Collaborative Expressive Writing:
Combining Writing Skills with Clinical Treatment in a Residential School Setting

James M. Oberacker

University of Massachusetts Boston
CRCRTH692

I can shake off everything as I write; my sorrows disappear, and my courage is reborn.

-Anne Frank

School description and interest in linking ELA writing assignments with clinical treatment:

I work at a day school on the campus of a residential academy servicing students between the ages of 13-22. Students are placed in the program by their school district, in collaboration with the Department of Children and Families (DCF) or by families not affiliated with DCF. In all cases, it has been determined by a team comprised of parents, school officials, counselors and possibly DCF that the current school district cannot meet the needs of that student. Their learning disability may require a smaller classroom size, individual tutoring, or a behavioral program that the district cannot provide. Therefore it is necessary for the team to find a school or residential placement that can provide the setting, structure and treatment that will allow the student to grow socially and academically.

Students at the academy are currently addressing many different challenges. We see very typical learning disabilities (developmental delay, dyslexia, low-processing scores), and also students who excel in the classroom but suffer from post traumatic stress disorder (PTSD), pre-verbal abuse, addiction and borderline schizophrenia. And some students suffer social and emotional disorders along with struggling academically. There is truly a range of needs, and for that reason this academy offers many supports. We have a school psychologist and a fleet of nurses that work on campus and are always on-call. A Competency Program is available to students working on life skills. This could mean shopping for groceries, writing a resume, applying for job, volunteering and securing outside employment. There is a working farm on campus; equipped with goats, chickens and a donkey. Students participate in animal care, and maintain a greenhouse and seasonal, organic fruit and vegetable farm.

The two main supports at the academy are the Educational Department and the Clinical Team. Every teacher is certified in their subject area along with working towards certification, or currently certified in special needs education. Classrooms do not exceed 8 students at any given time, and residential counselors working during the school day double as academic mentors who can work with students individually or in a group setting. Residential counselors sit in classrooms, participate in the lesson and assist the classroom teacher in facilitation and student work. Each class has a variety of tools you wouldn't typically see in a public education classroom. Most classes have peddle-bikes underneath a couple desks for students that feel the need to move or experience high-stress. All classes have a regulation tool basket that is filled with fidget toys, putty, small puzzles and activity books that we allow students to utilize during the lecture portion of class. For students that may need an alternative, learning location for anxiety, behavioral issues or a myriad of other factors; they can finish school work in small offices connected to the school, use the library or even take a break in our rock-wall room that has climbing holds attached to one side of the room.

Many of these supports during the day were not only dreamt-up by the educational department, they were suggested by our clinical team. The school building is essentially split right down the middle. Half of the building is school classrooms, a gym and dining hall. The other half is the clinical wing. This is important to note because students spend a great deal of time not only in school, but involved in their individual treatment with clinicians. There is a great deal of communication between the clinical and educational departments concerning students' affect, behavior, academic output and success rate in school. Clinicians develop school plans for each student, that could include detailed break plans, academic accommodations or work-

study options. Even though there is a wall that divides us, both education and clinical work tirelessly together.

This relationship with clinical team has taught me a great deal about clinical treatment and the various strategies and approaches used daily on the other side of the divide. Since working at the academy as an English Language Arts (ELA) teacher, I have had the opportunity to work with many students outside of the curriculum. I have walked and talked with students while they process school and homelife problems, past trauma, and goals they are working on in clinical treatment. And with this research course, I began to wonder if the writing skills I teach in ELA could somehow correspond with clinical treatment. Could I use expressive, therapeutic narrative writing strategies that collaborate with clinical sessions?

My curiosity was born out of an experience I shared with one of my students in the classroom. Very often I have students with mixed, academic abilities and grade levels assigned to the same ELA class. Therefore I have to design, sometimes eight, different reading and writing assignments for each class. This means that after a quick grammar lecture or whole class activity, students spend a good deal of classroom time working independently. On this particular day, a student shared a document with me mid-class. She was looking for some instant feedback. Upon reading the document I quickly realized she was not engaged in the assigned lesson, but instead shared with me a written account of a negative interaction with a peer. She elaborated that this interaction was bringing back painful memories from her past. Along with responding to her concern and informing her that the document would be passed along to her clinician, I also began to instinctually edit her work. I left comments, reminded her of grammar lessons and writing strategies we've covered in class, and provided links to our

online grammar guide. This experience was wonderful. I felt badly that she was having a tough time, but the silver lining was that she was processing her experience through writing.

