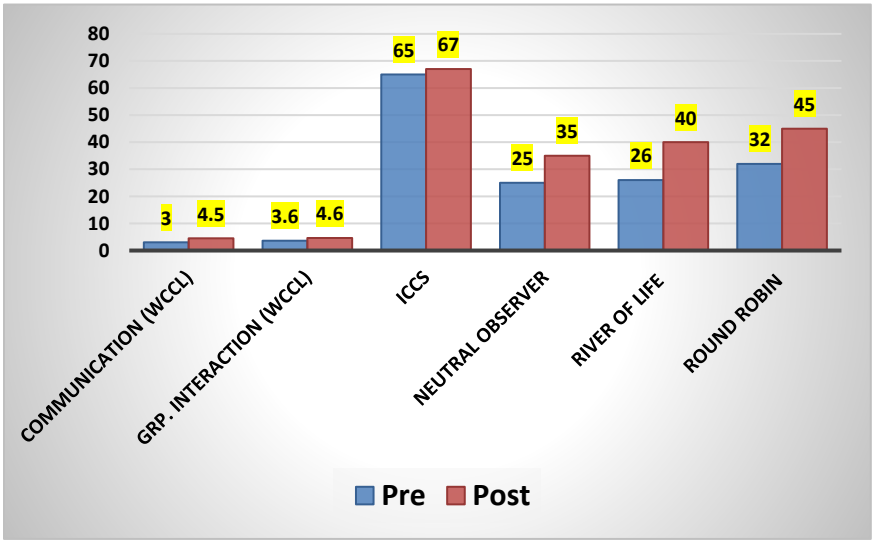
progressed, she soon embraced discomfort, played djembes, moved freely, and shared deep personal stories. By Sessions 31-32, her emotional disclosures (verbal/artistic) revealed newfound confidence and self-belief.

WCCL Communication rose from 2.8 to 4.5 (+60.7%) and Group Interaction from 3.3 to 4.6 (+39.4%); ICCS increased from 56 to 59 (+5.4%), Neutral Observer from 24 to 31 (+29%), River of Life from 26 to 38 (+46%), and Round Robin from 30 to 42 (+40%) as shown in **Figure 6.**

"Increased Confidence" ("It helped me build my confidence… I feel more comfortable sharing") and "Reduced Hesitation" ("I used to hesitate a lot… Now I talk to more people") aligned with WCCL gains, and "Trust Development" ("It helped me trust others") and "Safe to Express" ("Everyone is so friendly and they don't judge") reinforced group-safety and transferability.

Figure 7

Pre-Post ABT gains for participant 7 across all measures



Participant 7 (P7)

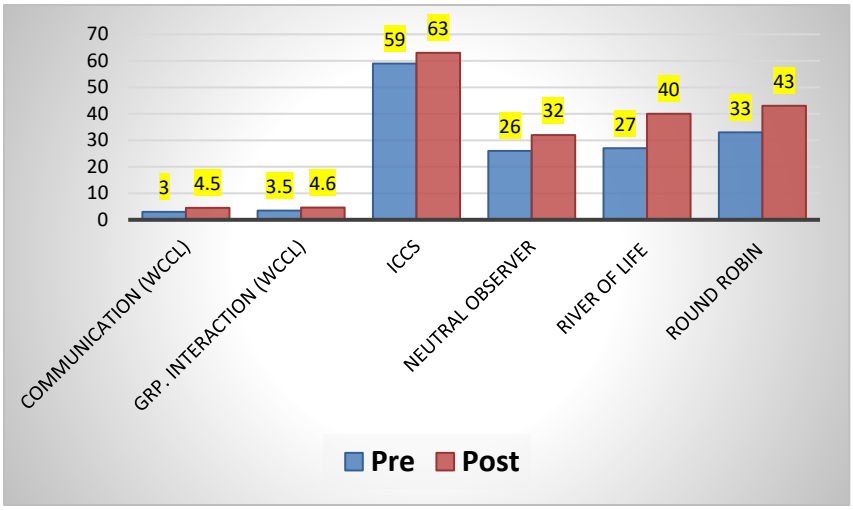
P7, a shy 13-year-old from a supportive middle-class family and average academic achiever, entered ABT seldom speaking in class despite excelling in art and writing. Though grieving the loss of her grandfather, she reported no mental health issues. Initially hesitant with limited use of props and gestures, she later led enthusiastically, motivating peers in songs/drama. By the end, she spoke fluently, used props confidently, and enacted roles spontaneously, showing strong emotional expressiveness and teamwork.

