The Dramatic Influence of Future Interventions: A Critical Review

By

Taylor Jackson

A thesis submitted to the School of Community Services in partial fulfillment of the requirements for the degree of Honors Bachelor of Applied Arts in Behavioural Psychology.

St. Lawrence College

Kingston, Ontario

Canada

April 19th, 2017
Dedication

To Stephen Graham

Thank you for inspiring me to use theatre elements across multiple aspects of my life and for making me feel like I could be anyone that I wanted to be. Theatre will always play a part in my life. May you continue to inspire others to do the same.

To Mom, Dad, Ian, and James

The ongoing support that you provided, across my many personal journeys, made all of this possible.
Abstract

Drama therapy (DT) and psychodrama techniques have great potential as interventions in the mental health field. These interventions show that arts and science can be combined to create successful interventions for various clientele. The current review explored philosophical, anecdotal, and empirical sources to demonstrate the clinical efficacy of DT. A literature search was conducted using the EBSCOhost databases that are available to Kingston’s St. Lawrence College (CINAHL with full text, ERIC, MEDLINE, Health Source: Nursing/Academic Edition, PSYCARTICLES, PSYCBOOKS, PSYCYNO, and SOCINDEX with full text). The literature was scrutinized and compared using Kozlof’s Checklist of Guidelines for Evaluating Research and Research Claims. Overall, the articles aligned with Kozlof’s criteria with an average of 81.67%. Anecdotes were collected from past drama therapist, Peter Belton; high school drama teacher, Steven Graham; Puppeteer, Penny Langlois; and a undergraduate who engaged in drama since the age of four. Their anecdotes highlighted the therapeutic success and pitfalls of drama as an adjunct to therapy, regardless of whether or not they were implemented as therapies. The review concluded that philosophically one can see the practicality of using drama therapy, as there are experts in the field who have seen it work; however, there is still a large gap in the research that needs to be filled to create a balance between the arts and science for this form of intervention.
Acknowledgements

Clinical Supervisors

Gary Bernfeld, Matthew Kennedy, Colleen Cairns. Thank-you for your feedback on placement projects and the advice that you gave to help me to reach my goals.

Agency Supervisors

Mallory Dopson, Dr. Johanne Roberge, Shannon Verboomen, Brendan Robb. Thank-you for the training that you gave me in the field to help me to grow as a professional.

Additional Professionals

Penny Langlois, Peter Belton, Steven Graham. Thank-you for sharing your personal anecdotes regarding implementation of drama therapy in the field, I enjoyed our impassioned discussions.

Sara Beck. Thank-you for your recommendations and assistance in gathering information throughout the thesis process.

Rachel Dutcher. Thank-you for your willingness to serve as my second reader. The implementation of your suggestions enhanced the quality of the thesis. Thanks also for graciously accommodating adjustments to the schedule.
# Table of Contents

Dedication......................................................................................................................... ii  
Abstract............................................................................................................................... iii  
Acknowledgements........................................................................................................... iv  
List of Tables ....................................................................................................................... vii  
List of Figures .................................................................................................................... viii  
Chapter I: Introduction ..................................................................................................... 1  
Chapter II: Literature Review and Anecdotal Evidence .................................................... 3  
  Evolution and Natural Behaviour ....................................................................................... 3  
  Observational Learning and Modelling ............................................................................. 4  
  Overt Changes .................................................................................................................. 5  
  Covert Changes ............................................................................................................... 5  
  Critiques ........................................................................................................................... 6  
  Anecdotal Lenses ............................................................................................................ 6  
    Undergraduate anecdote .............................................................................................. 6  
    Anecdote of a puppeteer .............................................................................................. 7  
    Anecdote of a teacher, coach, and mentor ................................................................. 8  
    Anecdote of a drama therapist .................................................................................... 11  
  Anecdotal Summary .................................................................................................... 13  
Chapter III: Methodology ................................................................................................ 14  
  Search Strategy .............................................................................................................. 14  
  Inclusion Criteria for Empirical Literature Research ................................................. 14  
  Inclusion Criteria for Anecdotal Data .......................................................................... 14  
  Blending the Arts and the Science: Evaluation ............................................................. 14  
Chapter IV: Results ......................................................................................................... 16  
  Empirical Literature ..................................................................................................... 16  
  Anecdotal Data ............................................................................................................. 17  
Chapter V: Discussion ..................................................................................................... 18  
  Strengths and Limitations ............................................................................................. 18  
  Multi-level Challenges ................................................................................................. 18  
  Implications for the Behavioural Psychology Field and Recommendations for Future Research ................................................................................................................. 18
Conclusions...........................................................................................................................................20
References..............................................................................................................................................21
Appendices............................................................................................................................................
  Appendix A: Checklist for Evaluating Research and Research Claims (Kozlof) ..................................................24
  Appendix B: “Act to Empathize”: Group Drama Therapy for Youth to Assist with Post In-patient Empathy and Perspective Taking .................................................................29
List of Tables

Table 1: Ratings for Kozlof’s Checklist of Guidelines for Evaluating Research and Research Claims ........................................................................................................16
List of Figures

Figure 1: Bar graph of percentage of Kozlof’s checklist that has been met..........................17
Chapter I: Introduction

Art in the form of therapy is not a new concept. It is common knowledge that arts and crafts and music are used as an outlet in various forms of therapy for those with mental health needs. However, there have been various forms of the arts used as interventions in the mental health field. The arts ranged from drawing, to dancing, to acting, and there has been a wide range of possibilities for the arts and behaviour related interventions to overlap.

Internationally, there has been a growing interest in the last 20 years in using the arts within the healthcare setting (Wilson, Bungay, Munn-Giddings, & Boyce, 2016). Research even goes as far as to state that using the arts is not only a benefit to the clients but also the practitioners as it can increase empathy and understanding of the other’s needs and improve overall communication skills (Wilson et al., 2016). The researcher’s placement allowed both group and individual sessions of various art-based therapies at an in-patient psychiatric unit.

Finding interventions that are beneficial and enjoyable to both the practitioner and the client appear to be the key to increasing the likelihood of post-intervention success. Van Lith (2016) notes that to improve artistic therapies, future studies should incorporate more details on these approaches to make them more ideal to use. Therefore, the aim of this project was to discover and review the mental health benefits of drama therapies and to identify gaps in current research and seek out the most effective evidence-based practices in this subject area.

Drama therapy (DT) is a technique that has been used numerous times in research studies. Orkibi et al. (2014) found that from using these techniques there was a notable increase in self-esteem and a decrease in public and self-stigma. Creevan (2014) designates DT as conjuring up experiences and emotions, and abolishing the negativity associated with them; DT provides imagination as healing, specifically in regards to trauma therapy. Dogan (2010) emphasized that psychodrama groups allowed participants to work on self-identity, think about their personal attachment style, and develop healthier attachment behaviours. She also stated that participants got the chance to learn from others around them through modelling in the drama and role-play exercises. Overall, Dogan found that this form of therapy lowered participants’ anxiety levels, increased personal awareness, and led to more positive relationships. Hamamci (2006) discovered that cognitive behavioural therapy (CBT) and DT combined, reduced depression levels, negative automatic thoughts, and maladaptive attitudes in participants in all of their groups.

Psychodrama is known as group acting and role-playing to work on personal and interpersonal difficulties and various solutions simultaneously (Orkibi, Bar, & Eliakim, 2014). There have been numerous attempts to combine cognitive behavioural therapy and psychodrama, as they are similarly related in their overall outcomes and goals. Orkibi et al. (2014) has specifically noted that many CBT techniques could enhance the psychodrama experience for clients. The overall goal can be for clients to experience their feelings in a new way, release feelings, and create a new tool for handling their emotions and thoughts (Gatta et al., 2010). Drama itself is also commonly known as portraying another person, thus taking their perspective into account when performing as that character. Therefore, there have been some discoveries of intervention success when using psychodrama and drama therapies.

The difficult task that has been presented in this field of research is finding ways to collect quantitative research. Armstrong et al. (2016) illustrated this concern by stating that many
of the creative processes involved in drama therapy are seen by some researchers to be non-quantifiable. Similarly, they noted that drama therapy research has a history of an imbalance between the artist and the scientist, which makes it difficult to validate the science and critical thinking of previous studies. Specifically, this review attempted to balance the arts and the science.

Subsequent chapters of this thesis include a literature review to display the various uses and implementation of the dramatic arts, a description of how the research was collected, and a final discussion to summarize the project. The literature review (Chapter 2) summarized current information regarding drama therapies, both philosophically and empirically. This section also presented anecdotes of therapeutic changes from those implementing DT in the community. The methodology (Chapter 3) provided a detailed overview of how all the research was obtained. The results (Chapter 4) analyzed all research articles discovered using Kozlof’s Checklist of Guidelines for Evaluating Research and Research Claims. Recommendations for implementation based on these findings were presented. The findings were also illustrated in a table to allow for the information to be visually inspected. Finally, the discussion (Chapter 5) summarized the entire thesis project by examining strengths and limitations of the review, directions for future research, and how the project contributes to the field of behavioural psychology.
Chapter II: Literature Review and Anecdotal Evidence

As previously stated, Orkibi et al. (2014) noted that both psychodrama and drama therapy (DT) use methods and procedures intended for therapeutic changes. This literature review intended to discover what therapeutic changes are possible, what gaps existed in the literature, and how these methods and procedures for this type of intervention complimented existing behavioural therapies.