Along with passing on this information to clinical, I also began the project of researching expressive writing strategies. My goal was to not only research the benefits and potential risk factors of students writing about emotional and personal experiences, but also how I could build a relationship with Clinical to use these documents in clinical treatment and the ELA classroom. Students have so much support, from many different departments. In linking ELA writing with clinical treatment, Itś my goal to build a new bridge between the two departments and demonstrate the many uses of writing for students in ELA.

Taking a look at expressive, writing research and interviews with clinicians:

¨Studies have demonstrated that when individuals write about emotional experiences, significant physical and mental health improvements follow.”

-James Pennebaker

Both Jen Mello and Erin Lunn, Director and Assistant Director of the clinical department at the academy, agree that writing about personal, emotional experiences can certainly provide ¨physical and mental health improvements” (Pennebaker 162), but could also yield no benefits at all. Taking a look at research arguing that expressive

writing is beneficial, churns out general ambivalence in itś results, or could be potentially harmful will be a catalyst for selecting writing strategies and activities for student participants. Matching and comparing research as well as expressive writing strategies with interviews conducted with Jen Mello and Erin Lunn will determine best practice approaches for future implementation of an expressive writing program and collaboration between ELA and clinical treatment at the academy.

James Pennebaker has written numerous articles, dating back to the the 1980ś, championing the benefits of writing about emotional experiences as a means to confront and process emotional experiences. In his article ¨Writing about Emotional Experiences as a Therapeutic Process¨, Pennebaker explains that the standard method for conducting expressive writing studies emphasizes disclosure:

> “ Whereas two studies have found that health effects occur only among individuals who write particularly about traumatic experiences, most Studies have found that disclosure is more broadly beneficial.¨

Disclosure is certainly broad in itś definition. When you write about personal experiences, you are disclosing information that may not have been previously known. Youŕe revealing inner thoughts, desires, ambitions, insight and possible traumatic events. Putting an emphasis on disclosure as opposed to trauma allows to participants in expressive writing to focus on what they would prefer to share about themselves.

At the academy, Erin Lunn shared that she rarely addresses past trauma in clinical treatment. Her philosophy is that studentś can disclose information as they seem fit. Her approach is to develop goal-setting plans and confront issues, either at home or at the academy, when she is presently and directly involved with the student.

Past emotional experiences are not off the table, but not in the forefront of her clinical treatment approach. Whereas Jen Mello tends to confront a student's past as a means to recognize behavioral patterns and develop treatment goals.

Pennebaker is also careful to point out that disclosure in writing could be more pure than vocal processing. Whether intentionally, or unintentionally, clinicians or therapists could shape or prompt students´ or clients´ responses. (Pennebaker 164). One of the dangers of confronting emotional experiences (or any personal-processing) in a clinical setting is ¨flooding¨; or the triggering of past memories due to revisiting a traumatic event. Jen Mello argues that flooding is a phenomenon that could be happening all of the time with students or clients that need clinical support. Intervention is an effort to confront flooding, and Jen agrees that writing is certainly less driving than a clinician conversing with a student or client and limits the possibility of guiding the participant towards a positive or negative space. A participant responding to a writing prompt *drives themselves* to an emotion, analysis or conclusion. Jen spoke often about ¨SURING-UP¨ a student. The idea of *suring-up* being that each approach makes sure the clinician takes into account, and addresses any possible outcome to a clinical exercise. Before a clinical session, students need to feel safe, be in a comfortable setting and ready for processing.

There have been a number of studies examining expressive writing strategies and the mental and physical benefits gained from the exercise over a period of time. Denise Sloan and her colleagues, Brian Feinstein and Brian Marx, conducted a study that examined both controlled writing and expressive writing as a tool to assist college students with physical and psychological health. After completing anxiety, stress and depression questionnaires, students were randomly assigned an envelope that contained

either a controlled writing writing prompt or an expressive writing prompt. The controlled writing prompt simply asked students to write about their daily tasks with no emotion attached. The expressive writing prompt was extremely focused, asking students describe and process the most upsetting or traumatic event in their life. (Sloan, Feinstein, Marx p.514)