WCCL Communication rose from 3.0 to 4.5 (+50%) and Group Interaction from 3.6 to 4.6 (+27.8%); ICCS increased from 65 to 67 (+3.1%), Neutral Observer from 25 to 35 (+40%), Round Robin from 32 to 45 (+41%), and River of Life from 26 to 40 (+54%) as shown in **Figure 7**.

Interview themes like "Expression Improvement" ("I could express my feelings better… explain what I am thinking about freely") and "Confidence Boost" ("influenced my confidence… speak better… made better friends") mirrored these gains, and "Increased Comfort," "Social Interaction," and "Application to Life" confirmed transferable arts-based expression.

Figure 8

Pre-Post ABT gains for participant 8 across all measures



Participant 8 (P8)

P8, a quiet 13-year-old girl from a middle-class family and above-average student, entered ABT participating sincerely but minimally, excelling in drawing/writing yet nervous and brief when speaking. Over the sessions, she grew active, experimenting with instruments, embracing roles, and using expressive gestures/props. By the end, she spoke fluently/spontaneously, shared stories/reflections, and contributed thoughtfully to group work.

WCCL Communication rose from 3.0 to 4.5 (+50%) and Group Interaction from 3.5 to 4.6 (+31.4%); ICCS increased from 59 to 63 (+6.8%), Neutral Observer from 26 to 32 (+23%), Round Robin from 33 to 43 (+30%), and River of Life from 27 to 40 (+48%) as shown in **Figure 8.**

Interview themes aligned with WCCL gains: "Increased Comfort and Expression" ("made me feel more comfortable… come out of my comfort zone"); "Easier Sharing of Ideas" ("I find it easier… don't really hesitate much"); "Expanded Social Interaction" ("started talking with people I don't usually talk to"); "Increased Confidence and Spontaneity" ("I just speak even if it's wrong"); and "Application to Daily Life" ("I won't hesitate" asking for help), confirming transfer to everyday peer interactions and help-seeking.

The 35-hour ABT intervention yielded convergent gains across all quantitative measures, demonstrating enhanced communication and group interaction skills among all eight participants.

Quantitative surges often +50-60% in Communication and +30-50% in River of Life and Round Robin were mirrored in anonymized group feedback: 100% reported expressing thoughts more easily, substantially increased confidence in talking and debating, and strong perceived helpfulness of group work, with 75% feeling very comfortable sharing ideas and universally positive activity ratings. Interview themes such as "Expression Improvement" and "Confidence Boost" (8/8 each), "Increased Comfort" (7/8), and "Social Interaction" (6/8) aligned directly with tool gains, while "Impact on Daily Life" (5/8) confirmed transferable skills. Together, this multi-method triangulation demonstrates that ABT successfully reduced judgment fears, fostered authentic emotional expression, strengthened empathetic teamwork, and supported durable interpersonal growth beyond the intervention setting.

Discussion

The ABT action research yielded significant improvements in participants' communication and group interaction skills among vulnerable youth in a Thimphu Thromde school, directly addressing the research question of how ABT influences verbal and non-verbal emotional expression, teamwork, social interaction, communication, and persuasive abilities. Pre- and post-intervention assessments using the WCCL Rating Scale, ICCS, River of Life, Round Robin, and Neutral Observer tools revealed consistent gains across key therapeutic domains and goals, triangulated by qualitative interview data and anonymous group feedback. Multi-method evidence showed that ABT meaningfully fostered these competencies, supporting a shift from inhibited, hesitant participants to confident, collaborative learners.