Evolution and Natural Behaviour

When looking at the evolution of psychological thought, one can see the drastic changes in interventions used. Decartee’s reflected the ideas of reflexes as automatic and involuntary reactions of an individual’s body from that of the events it is exposed to in the environment (Lindsay, Paulhus, Nairne, 2008). Darwin noted that certain traits are passed on through genetics to increase the likelihood of survival in a specific environment, emphasizing the adaptive value humans have (Lindsay et al., 2008). Throughout the years, it is observable that people can name or label traits that would be considered desirable and adaptable. A more modern perspective of evolutionary psychology is that the human mind evolves to include cognitive and social mechanisms to solve adaptive problems, such as how to find and reproduce with an appropriate mate with limited resources or to learn by consequences of our behaviour (Lindsay et al., 2008). This presented an idea that nature and nurture presents itself when it comes to the way that we behave; which seems to be the most modern thought in this regard. The automaticity of our behaviour notes that the better you are at performing a task, the more automatic it becomes (Lindsay et al., 2008). Due to constant environmental changes, we need to be able to use adaptive behaviours when these changes occur. These ideas are what tend to be ingrained into anyone interested in the psychology field and learning about how humans behave; therefore, these concepts should not be considered new, but important in providing us the background knowledge in understanding human’s adaptive behaviours that have been entrenched in us since the “beginning of time”. These adaptive skills can also appear to help explain why dramatic arts have been around for so long and how drama tends to come so naturally to us.

By looking at the history of drama, one can see that the adaptiveness and evolution of performing existed. The origins of this form of the arts can be dated back before history records can identify (Carlson, 2014). The idea of drama itself is assumed to be based on universal human activities and behaviours (Carlson, 2014). Carlson (2014) believed that one of these activities is imitation. An early example of this is Paleolithic cave paintings which displayed imitations visually of the world around early humans; similarly, these acts were performed within the community (Carlson, 2014). Therefore, if these behaviours existed in early times before being labelled as drama, theatre, or entertainment, it can be assumed that this came quite naturally to us. In addition, story telling was closely related to that of these performances because the person telling the story was assumed to have various roles and voices and had a special position in society; examples of these positions could be an elder or chief (Carlson, 2014). Additional aspects were passed down in multiple cultures throughout both recorded and unrecorded history that appeared to come naturally and were easy habits formed by humans. A specific aspect of drama, known as improvisation, was recorded in China and the Middle East centuries before any written scripts were found (Carlson, 2014). Improvisation is known for performances that are created spontaneously, having both the dialogue and actions created on the spot (Carlson, 2014). This form of drama is most easily compared to everyday human life, as generally things happen in our environment that we need to quickly adapt to, as noted in the evolutionary theory of
human behaviour. In a similar nature, in applied behavioural analysis, it is noted that both the humans and the environment are interdependent and can create a behavioural pattern in a human’s life (Lindsay, Paulhus, Nairne, 2008). Likewise, Kenneth Burke noted a theory of dramatism. This theory proposed that human interactions should be considered a series of events that are essentially consciously “staged” to produce certain reaction from others or the environment (Carlson, 2014). Complementing this idea, Carlson (2014) mentioned Erving Goffman, who noted the theory of dramaturgical analysis, stating that all activity people engage in that occurs in front of observers has some influence on the observers, which was widely applied in the field to various social interactions. This proposed theory linking closely to that of proposed ideals in modern behaviourism, in that there is an interaction between the environment and those around us when we behave in certain ways. Thus, this interaction creates consequences to our behaviour. Carlson appeared to have a strong background knowledge in this field, having his resource published by the Oxford University Press, in addition to being a professor of Theatre, Comparative Literature, and Middle Eastern Studies at the Graduate center of the City University of New York. He is also known for his many works, specifically books, in the areas of theatre, history and theory, dramatic literature, and performance studies. Additionally, many of the historical contexts that he presented are general knowledge, as history is generally set information that is no longer heavily analyzed. These noted historical contexts set the stage for how our natural human behaviours tie into the drama world to see how easily behavioural therapies and drama therapies complement each other. Sue Jennings (1990) illustrated that in ancient civilizations it was not a new concept to use drama therapy as a part of various things, such as healing, dating back from possibly millions of years. She also noted that this is new in western cultures and has been lacking in recognizing the potential of drama therapy implementation in medical practices.

Observational Learning and Modelling

There is a large gap in research between the direct connection between observational learning and drama; however, assumptions can be made that we know how to portray another person or character that is not yourself by seeing and hearing about those characteristics in our regular everyday environment. For example, knowing how to react to a romantic partner cheating during a performance when this has not happened to you in your own life. Although there is a large gap, most literature will explain how observational learning or modelling works and can be easily tied to behaviourism. Carlson (2014) noted that theorist Eric Bentley in 1965 described theatre in a formula where “A impersonates B while C looks on” (p.2). This highlighted the ideals that there is always an impersonator and an observer; related to ideals presented in modern behaviourism. Bandura presented the idea of learning by observation and modelling and this was believed to be involved in a wide range of behaviours throughout an individual’s development (Boyd, Johnson, Bee, 2009). Bandura also presented the idea of Reciprocal determinism, meaning that human development works based on the interaction between personal, behavioural, and environmental factors (Boyd et al., 2009). Personal being your beliefs or attitude, behavioural meaning what you present, and environmental meaning your surroundings and other people (Boyd et al., 2009). When a dramatic performance occurs, reciprocal determinism is displayed at its peak. A performance needs to incorporate how the audience is reacting to adjust your performance accordingly, how the other performers are presenting themselves to make your performance in sync with those you are working with, and the actor presents their character accordingly. Similar to that of real life, the actors need to adjust
their behaviour based on those factors presented in reciprocal determinism. In sum, the question is how do we know how to behave like a person who is not yourself?

To further what Bandura discussed, he reflected on ideals that people tended to learn from each other through observing, imitating, and modelling (Bandura, 1977). Bandura believed that by observing others behaviours we store this information for later use. This information may have provided the answer to how individuals know how to act like others who are not themselves in a theatre related performance.

Other empirical literature also noted this observation as well. Dogan (2010) illustrated that participants involved in a study involving drama group therapy allowed the participants to get the chance to learn from others around them in the group setting, learning through modelling in the drama and role-play aspects of the group. Therefore, Dogan displayed the opportunity for observational learning within the drama group.

Overall, by observing others behaviours we gain knowledge to enact certain behaviours in the future and predict their outcomes. Through various social theories, one can see an impact that observing behaviour can play on how we behave or how we perform. This can be applied to drama therapy in understanding how to portray various characters in the artificial world or by learning from individuals around you in a group therapy setting.

**Overt Changes**

Based on current research, there have been few occurrences of clear overt, or observable, behaviour changes. Armstrong et al. (2016) operationally defined DT in attempts to better measure; however, they noted that operationally defining this to better measure is possible but needs to be further researched. Novy (2003) displayed that pre-adolescent participants involved in this study were able to learn new skills, knowledge, and abilities from using the drama therapy process that could be generalized. Pellicciari et al. (2013) illustrated that participants diagnosed with eating disorders became more compliant with the therapeutic plans and core targets involved in the eating disorders when drama therapy was used. Akinsola and Udoka (2013) discussed that a combined approach of cognitive restructuring and psychodrama would be successful, as in their study it reduced social anxiety in participants.

**Covert Changes**

Creevan (2014) designates DT as conjuring up the experience and emotions and destroying them; believing that DT provides imagination as healing specifically in regards to trauma therapy. Hamamci (2006) discovered that CBT and DT combined reduced depression levels, negative automatic thoughts, and maladaptive attitudes in participants in all their groups. The CBT and DT group being the most statistically significant group in these reductions. Novy (2003) discussed that drama therapy allowed children to step away from their problems and create a new identity separate from that problem. Orkibi et al. (2014) also supported this by illustrating through their findings that participants diagnosed with a mental illness had their self-esteem increase and internalized self-stigma decreased due to implementing drama therapy. The results were altered post-intervention when compared to baseline measures. Konopik and Cheung (2013) found that 85 percent of participants described themselves as feeling emotionally “lighter” after even just one psychodrama session. Participants also noted feeling more in control of their emotions and improved self-esteem. Through this study, participants felt that they were able to see their problems from a whole new perspective. Pellicciari et al. (2013) worked with participants who were diagnosed with eating disorders and discovered that participants felt free to express themselves and also felt that they were part of a group, these aspects made the group enjoyable and the participants looked forward to it each week.
Critiques
Jennings (1990) discussed a variety of critiques made about using drama therapy. The first critique she illustrated is the idea that drama is viewed as dangerous. She noted that individuals believe that it could bring up powerful emotions, that if provoked or neglected, can cause negative experiences. The second challenge she highlighted was that individuals may believe that drama is not reality and does not relate to anything in real life. This is based on the belief that things will not be generalized, as people are only acting and are in an artificial world. Jennings also mentions that drama may be challenged as being confusing, specifically to those who have identity problems, because people are being characters. She reflects on these challenges discussing that it provided the wrong impressions about drama therapy, in that with proper training and understanding of the implementation of the therapy, these challenges are contradicted.