Because the length of the study was not extensive, lasting just under a week and totaling three sessions of filling out questionnaires and writing for 20 minute intervals, the results echoed ¨the large body of research indicating that expressive writing can be associated beneficial outcome, at least in the short term¨. (Sloan, Feinstein, Marx p. 521). The students that had the expressive writing prompts ¨displayed decreased depression symptom severity”compared to students participating in controlled writing. Even after a two month follow-up writing session and questionnaire exercise, it was difficult to find significant physical health benefits, and for the subject of this study, improved academic performance. Physical health benefits and academic performance improvement from this particular expressive writing study may need additional time to yield positive results, but it’s a trend that expressive writing has more immediate mental health benefits for some individuals

Similar findings are reported in a study that focuses on participants that are diagnosed with with Major Depressive Disorder (MDD). In this controlled study, forty participants (all diagnosed with MDD) wrote for a twenty-minute span, for five consecutive days. The writing exercise focused on a traumatic experience in each individualś life. Directly after writing for twenty minutes, participants filled out a questionnaire and on Day 5 scored much lower on depressive scores. (Krpan pp. 2-4)

In an article written by Qian Lu and Annette Stanton, they assess the benefits of expressive writing and its relationship to different genders and ethnicities:

> ¨In an attempt to maximise beneficial effects of writing amd identify for whom it works, we discovered that effects of writing were not constant, but rather varied as a function of writing instructions, outcomes assessed (physical or psychological), and individual differences.¨
>
> (Lu, Stanton p.680)

This article points to the reality that every participant in expressive writing is unique, therefore itś challenging to chart data, even when piling-on questionnaires or assessments. And it also suggests that a closer look at specific traumas, gender and ethnicity may point towards specific, writing strategies that will yield better results for that individual and their experiences.

Other notable studies fall in line with the idea that expressive writing exercises could emotionally help individuals in short-term. In an interesting study focusing on relatives of patients diagnosed with a psychosis, participants were either asked to to write about the first episode of psychosis they witnessed, or to write about time-management in their daily lives (Again, expressive versus controlled prompt). It was concluded that the participants who were assigned the expressive writing exercise ¨were significantly less likely to avoid reminders and personal feelings with their relativeś episode at the next follow-up briefing [with a professional]¨. (Barton, Jackson 693-697)

Many studies not only express short-term, emotional benefits to expressive writing, but are clear in insisting that the study is brief and small in the sample-set. The following study, takes this further in highlighting the percentage of participants demonstrating an overall ambivalence in the process.   Using therapeutic (expressive)

writing, the Bulimic Symptomatology writing experiment saw 80 participants. The main question was whether using therapeutic writing as in intervention would be successful in improving symptom-decrease. There was improvement in about half of the participants and it was determined, in this small sample, that a therapeutic writing session (or sessions) did not make any more progress in treatment of bulimic patients: ¨The findings suggest that, used in isolation, therapeutic writing tasks are of limited benefit to individuals experiencing symptoms of Bulimia Nervosa.¨ (Johnston p418). There was certainly success in the study, but in this case not enough to truly subscribe to expressive writing as a desirable approach for Bulimia.

Expressive writing can work. It can also fall short of providing any positive outcomes amongst participants. It is possible that expressive writing lends itself better to specific traumas, and that specific writing prompts match better with a specific gender or ethnicity. And itś almost always certain that every participant will be unique; bringing with them different life experiences, support systems and stories. However, benefits and success have been recorded, and expressive writing is a tool that any clinician, or ELA teacher could potentially roll-out as means of treatment and supporting writing skills.

Examining expressive writing strategies and future collaboration between ELA and clinical treatment:

It is hopeful that The Clinical Department will begin the process of building a collaborative program between clinical treatment and the ELA writing curriculum. During my interview with Jen Mello, the clinical director at the academy, I was able to share the following expressive writing strategies and programs.

In Joshua Smyth and Rebecca Helmś article: ¨Focused Expressive Writing as Self-Help for stress and Trauma¨, the authors argue that focused expressive writing (FEW) is a tool that aims to allow participants to identify specific stress and trauma, disclose the events and work towards specific outcomes. (p. 229) The outcomes of the study are mainly positive, but the risk in identifying specific trauma was an approach that Jen Mello felt we should put in the back of the toolkit until it matches a specific student, perhaps a student that is experiencing high risk. (See the academyś Risk assessment after the conclusion). Her trepidation is that any given student could be trending towards good space and positive treatment, and may not benefit from writing about a specific trauma in that moment. Having a toolkit of writing strategies that match students´ affect, current progress or immediate stress would be more helpful to the clinical team, who keep treatment and progress in the forefront of their practice.