Verbal and non-verbal expression, teamwork, and social engagement grew across all eight participants, resonating with global findings on arts-based and drama-therapy interventions (Chang et al., 2019; Bourne et al., 2018). Cases such as P1's anxiety recovery and P2's 65% Communication gain illustrate how ABT can scaffold emotional expression and group-related confidence where conventional, talk-heavy approaches may feel intimidating. Arts- and music-based modalities bridged non-verbal expression gaps (Wu & Chung, 2023; Bunt & Stige, 2014), offering a more embodied, less threatening pathway than verbal-heavy CBT for emotionally guarded youth (Scheeringa et al., 2007), particularly within Bhutan's rising youth mental health context (Pek-Dorji, 2023). Participants' reflections, "I speak even if wrong" and "group work made it enjoyable", highlighted real-world transfer, positioning ABT as a vital psychosocial bridge in Bhutanese school-based support systems.

Limitations

Several limitations are inherent to this exploratory, school-based action-research design.

Small Sample Size

The small sample (n=8) drawn from a middle-income, urban Thimphu cohort limits generalizability to Bhutan's broader at-risk youth population, including rural children facing poverty, abuse, or harsher family dynamics.

Assessment and Measurement Bias

Although the multi-method approach combining self-report (ICCS), facilitator-rated scales (WCCL, River of Life, Round Robin), and Neutral Observer ratings provided rich, convergent data, it was not immune to bias. Self-report items may have been influenced by social-desirability effects; facilitator-rated tools carried potential rater bias; and reliance on a single neutral observer could limit objectivity. Anonymous feedback and facilitator-led interviews may also reflect group-influence bias, power imbalances, and leading-question effects, which could have subtly shaped participants' responses.

Absence of Control Group

The lack of a control group makes it difficult to attribute observed gains in communication and group interaction scores solely to ABT, as external factors cannot be ruled out. This limits causal claims about the intervention's specific impact.

Limited Follow-Up Duration

Assessments captured immediate pre-post changes but lacked longitudinal tracking over 6–12 months. Consequently, the sustainability of ICCS and WCCL gains, along with longer-term mental health benefits remain unverified.

Session Timing & Engagement Constraints

Most sessions were conducted in early morning hours, as participants often rushed to attend regular classes and complete unfinished schoolwork. This scheduling likely limited their full engagement and may have reduced the depth of participation.

Conclusion

This action research demonstrates that a 35-hour ABT intervention significantly improved verbal/non-verbal emotional expression, teamwork, social interaction, communication, and persuasive abilities among vulnerable students with communication and group interaction difficulties. Using drama, visual arts, melody, and rhythm, ABT fostered a safe space where shy learners gained confidence and collaborative engagement. Multi-method data (WCCL, ICCS, River of Life, Round Robin, Neutral observer, feedback/interviews) showed consistent gains across participants. The findings highlight ABT's potential as contextually relevant, school-based psychosocial support for Bhutan's rising youth mental health needs, and calls for larger, longitudinal, and controlled studies to confirm and extend these effects.

Recommendations for Future Research

Future arts-based therapy work should scale up to larger sample sizes ($n > 30$) and include both rural and urban Bhutanese populations to improve generalizability. Longitudinal tracking over 6–12 months would help validate the sustainability of gains in ICCS and WCCL scores, as well as potential impacts on mental health outcomes such as anxiety reduction. Subsequent cycles should prioritize assertiveness, the domain with the smallest ICCS gain (9.6%). The inclusion of control groups in future designs will strengthen causal interpretation by better isolating the specific effects of ABT on communication and group-interaction skills.

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