Anecdotal Lenses
Undergraduate anecdote. As a current undergraduate student, I also had personal experiences where drama has made a difference in my life. I participated in various drama performances since around the age of 4. I have been in a range of plays, musicals, and improvisations. Drama is a community, and there has never been a time when a performance was negatively received. I think being in drama for so long has provided me with an increase in self-awareness and adaptive skills, as I feel more prepared in most social situations. I have struggled with anxiety for a large portion of my life; however, during drama performances I never felt anxiety in a maladaptive way. Meaning that everyone gets a little nervous or excited right before a performance, but I can honestly say that I never felt nervous or anxious during a performance. During a performance, I am so in the moment that I just feel like I’m ‘doing’ or ‘being’, which provides me with a focus. I also feel that when you’re performing, even if you are performing something that you connect with on a personal level, people do not judge you as a person when you’re up on stage. They’re judging your character, how that character is behaving and feeling instead of judging you as a person. It is the only place in this world that I have felt that I have not been judged or have had negative consequences for just ‘being’. Drama has provided both myself and others I know with an avenue to channel emotions and become more aware of ourselves. Drama is a connection: a connection between yourself, your character, other performers, and the audience. You just get so much out of it. Obviously, drama will serve in different ways for different individuals; throughout my experience the lack of judgement and the development of such a strong community effects people in only a robust sense of positivity. I think, in some way, people need to be a part of that community and there is a space for everyone in that community. Whether it be back stage, on stage, or in the audience, it is truly life changing to be a part of something that positive and being able to be in an artificial world but feel so present. A specific point in my life that was life changing in relation to drama was near the beginning of high school; rumors were made about me and I couldn’t even walk down the hall without having people call me names. Even the people who I thought were my friends joined in on the humiliation. I felt like I had no one. I would find an empty classroom during breaks and lunch to be alone just to enjoy silence. I would cry more than most would consider humanly possible in a day. One day while I was enjoying said silence in an empty classroom, I noticed a flyer just outside the classroom door window. This flyer was perfectly framed in the door that day. The flyer said ‘Impov tryouts Friday 1:00p.m., Be there or be stupid’. Aside from some slight comedic relief, I was intrigued. I began looking up on my phone various improv skits that existed on YouTube and it was so incredible how I instantly forgot about how everything else outside that classroom made me feel.
I did go to those tryouts and I was on that team for the next three years of my high school career. That community changed everything for me. I no longer felt the need to defend myself and prove those rumours otherwise because I had a whole new sense of self. Drama can be truly life changing and can alter both your own behaviour and how you see others behave around you. My experience as an actress, choreographer, and coach in this field, has taught me that you learn from people. You learn from the people you work with and even from the characters you play. There is always learning involved and you learn so much about yourself and the world around you, even from an artificial dramatic world being portrayed. I think the world of drama can be a therapy; like CBT can do for others, it provided me with a new perspective and way of thinking about the people and world around me. Thus, drama helped me create a change in how I felt overall and how I behave even to this day. If I had to comment on the downfall of using drama therapy, I would have to say that you need some sort of commitment and buy in, similar to that of most therapies, for it to be successful.

Anecdote of a puppeteer. The writer met with Penny Langlois who started using drama therapy for a group home of youth offenders (P. Langlois, personal communication, January 27, 2017). She would host drama nights that the children had to be on good behaviour in order to attend. She noted that all the children had a story to tell and were given roles to play. She emphasized that the kids were engaging in the group differently than they normally would in the home. Penny also filled the role of a program assistant at the Friends and Neighbours Club, developed by the Phoenix Centre, which used puppets for therapeutic purpose. Each puppet has its own story and personality. She stated that the puppets told their stories and the kids got the opportunity to ask them questions at the end of the show. Penny emphasized that “the kids relate to the puppets”, stating that “they have a different set of concerns from when I was growing up, and children need to be confident with who they are and be proud of their strengths and be able to utilize them the best way they know how and the Friends and Neighbours Club can help them do that” (P. Langlois, personal communication, January 27, 2017). The key to success, Penny noted, is the right age group, providing the kids with the tools they need to deal with whatever they are dealing with, and follow through with the materials provided. You never know “how the seeds you plant will grow” (P. Langlois, personal communication, January 27, 2017). She elaborated by stating that it is very hard to measure what a true difference it made in someone’s life. In Penny’s opinion, “science is baloney because the experience is so unique to that individual that you cannot measure it, but everyone seems to want evidence that there was a change” (P. Langlois, personal communication, January 27, 2017). She believed that they have tried to show a change through a formula at the Friends and Neighbourhood Club; after every performance, they got evaluations filled out and compiled the results of what people liked and didn’t like or what was effective or not. Penny also stated that it is hard to get any funding or public support without some sort of proof. She did however provide the writer with a few examples of children she knew it affected in a positive way. The first story began when she brought her puppets to the Canadian Mental Health Association to show them what she had to offer them with the program. There was a woman at the front desk who said “I recognize you, you’re the puppet lady, and I am so excited that you are here” (P. Langlois, personal communication, January 27, 2017). Penny noted that this woman started to sing the program’s opening theme song and it just struck her because this woman had to be in her late 20s or 30s. Penny elaborated by remembering that the woman said that she had parents struggling with substance abuse when she was young and the Friends and Neighbourhood Club was so helpful for her, so helpful that she used it with her kids to help with their struggle seeing their
grandparents that way. Penny commented that at the end of every performance, the program likes to give out a resource card with agencies and options to seek help. Penny stated that this woman pulled out this very same card from her wallet, aged and tattered, and said “thank-you” (P. Langlois, personal communication, January 27, 2017). Penny shared that “you never know who you reach, but even if you reach just one that is what matters” (P. Langlois, personal communication, January 27, 2017). Another example that Penny provided occurred at the end of a show where they had a puppet who struggled with cancer. At the end of this show, during the questions and answer period, Penny noted that a child said to the puppet “my cousin just died last week from cancer. I miss her so much. I think I need to talk to someone about it” (P. Langlois, personal communication, January 27, 2017). Penny emphasized that this child had not told any of his peers about this. She believed that “it just goes to show the power this has and what this does for these kids” (P. Langlois, personal communication, January 27, 2017).

Penny noted that some challenges faced using drama in the field is that people tend to think it’s more for entertainment at first. She discovered that if people think this way, then entertainment could lead to criticism. This belief can be a pitfall to using this type of therapy in general. Additionally, she noted another challenge being working with other professionals that are not used to this type of therapy. An example she provided was teachers who want all ages to see her show because it follows under their curriculum requirements, while the older kids did not get as much out of it when it is designed for young children. Penny highlighted that she wished that people would “stop focusing on the science and allow the magic to happen. We do not realize the power this field has. I want to see more of it because it is something that can truly make a difference” (P. Langlois, personal communication, January 27, 2017). She agreed with the research in that it makes both the professional and the kids feel good by saying that “you really feel good after a show because it’s fun and it works. Takes you and the kids away from the stress of life that exists outside of the show and brings them into a safe place to deal with it. I think I have the best job in the world because kids don’t care who you are, they just care about the moment and how it reaches their heart and soul” (P. Langlois, personal communication, January 27, 2017). She also displayed the therapeutic effectiveness for the professional by stating that “there have been times where I have had crisis in my life, but as soon as I came back it feels like the crisis is gone and it’s a truly beautiful moment, that day it feels like everything has gone away” (P. Langlois, personal communication, January 27, 2017).

**Anecdote of a teacher, coach, and mentor.** The next anecdote was provided by a current high school teacher who has been working with youth over the span of twenty years as a high school teacher, director/producer of extracurricular plays, and coach of competitive Improv teams (S. Graham, personal communication, February 8, 2017). He noted that the experiences discussed here may not be universal but can serve to highlight the potential benefits of arts experiences.

He emphasized that participation in dramatic arts activities can have benefits to an individual’s “emotional well-being, sense of social and personal identity, and confidence” (S. Graham, personal communication, February 8, 2017). He specifically stated that “drama is both a risky and an inherently supportive atmosphere” (S. Graham, personal communication, February 8, 2017). In various settings, performance or in class, he noted that there is always an audience
that can present an element of risk. However, he discussed that “it is also by definition a collaborative venture, which means that everyone has the support of a group helping them to succeed and who are invested in that success” (S. Graham, personal communication, February 8, 2017). He stated that because this is so collaborative, it would only succeed if everyone does well. He explains that “the risk invited personal growth and exploration, while the collaboration fostered the development of positive social relationships that often extended beyond the scope of the performance” (S. Graham, personal communication, February 8, 2017).

Over the years he had experience working with many students whom were either encouraged towards drama class or chose to do it to overcome personal challenges, such as shyness or lack of confidence. In many cases, he noted, “the mildly antisocial or introverted behavioural observations that prompt the recommendation are rooted in a lack of self-esteem in the student” (S. Graham, personal communication, February 8, 2017). He also stated that a variety of mental health challenges can also be factors involved. In either case, he specified that “negative self-talk often hampered the student’s capacity to interact effectively with others. Preparing a performance involves dozens of small potential personal and/or social ‘victories’ that can help counteract negative self-thought that leads to the introversion. This can in turn prompt a change in overall behaviour, and sense of well-being” (S. Graham, personal communication, February 8, 2017).

Steven illustrated that each phase of preparing a performance displays different perceived risks and benefits for the individual: “Offering an idea in a brainstorming discussion can take enormous bravery; having that idea acknowledged and valued by the group can have tremendous validation of one’s self-worth” (S. Graham, personal communication, February 8, 2017). Thus, noting the possibility that the risk gets positively reinforced. He discussed the idea that the whole developmental process in rehearsing and performing can reinforce the value the group can place on an individual and can force a shy individual to leave his/her comfort zone or push his/her limits. He emphasized that “the individual must be visible and surviving that experience can be an enormous victory, regardless of how successful the scene is, artistically” (S. Graham, personal communication, February 8, 2017). Being successful in this setting, Steven stated, helps to “counter the doubtful self-talk that might minimize the value or validity of that victory” (S. Graham, personal communication, February 8, 2017). Alternatively, he even noted that “less successful elements of the performance can be explored and understood without judgement, and accepted as an expected part of the common experience. This experience helps foster resilience needed to overcome the next obstacle that may be faced later on in the course or in life” (S. Graham, personal communication, February 8, 2017). Steven believed that if you repeat this process, it can be transformative: “I have taught students who would barely raise their voice above a whisper in grade 9 who go on to pursue post-secondary programs in performing arts. I have taught students struggling with depression or anxiety for whom the positive experiences in drama have become a lifeline” (S. Graham, personal communication, February 8, 2017). Steven summarized these ideals by stating that “many describe the relationships forged in drama class to be among their deepest and most enduring, because of the experience of shared risk, victory, and failure” (S. Graham, personal communication, February 8, 2017).