Two expressive writing strategies that both Jen Mello and Erin Lunn feel could be used more frequently and universally are *Interactive Journaling* and *Positive Writing*. Joanna Wing writes about using an emotional regulation prompt focusing on positive experiences. Wing presented one-hundred and seventy five participants to write about a positive space in their life. Along with questionnaires and a two-week follow-up, Wing argues that this exercise could promote emotional intelligence and life satisfaction. (Wing pp 1293-1295). This is the polar opposite of confronting trauma, but the writing document could easily be used as a coping mechanism for clinicians to revisit when students are experiencing high stress.

Interactive journaling differs from therapeutic diary-writing in the sense that itś less private and finite. Participants use expressive writing to confront trauma, but also as a tool to frame their experience. The tool can then be used to interview experts and read aloud in clinical or group settings. (Miller p.31-33) Erin Lunn found this strategy to be great match for her students. She places great weight on goal-setting and developing short-term plans with an emphasis on research and organization. Interactive journaling lends itself particularly to students´ suffering from addiction. The journal entries can be read at meetings, used to gather testimonials through interviewing and eventually aid in writing a personal narrative essay or memoir.

Moving forward, I hope to attend clinical meetings for students that could be potential candidates for expressive writing exercises. Together, the clinicians and I will examine intake reports, trauma histories and review past risk assessments. Together, weĺl develop writing prompts that fall in-line with positive writing, interactive journaling or perhap focused expressive writing if the situation calls for that specific intervention. And even if our work yields only short-term benefits in treatment, or none

at all, studentś will be writing. They will have the opportunity to process their trauma, develop goals and research, all while engaging in the writing process and earning a grade in ELA.

Assess each risk factor and rate from “No Risk” to “High Risk” and check each row accordingly

Risk Factors	No Risk	Low	Moderate	High
Risk to Harm Self				
Plan	None Reported	No Plan	Vague Plan	Specific Plan
Means Accessibility	None Reported	Poor Access	Accessible	Possesses
Lethality Of Means	None Reported	Low Lethality	Potentially Lethal	Lethal
Suicidal History	None Reported	Ideation/Threats	Gestures	Attempt(s)
Lethality of Attempts	None Reported	Non-Lethal	Injurious	Potentially Lethal
Last Attempt	None Reported	> 2 Years	6 Months To 2 Years	Less Than 6 Months
Family History	None Reported	Ideation/Threats	Suicide Attempts	Death(s) By Suicide
Self-Injurious Behaviors	None Reported	Minor or infrequent	Frequent reports	Required Hosp/ER
Risk to Harm Others				
Plan	None Reported	No Plan	Vague Plan	Specific Plan
Means Accessibility	None Reported	Poor Access	Accessible	Possesses
Lethality Of Means	None Reported	Low Lethality	Potentially Lethal	Lethal
Homicidal History	None Reported	Ideation/Threats	Gestures	Attempt(s)
Lethality of Attempts	None Reported	Non-Lethal	Injurious	Potentially Lethal
Last Attempt	None Reported	> 2 Years	6 Months To 2 Years	Less Than 6 Months
Family History	None Reported	Ideation/Threats	Suicide Attempts	Death(s) By Suicide
Substance Abuse	None Reported	Social Use	A/D Abuse Hx Not Under The Influence	A/D Dependent &/or Under The Influence
Risk to others				
Allegations of neglect	None Reported	1 allegation	2 allegations OR 1 in past year	>2 OR 1 in past 6 months
Allegations of physical abuse	None Reported	1 allegation	2 allegations OR 1 in past year	>2 OR 1 in past 6 months
Allegations of sexual abuse	None Reported	1 allegation	2 allegations OR 1 in past year	>2 OR 1 in past 6 months
Disrupted attachments	None Reported	Minimal	Moderate OR within past year	Frequent OR recent-within past 6 months
Unhealthy attachments	None Reported	Minimal	Moderate OR within past year	Frequent OR recent-within past 6 months
Inappropriate Sexual Behavior	None Reported	One incident – no physical contact	>1 incident / some physical contact	Frequent contact / urges / grooming others
Negative Responses to specific gender	None Reported	Minimal	Moderate	Frequent
Other Risks				
Elopement	None Reported	None in past year	1 -2 in past year	>2 in past yr
Physical Abuse Hx	None Reported	Minimal Abuse	Moderate Abuse	Severe Abuse
Sexual Abuse Hx	None Reported	No Abuse Reported	Abuse Reported	Severe Abuse
Mental Status				
Hallucinations	None Reported	Periodic Or Non-Intrusive	Troubling Hallucinations	Command Hallucinations
Judgment & Reality Testing	Intact And Functional	Predominantly Intact & Functional	Periodically Impaired	Grossly Impaired
Orientation	Hopeful/Immediate & Distant Future Oriented	Predominantly Hopeful/Future Oriented	Minimal Hope And Sense Of Efficacy	Hopeless/Helpless
Interpersonal Interactions	Fully Interactive	Intermittent Contact With Others	Minimal Contact With Others	Isolated
Impulsivity	Normal	Occasional	Frequent	Persistent
Stress	None Reported	Minimal	Moderate	Severe
Loss	None Reported	> 2 Years	6 Months To 2 Years	Less Than 6 Months
Support From Significant Others	Positive/Helpful	Present/Helpful	Accessible/Somewhat Helpful	Unable/Unwilling To Help