Steven also discussed the context of competitive Improv teams or the Sears Drama Festival, where he noted students share their performances with many other schools and students get to see that there are others “like them” everywhere. He highlighted that “these interschool organizations foster connections between drama students throughout the province and even the country, further counteracting any isolation that an individual may feel” (S. Graham, personal
communication, February 8, 2017). In this context, Steven believed that the whole community validated the performer through their performance. He also mentioned that many productions involve a large number of students in non-performing jobs (set construction, painting, costume, makeup, stage management, lights and sound, marketing, etc.): “This facilitates connections between social groups within the school. It also allows those not yet ready for the risk of performing to access the supportive, collaborative structure of the work in other ways” (S. Graham, personal communication, February 8, 2017).

Steven also noted that he has also worked with students who define themselves as “artsy” or extraverted, and seek out these performance opportunities. For the most part, he noticed that these students tend to be very welcoming and supportive to those students who are less extraverted because “they often take great satisfaction in seeing their classmates succeed, however that success might be defined” (S. Graham, personal communication, February 8, 2017). This response, according to Steven, often comes as a surprise to students who perceive themselves to be marginalized; he has observed that they often assume that they will not be welcome among more extraverted groups. He further explained that “what they often discover through drama activities is that the individuals that they perceive as extraverted, or popular, or outgoing, or perfect, have their own worries or limitations to overcome” (S. Graham, personal communication, February 8, 2017). He believed that, through this experience, the world becomes a little less polarized. He noted that this experience may have a high likelihood in increasing willingness to engage in other opportunities that arise in other contexts.

Steven emphasized that “drama work prompts thinking about character motivations and relationships. Decisions related to how to vocally present the lines, or to physicalize the action of a scene require exploration of the feelings, thoughts and motivations of the characters” (S. Graham, personal communication, February 8, 2017). Steven discussed the possibility that if the group is also writing the script, these decisions are multiplied. To do so successfully, he noted, it often presented the opportunity to explore themselves and others through the proxies of their characters. Additionally, he found that “the distance provided by the assumption of a character often provides a sense of safety; one can say things through the mouth of a character on stage, that one would be reluctant to voice for oneself in the real world” (S. Graham, personal communication, February 8, 2017). Another key point Steven presented was that “a student who chooses to write or present a scene that explores topics such as addiction, abuse, mental health, genderfluidity, sexual orientation or social justice, will be applauded for doing so in the drama studio; broaching a similar topic in the context of an everyday social conversation might be greeted with disapproval or judgement” (S. Graham, personal communication, February 8, 2017). Thus, he displayed the ideal drama studio may become a safe space for many students who need a venue for that exploration and expression in their life.

In addition, Steven commented on the pitfalls involved in using drama. The first pitfall he noted is the unpredictability of the groups, as can happen in any form of group therapy. He noted that how the group interacts can create either a positive or negative outcome for a student. He also described another pitfall being group-making. He explained that this as an individual being mixed in with peers who feel intimidated or prejudged that could result in withdrawal, avoidance, or defensiveness. Alternatively, if students formed their own groups, they may not have the confidence to approach individuals they may prefer to work with and may end up in a less preferred group. As acting in the role of a teacher, rather than a specific therapeutic purpose, he noted that the necessity of evaluating the work can also be a pitfall. Provided that drama work in a classroom setting is regulated by curriculum and performative norms therein, work may
represent significant personal growth for students who still do not meet curriculum requirements. Steven stated that “the student may push themselves a great deal and take what they personally view as significant risks, and yet still receive a poor mark when the performance they are able to produce is measured against curriculum expectations” (S. Graham, personal communication, February 8, 2017). In this case, he noted that in many cases, that no matter how much positive feedback someone received, the grade affected the overall results. This feedback is also usually reinforced by parental figures who base their opinion off the grade for a student’s experience. Steven believed that, in short, “drama therapy is likely to be more beneficial when the criteria for success is not derived from an arbitrary curriculum, but from personal goals for the individual” (S. Graham, personal communication, February 8, 2017).

In summary, Steven states that “the atmosphere of safety and acceptance, the encouragement of honest and thoughtful exploration of ideas, emotions, and human experience, and the shared experience of positive risk taking all contribute to making the dramatic arts a positive experience for many students” (S. Graham, personal communication, February 8, 2017).

Anecdote of a drama therapist. A final meeting took place with Peter Belton who was a drama therapist and psychiatric nurse at Broadmoor Hospital in England (P. Belton, personal communication, February 17th, 2017). As a mental health nurse, Peter felt “horrified at some of the treatments therapists were doing” and wondered “how people could be so invasive” (P. Belton, personal communication, February 17th, 2017). Peter demonstrated that at the time he worked at this hospital he felt that he had a dual job of a prison officer and a psychiatric nurse. Peter stated that “I could not believe the lack of knowledge and understanding of human beings” (P. Belton, personal communication, February 17th, 2017). However, at the hospital he had the opportunity to participate in a drama therapy project with Sue Jennings using the theatre model. There was approximately six staff and 12 patients who participated and everyone was treated equally. The group was designed where everyone would build masks, develop sets, and create a performance. Peter noted that he was especially “impressed with the interaction I saw and the creativity, we really created a different space” (P. Belton, personal communication, February 17th, 2017). Peter emphasized that he had no prior exposure to drama therapy before this project, as he had preconceived ideas that “drama was for sissies” and never had a personal interest (P. Belton, personal communication, February 17th, 2017). However, after experiencing this group he stated that he was “very wrong” (P. Belton, personal communication, February 17th, 2017). Peter emphasized that “the barrier that broke down between staff and patients was incredible” (P. Belton, personal communication, February 17th, 2017).

Peter believed that a lot of the drama therapy experience is giving the opportunity for others to “explore other selves” because, he noted, that many patients there did not have stability and could not move between the selves and would be “stuck” (P. Belton, personal communication, February 17th, 2017). He described this concept like an orange, in that once we “peel back the outside” we see that everyone has multiple sections or “selves” that they need to integrate between (P. Belton, personal communication, February 17th, 2017). For instance, you may have a parent self, a friend self, and a career self. Peter specifically noted that having a space to explore these selves that was considered safe was key, as this institution focused a lot on containment. Providing them with a space where they could yell, interact behind a mask, and fully explore themselves without being punished was a valuable tool. Peter explained that he later became a drama therapist on a part-time basis for the institution and found that it was difficult to get some professionals on board with the idea: “It is very difficult for all disciplines to record progress. It is a collective and one single thing cannot
take credit for change” (P. Belton, personal communication, February 17th, 2017). Peter agreed with general research, that a lot of the drama process is internal and difficult to record; however, he also reflected the idea that “when people get treated with medication, how do we know that was the only thing that helped them? There could be many things happening there” (P. Belton, personal communication, February 17th, 2017).

Through Peter’s experience, he noted that the most difficult population to work with using drama therapy were diagnosed psychopaths. They tended to be manipulative and would look to destroy or control the group; therefore, there was a strong power struggle that needed to be compartmentalized and prevented. However, these more difficult patients were still able to be successful in group.

Peter described a few specific stories that highlighted the success of drama therapy. He first began noting that individuals diagnosed with schizophrenia were memorable because often times they are considered “no hoppers” and were “stuck” where they are (P. Belton, personal communication, February 17th, 2017). He specified that in group you could see their struggle disappear and the voices would not affect them when they became a character. He stated that they were able to work together as group, even though in a normal social context they did not interact to a strong degree. There was a story Peter provided about a male patient who was considered one of the most violent patients at the institution, as he was a trained fighter. Peter noted that this patient was very defensive and could have probably seriously hurt anyone if he really wanted to. He had a past of having a sexual relationship with his mother, of which he was ashamed. He had a lot of avoidance to be involved in any type of therapy so far in the duration of his stay at the institution. Peter, a psychologist, and the patient were in a room for the therapy session. Using miniature sculpting “he was able to talk about his life at home and look at it objectively, at a distance, looking down on it, he re-created his house and really emotionally broke down” (P. Belton, personal communication, February 17th, 2017). After that, Peter discussed that this patient was able to move on from that part of his past. Peter highlighted that “the psychologist actually presented this to the clinical team as a very forward thinking piece of work” (P. Belton, personal communication, February 17th, 2017). In the future, Peter wanted to see that drama break the supplementary therapy category and to run drama therapy sessions for professionals, like doctors, who may not have exposure to this elsewhere. He wanted professionals to get the chance to see the effectiveness and the power it has.

Peter also noted some pitfalls when using drama therapy. One of the pitfalls was that many people can find the idea of using drama therapy threatening and certain diagnoses, such as depression, may not feel motivated for the group and want to be “left alone” (P. Belton, personal communication, February 17th, 2017). As a professional, Peter explained that “we have to sell ourselves carefully and apply appropriate therapy and styles to suit the individual and their needs” (P. Belton, personal communication, February 17th, 2017). Peter noted another pitfall being staff resistance to drama therapy, which can prevent possible success for patients by not allowing them to participate. Peter also described that a key factor in drama therapy was ensuring the patient was able to step out of the character they were playing and return back into the present before removing them from group. A pitfall can occur from this if this is not done properly and support would be needed outside of the group. Overall, Peter emphasized that individuals who had been oppressed in some way are usually able to adapt well to drama therapy, as it provides them with “a voice and ability to express in metaphor” (P. Belton, personal communication, February 17th, 2017).
Anecdotal Summary. Therefore, there were multiple professionals in the field who value drama therapy as an effective form of therapy for various clientele. There were several themes displayed in the anecdotes: although it can be hard to prove scientifically, drama has made a positive difference for both professionals and clients who have exposure to it; a lot of people have preconceived ideas about drama before seeing what it is about; and different mediums of drama—whether it be using masks, building sets, or preforming with puppets—can be successful. These themes presented consistent positive changes using drama at various levels in the field as presented by a teacher, student, puppeteer, correctional officer, and mental health care provider.
Chapter III: Methodology

The methodology for this project involved the development of a literature and philosophical review commenting on the following areas in relation to drama and behavioural therapies: natural behaviour, observational learning and modelling, covert behaviours, and overt behaviours. This review concluded the similarities between these two fields and essentially brings the science into the arts. This analysis provided insight on the development of future combined interventions. The researcher began the process with an empirical literature search.

**Search Strategy**

Research was gathered using peer-reviewed articles and books, located using the St. Lawrence College library and EBSCO online databases. The researcher collected various articles and research that was accessible and up-to-date. A literature search was conducted using the EBSCOhost databases that are available to Kingston’s St. Lawrence College (CINAHL with full text, ERIC, MEDLINE, Health Source: Nursing/Academic Edition, PSYCarticles, PSYCbooks, PSYCinfo, and SOCindex with full text). The following areas of search were included: art therapy, drama therapy, psychodrama therapy, drama group therapy, individual group therapy, group therapy, drama history, modelling, observational learning, Bandura personality theory, imitation, reciprocal determinism, social learning theory, Bandura.

**Inclusion Criteria for Empirical Research**

Resources for the thesis were required to be published no earlier than the year 1990. The only exceptions to this were if resources were used in historical contexts of the review or to develop a history of a given form of the arts. The range of this literature included other literature reviews, research papers, and books that pertain to related information of the thesis topic. This research did not limit the type of design used for the research (correlational, descriptive, etc.), as to simply focus on empirical evidence.

**Additional Research**

Additionally, the researcher extended to practical examples of the therapeutic uses of drama by consulting those in the field about their opinion on the matter. The choice to take account those in the field was an idea developed from the lack of empirical research that displayed therapeutic effectiveness. Those individuals who were consulted had various backgrounds on the subject matter. The researcher interviewed past drama therapist, Peter Belton; high school drama teacher, Steven Graham; Puppeteer, Penny Langlois; and student who has done drama since the age of four all provided insight on this topic.

**Inclusion Criteria for Anecdotal Data**

For the anecdotes provided, the participants were required to have a minimum five years’ experience in the field of drama. The researcher requested an informational interview from various levels in the field: corrections, teaching, coaching, and puppetry. All interviewees’ responses were recorded within the body of the anecdote chapter.

**Critical Evaluation of Evidence-based Literature**

Kozlof (2006) created fifteen best practice guidelines for evaluating research and research claims that relate to the degree to which researchers meet criteria that follows:

1. The data collected could show that the hypothesis was false.
2. The writer claims with some confidence that the method was effective using level 2 or 3 research.
3. The article has an extensive literature that covers material that supports and refutes the writer’s position, includes research that is both specific and broad, and concludes with what is and is not known.
4. The objective of the research or argument is small enough that it can be accomplished and done well.
5. The research design is experimental, uses comparison groups made equivalent through random allocation or matching, has clearly defined variables, uses quantitative data, and validated instruments.
6. The writer defines variables operationally.
7. The measures are客观.
8. The researcher uses several measures for outcome variables (triangulation).
9. The writer presents solid evidence that the outcome variables were stable until after the intervention began.
10. The intervention is described in scrupulous detail.
11. The research uses accurate and reliable instruments and measures.
12. The research has a sample that is likely to be representative of the population and selected at random or purposively matched by characteristics.
13. The research has comparison groups created by random allocation or matching and are likely to be equivalent.
14. The researcher discusses extraneous variables that might have influenced outcomes and provides alternative explanations and says what was done to rule them out.
15. The writer’s claims are permitted by the evidence; therefore, claims are credible.

The evidence-based literature that was reviewed in the present study was analyzed according to Kozlof’s criteria and the results of this analysis were displayed in table and graph format.
Chapter IV: Results

Based on the research collected, it became clear that there remains a large gap to support the therapeutic success of drama therapy. Non-empirical sources (e.g., anecdotes from experts in the field of drama and various books) supported the value of drama therapy. Empirical literature, scrutinized and compared based on Kozlof’s Checklist of Guidelines for Evaluating Research and Research Claims (see Appendix A), suggested that, when averaged, these studies met 81.67% of Kozlof’s criteria.

Empirical Literature

When scrutinized and compared using Kozlof’s Checklist of Guidelines for Evaluating Research and Research Claims, the literature used in the review proved to be successful to a high degree on criteria 1-6 on the checklist. The authors of the selected articles provided sufficient evidence to support their claims. When reflecting on 6-14 on the checklist, the articles varied on these items. Common limitations that were highlighted during this analysis was item 12, a sample in relation to the population. This pitfall was assumed by the researcher to be due to lack of funding and overall research support in this subject area. These results are displayed in Table 1 and Figure 1.

Table 1

*Ratings for Kozlof’s Checklist of Guidelines for Evaluating Research and Research Claims*

<table>
<thead>
<tr>
<th>Author</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akinsola &amp; Udoka, (2013)</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Not Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Not Good</td>
<td>Good</td>
</tr>
<tr>
<td>Armstrong et al., (2016)</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>N/A</td>
<td>N/A</td>
<td>Good</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Good</td>
</tr>
<tr>
<td>Dogan, (2010)</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Hamamci, (2006)</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Konopik, &amp; Cheung, (2013)</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Not Good</td>
<td>Not Good</td>
<td>Good</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orkibi, Bar, &amp; Eliakim, (2014)</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Good</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pellicciari et al., (2013)</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Not Good</td>
<td>Not Good</td>
<td>Not Good</td>
<td>Not Good</td>
<td>Not Good</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Van Lith, (2016)</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Good</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Good</td>
</tr>
<tr>
<td>Wilson, Bungay, Munn-Giddings, &amp; Boyce, (2016)</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Good</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Good</td>
</tr>
</tbody>
</table>
Figure 1. The above bar graph displays the percentage of Kozlof’s checklist that each article was able to meet individually.

Anecdotal Data

When reflecting on the discoveries made in the anecdotal data, there appeared to be some common themes. All the professionals interviewed had a strong faith in the potential and therapeutic use for drama therapy, regardless of the current quantitative data collected. All the experts discussed the value of the therapy for themselves as professionals in the field. They all commented on how they have seen therapeutic success when using drama, whether having the intent for intervention or not.

Some of the pitfalls noted from the professionals were discussed. In the correctional setting, some limitations were that some may view this form of therapy as threatening; that some professionals do not take the idea of using drama therapy seriously as they do not see its value; and that clients need to step out of a role before leaving therapy or it could be dangerous. In an educational setting, the unpredictability when working in groups can alter the outcome to be more positive or negative; forming groups can be detrimental and predict the outcome of the group; and evaluating the work can influence outcomes as curriculum based ideals may influence the experience for the students. In the puppetry setting, it was noted that people tend to think that puppet therapy is more for entertainment, when that is not the case. Often in this field people ruin the opportunity for therapeutic success when they have this view and can make it difficult to work with other professionals. From the perspective of an undergraduate, it was noted that, like any therapy, the client should be committed to the therapy for it to be successful.
Chapter V: Discussion

Strengths and Limitations

Strengths of the current review included a critical analysis using Kozlof’s Checklist of Research and Research Claims, which was seen as a new innovative component to a literature-based analysis. Another strength of the review was the inclusion of a historical component to provide context for the integration of drama therapy. A major strength of the review was the inclusion of empirical literature to allow the readers to review best practices. A further strength to this review was incorporating various sources, as well as, professionals in the field, throughout the development of this review.

A limitation of the current review was the existing bias of the author, who had a strong passion for the field of dramatic arts. A secondary limitation was the clear lack of strong research in this field and the limited access to databases that the researcher had at the time of the review. Although this thesis is valuable, no formal data collection method was used. Due to the fact that this was created using subjective anecdotal data, this may affect the overall validity of the review. Additionally, because of this form of data collected, the thesis hypothesis could not be tested directly. A final limitation may also be that there was no formal feedback of involving opinions of these types of interventions from the clients or staff at the researcher’s placement that could be implementing these procedures and recommendations in the future.

Multi-level Challenges

Based on the combined research, both philosophical and empirical in nature, there were challenges at many levels to implementing drama therapy in the field. At the client level, this therapy would have provided clients with an enjoyable therapy that matches well with human behaviour overall, as discussed in the historical context of drama therapy; however, clients have preconceived ideas about what this type of therapy entails which can effect the overall success of the therapy. At the program level, this therapy is also enjoyable for professionals to implement and can increase therapeutic success; however, not many professionals are trained in this form of therapy. At the organizational level, this therapy is by far less likely to be implemented when compared to other forms of arts therapies. Many professionals look at this therapy as supplemental rather than a consistently implemented program. Additionally, at this level, professionals may prevent clients from receiving this therapy, as its value may be overlooked. At the societal level, many look at drama therapy with a critical eye for entertainment rather than what its intended purpose is. With the lack of research, it is difficult for those who are not in this field to value the potential of this therapy. This is highlighted by the lack of research even though this therapy can alter covert, or internal, behaviours.