Overall Risk Level	**None:** Self Other	**Low:** Self Other	**Moderate:** Self Other	**High:** Self Other

Comments: Summarize the risk and protective factors and indicate if further action is needed per program protocol.

Provider – Print Name/Credentials:		Supervisor – Print Name/Credentials: (if needed)	
Provider Signature:	Date:	Supervisor Signature: (if needed)	Date:

References:

Barton, Karen, and Chris Jackson. "Reducing Symptoms of Trauma Among Carers of People With Psychosis: Pilot Study Examining the Impact of Writing About Caregiving Experiences." *Australian & New Zealand Journal of Psychiatry*, vol. 42, no. 8, 2008, pp. 693–701., doi:10.1080/00048670802203434

Chang, Jen-Ho, et al. "The Psychological Displacement Paradigm in Diary-Writing (PDPD) and Its Psychological Benefits." *SpringerLink*, Springer Netherlands, 5 Feb. 2012, link.springer.com/article/10.1007/s10902-012-9321-y.

Johnston, Olwyn, et al. "Therapeutic Writing as an Intervention for Symptoms of Bulimia Nervosa: Effects and Mechanism of Change." *International Journal of Eating Disorders*, 2009, doi:10.1002/eat.20714.

Krpan, Katherine M., et al. "An Everyday Activity as a Treatment for Depression: The Benefits of Expressive Writing for People Diagnosed with Major Depressive Disorder."*Journal of Affective Disorders*, Elsevier, 18 June 2013, www.sciencedirect.com/science/article/pii/S0165032713004448.

Lu, Qian, and Annette L. Stanton. "How Benefits of Expressive Writing Vary as a Function of Writing Instructions, Ethnicity and Ambivalence over Emotional Expression." *Psychology & Health*, vol. 25, no. 6, 2010, pp. 669–684., doi:10.1080/08870440902883196.

Miller, William. "Interactive Journaling as a Clinical Tool." *Journal of Mental Health Counseling*, vol. 36, no. 1, 2014, pp. 31–42., doi:10.17744/mehc.36.1.0k5v52l12540w218

Pennebaker, James W. "Writing About Emotional Experiences as a Therapeutic Process."*Psychological Science*, vol. 8, no. 3, 1997, pp. 162–166., doi:10.1111/j.1467-9280.1997.tb00403.x.

Poon, Alvin, and Sharon Danoff-Burg. "Mindfulness as a Moderator in Expressive Writing."*Journal of Clinical Psychology*, vol. 67, no. 9, June 2011, pp. 881–895., doi:10.1002/jclp.20810

Sloan, Denise M., et al. “The Durability of Beneficial Health Effects Associated with Expressive Writing.” *Anxiety, Stress & Coping*, vol. 22, no. 5, 2009, pp. 509–523., doi:10.1080/10615800902785608

Smyth, Joshua, and Rebecca Helm. “Focused Expressive Writing as Self-Help for Stress and Trauma.” *Journal of Clinical Psychology*, vol. 59, no. 2, 2003, pp. 227–235., doi:10.1002/jclp.10144.

Wing, Joanna F., et al. “The Effect of Positive Writing on Emotional Intelligence and Life Satisfaction.” *Journal of Clinical Psychology*, vol. 62, no. 10, 2006, pp. 1291–1302., doi:10.1002/jclp.20292.