Implications for the Behavioural Psychology Field and Recommendations for Future Research

Overall, for the field of behavioural psychology, this resource yields the opportunity to recognize the dramatic arts in conjunction with traditional behavioural therapy techniques. These techniques appear to easily overlap, especially if further research could identify observable behavioural changes.

Many aspects of the arts are components of current behavioural interventions. For example, a performance as a whole can be seen as a behavioural chain. Behavioural chains are noted to be a complex behaviour that consists of many simplistic behaviours that occur together in a sequence (Miltenberger, 2012). Performing is considered one behaviour; however, when a performance is broken down into its smaller steps, this can be viewed as a behavioural chain.
Many factors involved in drama therapy or preforming can be compared to behavioural skills training procedures, which consists of modeling, instructions, rehearsal, and feedback (Miltenberger, 2012). In relation to modeling, the performers must have the imitation skill in their repertoire (Miltenberger, 2012). This prerequisite was evident in literature that overviewed the use of modelling and learning in relation to behaving like another person. The instructions portion of behavioural rehearsal is reflected in drama therapy through the instructions presented through either a script or from the professional providing guidance. The rehearsal is easily reflected within the use of drama, as this is a key part of both using drama therapy or preforming in general. Rehearsal can be followed by corrective feedback from a professional implementing drama therapy, a director, or the audience during a performance. Rehearsal is also related to feedback; immediate feedback is always presented in some form when using drama. Drama therapy feedback would be presented from others in a group or the professional running the group. Drama itself always has an audience. The audience provides immediate feedback to the performer; examples may include clapping or laughing. An additional behavioural technique that can easily apply to this form of therapy is role-playing. Role-playing involves physically acting out and practicing a skill or specific behaviour, which is done consistently throughout the use of drama in various settings.

Many other basic concepts translate from behavioural techniques to drama therapy, such as social skills scripts. This technique involved creating situational scripts to teach individuals social skills for various social situations: teaching individuals how to respond and how to read social cues are all taught with the use of these scripts. This skill is easily translated into drama therapy techniques, as scripts can often be used in various drama practices. Even though these are only some behavioural practices, it is easy to see how much these therapies overlap. As behavioural therapies have been shown numerous times throughout the literature to be successful, incorporating these two treatments together has the potential to create an enjoyable and successful treatment overall.

Having drama therapy as an option in treatment may allow professionals to provide a multi-modal treatment approach when applying various interventions to diverse clientele. One may also see, particularly in a historical context, that a natural form of human behaviour is to include the dramatic arts in lifestyle. It appears research has ignored a way in which individuals learn and express themselves naturally. Therefore, including this form of therapy in one’s ‘back-pocket’ when deciding where to move forward with treatment could benefit both the professional and the clients in the future.

Future research needs to find a quantitative way to collect data on the overt, or observable behaviours, of drama therapy. For example, the student researcher proposed an intervention that involved teaching empathy through the use of drama therapy at a local hospital serving children and adolescents in-patient psychiatric unit. The proposal can be found in appendix B of the current review. If implemented, this study might have shown the efficacy of combining drama with behaviour therapy. Additionally, based on the analysis using Kozlolf’s Checklist for Research and Research Claims, all research needs to include more samples in relation to the target population to display therapeutic success and provide validity, reliability, and generalizability to the study. Just a few of the many possible areas to expand upon in future research are drama therapy and trauma, drama therapy and anxiety, and drama therapy and skills training. This researcher believes that almost any area of behaviour therapy could benefit the application of drama therapy. It is also suggested that professionals and researchers value the
possibility of what drama therapy could offer various clientele and not to ‘pull the curtain down’ on an opportunity for therapeutic success.

Conclusions

The current review was designed to provide information on best practices in the mental health field in conjunction with the dramatic arts. This project intended to use existing evidence-based literature compiled in a concise manner that would provide a useful resource for the mental health field. Many people view drama as a skill only some people have; however, if we looked at this performance similar to that of a behavioural deficit, it can be taught because of various things discussed in this review (observational learning, modelling, etc.) to help us; however, more often than not it appears to be human’s natural behaviour to incorporate the dramatic arts into our lifestyle and have this behaviour in our repertoire. This critical review discussed the historical context of drama, overt and covert behavioural changes, and anecdotes related to the thesis topic. Anecdotes highlighted both the value and pitfalls of using drama therapy and discussed individual professionals experience using this technique, whether intentionally as an intervention or not. One can see through the information collected, both anecdotal and empirical, that drama therapy can be successful and would work successfully in conjunction with traditional behavioural therapies. This review sought to balance arts and science. Although there remains a large gap in the literature, this is balanced out when we take anecdotal and philosophical, specifically historical, information into account. The researcher believes that this critical review will open up the eyes to the readers about the potential drama therapy has as a successful intervention, especially in the behavioural psychology field.
References


Appendix A

Checklist of Guidelines for Evaluating Research and Research Claims (Kozlof)

1. **Is the purpose of the research or the article to:**
   a. Persuade other persons to believe what the researcher/writer believes  [Not good]
   b. Test the researcher/writer’s hunch or hypothesis by collecting data that could show that the researcher/writer’s hunch or hypothesis is false.  [Good]

2. **Are the writer’s claims (for example, that a method is effective or that teachers should use a method) matched by the rigor of the research behind the claims?**
   a. The writer makes claims that a method is effective or that teachers should use a method, but the “research” is not scientific research. It is merely citations or field notes or other person’s opinions.  [Not good]
   b. The writer makes claims that a method is effective or that teachers should use a method, but the research is only level 1 research---small samples, not experimental, unvalidated instruments.  [Not good]
   c. The writer makes claims that a method is effective or that teachers may with some confidence use a method, and the research is level 2 or level 3 research.  [Good]

3. **Literature review.**
   a. The article has a small literature review. The literature cited almost entirely supports the writer’s position.  [Not good]
   b. The article has an extensive literature that covers material that both supports and criticizes the writer’s position; and that includes both research specific to the topic at hand (e.g., reading) and research that is broader (learning in general). The writer concludes with statements of what is known and what is not known.  [Good]

4. **Scope and feasibility.**
   a. The objective of the research or of the writer’s argument is so large that it cannot be accomplished at all, cannot be done well, or is simply grandiose. For example, the writer wants to change the whole way that math is taught.  [Not good]
   b. The objective of the research or of the writer’s argument is small enough that it can be accomplished and can be done well. The writer is trying to make a small contribution, not produce a revolution.  [Good]

5. **The design or the research in relation to the research questions or to the writer’s claims.**
   a. The design of the research is not proper given the research question or the writer’s claims. For example, the question or the claim is about the effectiveness of a method
which could be used in many schools, but the research is not experimental, does not clearly define variables (concepts), does not use quantitative data, does not use validated instruments, has not been replicated. [Not good]

b. The design of the research is proper given the research question or the writer’s claims. For example, the question or the claim is about the effectiveness of a method which could be used in many schools, and the research is experimental, uses comparison groups (experimental and control groups) that are equivalent (produced by random allocation or by matching), has clearly defined variables (concepts), uses quantitative data, uses validated instruments, has been replicated. [Good]

6. Definitions.
   a. The writer talks about variables, but does not define variables; e.g., the writer says that his method increases retention, but does not define retention. [Not good]

   b. The writer defines variables conceptually, but the definitions are vague, include too much, include too little, and/or are not supported by scientific research. For example, reading is defined as “making meaning from text.” [Not good]

   c. The writer defines variables operationally, but the definitions are vague, include examples that don’t fit the conceptual definition, or include too little. For example, student satisfaction or teacher satisfaction are included in the assessment of how WELL a math program works. [Not good]

7. Objective measures. When research concerns effectiveness, measures should be objective. Subjective and private opinions and impressions cannot ethically be used to make decisions on whether to use a method that could waste students’ time or even be harmful.
   a. Measures are not of things “out there” that any observer can see or hear. For example, students make errors when they read. The researcher calls these errors “miscues.” The researcher determines why students make errors by imagining what was going through the students’ minds. “He said ‘pattern’ instead of ‘parent’ because his parents are divorced.” The validity of subjective measures cannot be tested. How can anyone check whether the researcher’s analysis is correct? [Not good.]

   b. Measures are of things “out there” that any observer can see or hear. For example, students make errors when they read. The researcher determines why students make errors by identifying the sounds that the students misread again and again. “He misreads words such as pattern, patent, parental, and potential because he is not firm on the sound made by the letter t.” This measure (errors) can easily be seen and heard and therefore checked by other observers. [Good]

8. Multiple measures, or triangulation.
   a. The researcher uses only one measure for outcome variables. For example, reading skill is measured by answers to comprehension questions. [Not good.]
b. The researcher uses several measures for outcome variables (triangulation). For example, reading skill is measured by the accuracy of decoding, fluency, vocabulary knowledge, and comprehension. [Good]

9. **Causal time order.** If the research is testing a hypothesis that one variable (intervention) produces a change in another variable (outcome), or if a writer is claiming that one variable produces a change in another variable, the researcher or writer must have evidence that change in the outcome variable began AFTER the intervention. Otherwise, it is possible to conclude that a program is effective when in fact students were already changing as a result of maturation.

a. The researcher or writer does not even address the issue of causal time order. Or, the writer presents no solid evidence that the outcome variables were stable (achievement was not increasing) UNTIL after the intervention. [Not good.]

b. The researcher or writer addresses the issue of causal time order. The writer presents solid evidence that the outcome variables were stable (achievement was not increasing) UNTIL after the intervention began. For example, the writer shows pre-test (pre-intervention) data; states when the intervention began and how long it ran; and then presents post-test (end of intervention) data. [Good]

10. If the research is testing a hypothesis that one variable (intervention) produces a change in another variable (outcome), or if a writer is claiming that one variable produces a change in another variable, the researcher or writer must have **data on both the outcome and intervention variables.**

a. The researcher or writer briefly describes or merely names the intervention (e.g., new curriculum), but presents data only on changes in the outcome variables (e.g., achievement). The writer does not describe how the materials were used, and/or the teachers’ proficiency, and/or how long sessions were. [Not good]

b. The researcher or writer describes the intervention in detail (e.g., new curriculum); presents data on changes in the outcome variables (e.g., achievement); and describes in detail how the materials were used, the teachers’ proficiency, and how long sessions were. [Good]

11. **Validation of instruments and measures.**

a. The research did not use instruments and measures that were tested to ensure that they are accurate and reliable. Information on this is not reported. [Not good]

b. The research did use instruments and measures that were tested to ensure that they are accurate and reliable. Information on this is reported. [Good]

12. **Sample in relation to the population.** The research is testing a hypothesis that one variable (intervention) produces a change in another variable (outcome), or a writer is claiming that one variable produces a change in another variable:
a. The research has a sample that is not likely to be representative of the population to which the findings may be applied. For example, the sample is small; the sample members (e.g., students, schools) were not selected at random or at least purposively so that important population characteristics (e.g., age, sex, social class) are included. [Not good]

b. The research has a sample that is likely to be representative of the population to which the findings may be applied. For example, the sample is large, or many smaller samples are used; the sample members (e.g., students, schools) were selected at random or at least purposively so that important population characteristics (e.g., age, sex, social class) are included [Good]

13. **Comparison groups.** The research is testing a hypothesis that one variable (intervention) produces a change in another variable (outcome), or a writer is claiming that one variable produces a change in another variable:

a. The research has only one kind of group—the group that received some kind of intervention or method. Therefore, there is no way to know if other methods worked as well or better. [Not good]

b. The research has comparison groups (for example, an experimental group that received one form of instruction and one or more comparison groups that received other forms of instruction). However, these groups are not likely to be equivalent. Therefore, differences in outcomes may be the result of other ways (besides instruction) in which the groups differed (such as talent or family help). [Not good]

c. The research has comparison groups (for example, an experimental group that received one form of instruction and one or more comparison groups that received other forms of instruction). These groups were created by random allocation or by matching, and therefore are likely to be equivalent. [Good]

14. **Extraneous variables.** The research is testing a hypothesis that one variable (intervention) produces a change in another variable (outcome), or a writer is claiming that one variable produces a change in another variable:

a. The researcher does not discuss possible extraneous variables (maturation, family help, measurement error) and how they might have influenced outcomes and data. Or, the researcher does not discuss alternative explanations (e.g., some children’s scores increased because they received tutoring at home) and say what was done to rule them out. [Not good]

b. The researcher discusses possible extraneous variables (maturation, family help, measurement error) and how they might have influenced outcomes and data. The researcher discusses alternative explanations (e.g., some children’s scores increased because they received tutoring at home) and says what was done to rule them out. For example, the research used randomly created experimental and control groups, so that any extraneous variables are likely to be on both groups. [Good]
15. **Claims in relation to evidence.**

a. The writer’s claims (e.g., that a method is effective or should be used) are much stronger than the evidence permits. If measures and data are subjective; if there were no experiments and no control groups and no replications; if instruments and measures were not validated---then any claims are weak. They are no stronger than speculation and wishful thinking. [Not good]

b. The writer’s claims (e.g., that a method is effective or should be used) are permitted by the evidence. Measures and data are objective; there were experiments and control groups and replications; instruments and measures were validated. Therefore, claims are credible. [Good]
Appendix B

“Act to Empathize”: Group Drama Therapy for Youth to Assist with Post In-patient Empathy and Perspective Taking.

Introduction

Being able to understand another person’s perspective is a difficult skill for the general population, let alone someone with mental health difficulties. Often times, when dealing with mental health difficulties it can be challenging for both family and friends to understand what the individual is going through, as well as the individual understanding what the family and friends are going through during this experience. It has been noted in research that early detection and intervention is essential for empathy deficits, if this is not addressed it can be associated with failure to consider others perspectives (Lissa et al., 2015).

Drama therapy has been used to aid in the treatment of various mental health needs. There have been numerous amounts of research on specific clinical needs, but a lack in research towards generic skills to aid in client success, post-hospitalization in the in-patient units. These generic skills are something that all patients that enter the unit, ranging from children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) to self-harm behaviours, could all benefit from. Psychodrama is known as a group acting and role-playing activities to work on personal and interpersonal difficulties and various solutions simultaneously (Orkibi, Bar, & Eliakim, 2014). There have been numerous attempts to combine Cognitive Behavioural Therapy (CBT) and psychodrama, as they are similarly related in their overall outcomes and goals. Orkibi et al., 2014 has specifically noted that many CBT techniques could enhance the psychodrama experience for clients. The overall goal can be for the client to experience their feelings in a new way, released emotions and feelings, and create a new tool for handling their emotions and thoughts (Gatta et al., 2010). Drama itself is also commonly known as being another person, thus
taking their perspective into account when performing as that character. Therefore, by using group drama therapy, in the style of psychodrama, to increase perspective taking and using empathy, could also increase communication skills and self-esteem.

**Literature Review**

Group drama therapy (GDT) is a technique that has been used numerous times in research studies. Orkibi et al. (2014) noted that both Psychodrama and Drama Therapy (DT) both use methods and procedures intended for therapeutic changes and are known for their use in groups. They emphasize two key techniques used in DT, witnessing and playfulness. Witnessing is described as witnessing others and witnessing yourself by mirroring, role-reversal, or describing an object as yourself (Orkibi et al., 2014). They described playfulness as being more creative and having a flexible attitude about events, consequences, or beliefs. Using this technique allows the client to explore their emotions and life experiences more freely (Orkibi et al., 2014). Orkibi et al. found that from using these techniques there was a notable increase in self-esteem and a decrease in public and self-stigma. Creevan (2014) designates DT as conjuring up the experience and emotions and destroying them; believing that DT provides imagination as healing specifically in regards to trauma therapy. Dogan (2010) emphasizes that psychodrama groups can allow participants to work on self-identity, think about their personal attachment style, and develop healthier attachment behaviours. She also stated that participants get the chance to learn from others around them in the group by learning through modelling in the drama and role-play aspects of the group. Overall, Dogan found that this form of therapy lowered participants’ anxiety levels, increased personal awareness, and led to more positive relationships. Hamamci (2006) discovered that CBT and DT combined reduced depression levels, negative
automatic thoughts, and maladaptive attitudes in participants in all their groups. The CBT and DT group being the most statistically significant group in these reductions.

Generally, being able to empathize with another individual and take another’s perspective is a key skill to adapt, no matter what an individual identifies with or needs. Davis (as cited in Lissa et al., 2015) describes empathy as taking another individuals perspective and reacting in accordance to that individual’s emotions. Using empathy promotes positive conflict resolution and will improve relationships overall (Lissa et al., 2015). Lissa et al. also say that learning to take another’s perspective you will be able to relate to others at an increased rate. They also note that low-empathy is associated with parent-child conflict. They also found that high-empathetic youth had parallel perspectives as their parents in regard to conflict, whereas low-empathetic youth had diverging perspectives in regard to conflict with their parents. Schnapp and Olsen (2003) discovered that in addition to developing listening skills and communication skills, participants improved in areas of self-confidence. Overall, it appears evident that using positive benefits of both DT and empathy skill building group therapies will execute positive results for the participants involved.

Through these findings, it can be concluded that the experimental hypothesis is that the participants will have significantly more perspective taking and empathy skills during the post test than in the pre test because of the implementation of drama therapy and behavioural skills training. The null hypothesis would be that there is no significant difference in the perspective taking and empathy skills from pre to post tests.

**Methods**

**Participants**

The purposed treatment program will be integrated into the local hospital’s existing schedule for mental health services in the children and adolescent psychiatric unit. All
individuals who participate in the treatment program will already be admitted into the current hospital program. This hospital day program provides numerous inpatient mental health services and skill building sessions, usually in a group environment. These participants enter the hospital program from various referral sources such as, the hospital’s emergency department, general practitioners, or local community and mental health services. Inclusion criteria for the purpose of this study is youth between the ages 11-18. The participants entering the program usually have an existing diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Examples of DSM-5 diagnoses that could be present in participants can include, but are not limited to, personality disorders, ADHD, and depression. However, participants are not required to have an official diagnosis to be admitted into the program. Exclusion criteria that would not make an individual suitable for this program includes actively being in a crisis situation, defined as being a danger to themselves or others. Secondary exclusion criteria are any competing circumstances that may make this experience traumatic for the participant, such as a diagnosis of severe anxiety. Additionally, any individuals that would be considered disruptive in the group setting by the staff, will not be included in the study.

Participants are on a continuous intake basis, meaning that at any given session of the program, some clients are nearing completion of the program while other clients have started recently. The study intervention will be provided only to those who have consent to participate in the drama specific group. The number of participants for the current study intervention will be dependent on the number of participants present on the study intervention days. On any given day of the intervention, there is expected to be at least three participants or a maximum of six participants at a time.
Informed Consent Procedures

Prior to implementation of the project treatment program, an informed consent form for parents (Appendix A) is developed and will be reviewed by the Research Ethics Committee – Psychology at St. Lawrence College. The informed consent form was also reviewed by staff at the hospital to ensure that the form met the hospital’s standards. Consent will also be collected from the staff. Staff will be asked to consent on their feedback and input on the interventions taking place. The consent form (Appendix B) will be provided at the beginning of the student researcher’s placement duration or when a new staff member joins the unit. Participants will be given an Assent form (Appendix C) to sign that will be reviewed with the participants.

During the overview of the consent form, participants and their parent/guardian will be informed that completion of pre-test data, post-test data, as well as participation in the group session, is optional and voluntary. The consent form will be reviewed and explained in detail prior to the beginning of the study intervention. The purpose of the research project will be explained to the participants, as well as benefits and risks of participating in the group will be explained, and participants will be informed that they could talk to the group facilitator or the hospital staff members regarding any concerns about participating in the study intervention at any point before, during, or after the group session.

Participants and their parent/guardians will also be informed that their participation will be kept confidential and their identifying consent forms would be secured within a locked file folder and other information be kept password protected on a computer. Signed consent forms and completed pre-test measures will be obtained before participants entered the group. Post-test measures will be completed at the last available group session before a participant leaves the program. No identifying information will be included in the reports and information gathered.
There will be participant numbers assigned to each participant that will be used. All completed assessments and data will be stored for 10 years past each participant’s 18th birthday and will be safety stored in a locked cabinet at St. Lawrence College. However, the staff questionnaires will only be required to be stored for 7 years after the placement duration.

**Design**

This project will use a repeated measures ANCOVA design to measure if there were any changes in the client’s development of perspective taking and empathy, based on pre-tests, post-tests, and sessions attended. The second portion of this study includes a single subject design looking at using the perspective taking and empathy skills on the unit by recording and rewarding practicing these skills. The dependent variable will be the empathy skills and perspective taking as measured in behavioural data and through the Empathy Questionnaire for Children and Adolescents (EmQue-CA) (Appendix D). The independent variable will be the implementation of the psychodrama group therapy to increase these skills, the duration of this therapy varied upon individual needs and time spent in the unit.

**Setting and Materials**

The sessions were held in a conference room that was already being used for existing group sessions. All groups occurred sitting in a circle on a chair, all participants facing one another. The facilitator will have paper and a writing utensils to take notes throughout the sessions and, for some of the sessions, additional paper and writing utensils may be required for the participant use. Participants will be given permission to take these exercises outside of the group with them when they are used in group. Depending on the exercise, other props were provided in group that participants were not able to use outside of the group. This included, but was not limited to, masks or clothing. A file with participant’s initials will be in the staff room for the staff to record behavioural data.
Measures

Before the beginning treatment, parents will be asked to fill out a questionnaire to provide baseline information for the student researcher to work with in the group sessions (Appendix E). The measure to be used for pre and post test data of this intervention will be the Empathy Questionnaire for Children and Adolescents (EmQue-CA). This test consists of 18 items. It is a self-report questionnaire that examines the level of empathy as reported by the participant. This measure is recommended for use between the ages of 9-16; however, for the purpose of this study the participants over the age of 16 will still have an understanding of such questions. The test analyzes three domains: affective empathy, cognitive empathy, and prosocial motivation. There is no noted time estimation, but with so few questions it can be assumed this test will take under 20 minutes each time. This version of the test has been adapted from the parent population self-report questionnaire for toddlers. Being that this test focuses on empathy, it was deemed an effective questionnaire for the purposes of this study. A second pre and post test measure will be completed because research has stated that gaining working through these skills can also increase one’s self-esteem, therefore a self-esteem measure will be conducted. The self-esteem measure to be used is the State Self-Esteem Scale (Appendix F). This scale is a 20-item measure that looks at self-esteem at three different levels. The first level being performance self-esteem, the second being social self-esteem, and the third is appearance self-esteem. These measures will be completed and interpreted by the student researcher, who will also will examine the difference in scores from pre to post test data to see if there is a significant difference between the scores across participants. The overall goal is to increase participant’s empathy scores throughout the test and to use the other data throughout this test to aid in accomplishing this goal. Another way data will be collected throughout this study be by tracking behavioural
data of the skills practiced outside of the group. The behavioural data will be reinforced using data collected using the reinforce survey (Appendix G) at the beginning of the duration of treatment. Measures of trend, PEM, mean, mode, and standard deviation will be reviewed to see changes in the participant’s empathy and perspective taking behaviours.

Additionally, in order to analyze the data in comparison with how many sessions a participant attended, the student researcher will keep an attendance sheet (Appendix H) to keep track of sessions each participant did attend. Attendance will be taken at the beginning of every group session. Nearing the end of the placement process, the student researcher will provide the staff in the unit with a feedback questionnaire for the program (Appendix I)

**Procedures**

The “Act to Advocate” program sessions duration and length varies between participants needs and length of stay at the hospital; however, they will generally occur 1 hour twice a week. On average, participants remain in the unit for 1-2 weeks. Sessions will only be offered to participants who have consent to do so, therefore not all patients in the unit will be able to participate. These sessions will include psychoeducational portions, drama games and exercises, including but not limited to analysing written work and role-plays. Participants will be able to engage in interactive games, recognize emotions, and adjust their own behaviours accordingly. Before entering the sessions, a pre-test measures will be completed for each participant. Additionally, a handout will be provided to parents/guardians of the participants to complete for information regarding the targets for the program. Due to the possibility of limited treatment time for specific participants, the participants will be reinforced for practicing the skills learned in group with a parent/guardian during visiting hours. Alternatively, the student researcher will meet with participants individually at least once a day to rehearse the skills learned in group.
Scenarios will be provided and the student researcher will be required to show empathy skills as operationally defined as using the following statement “you said that you feel ________________ because ________, I understand why you would feel this way because ________________, next time I will ________________”. The process used to teach the skills in the individual rehearsals will follow the behavioural skills training model working on the skills through psychoeducation from the teacher, modelling from the teacher, rehearsal from the learner, then feedback from the teacher. The participants will be required to complete four successful trials of the empathetic statement in individual rehearsals to earn a reward. The reward for the individual four successful rehearsals will be based off of a reinforcement survey. For safety, a hospital staff member will always remain in the room to supervise and be present for the drama groups. At the last day available before a participant is discharged from the program, post-test measures will be completed. Nearing the end of the student researcher’s placement duration, a questionnaire will be provided to staff about their opinions about the success of the program.

**Expected Results – Application**

Data collected will be presented in a table with mean, median, and standard deviations of the conclusive results of the EmQue-CA and the State Self-Esteem measures. To analyze the data, a repeated measures ANCOVA will be conducted using SAS® University Edition. This was chosen to compare the pre and post test to see if there will be a significant enough effect of the scores after the treatment. It is predicted that the more sessions participants are able to attend, the more empathy skills they will have at the end of their intervention. It is also predicted that the social self-esteem will be the most significantly effected of the three categories on the self-esteem measure. Various line graphs will be displayed for each participant to show the changes
in their behaviour throughout treatment for the single subject design, along with a measure of trend, PEM, mean, mode, and standard deviation.

It is predicted that providing psychodrama group therapy will generally increase participant’s perspective taking and empathy skills. As a whole, it is anticipated that this study will discover significant results in regards to building perspective taking and empathy skills using psychodrama therapy. Moreover, it is predicted that the staff at the hospital will note a difference in the participant’s behaviour throughout the duration of their stay in the unit.

**Conclusion/Discussion- Limitations (Ethical Issues)**

The proposed study aims to assess the use of drama group therapy in an inpatient psychiatric setting. Overall, the research’s main objective is to see if drama group therapy in this setting will increase perspective taking and empathy skills in youth. A limitation of the proposed study may be that the number of participants who receive consent to participate and meet the inclusion criteria could lead to a small sample size. Another limitation of this study is the limited time that most patients will be receiving this therapy, as most participants remain at the unit for approximately two weeks. Moreover, the measure used for pre and post testing has been normed to the population age between 9-16, whereas the proposed study has an age range of 12-16. A final limitation to be noted is the risk of testing effects that could occur from the pre and post test measures used for test-retest reliability. Regardless of the limitations, the results of this study will contribute to the field of behavioural psychology by adding to the minimal existing research on drama therapy and/or empathy skill building interventions. Additionally, this research could change the implementation of specific programs within the psychiatric unit setting by making drama therapy a more frequent form of group therapy implemented. In conclusion, drama
therapy could yield positive results for increasing perspective taking and empathizing in the youth population.
References


Appendix A: Consent Form for Parents

Project title: “Act to Empathize”: Group Drama Therapy for Youth to assist with post in-patient empathy and perspective taking.

Principal Investigator (student researcher): Taylor Jackson
Supervisor: Colleen Cairns, MSc. ABA, BCBA
Institution: St. Lawrence College
Institution/Agency: Kingston General Hospital - Children and adolescent Psychiatry Unit

Invitation
You and your child are being asked to take part in a research study. I am a student in my fourth year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at Kingston General Hospital in the Child and Adolescent Psychiatry Unit. The results of this research project will contribute to my thesis and potentially to publication in a scientific/peer reviewed journal or presented at conferences. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want your child to take part.

Why is this study being done?
Research has shown that role-playing and acting out scenarios can help children with emotional disorders to better empathize with others. This project uses role-playing, self-reflection, and other drama exercises as a way to help with perspective taking and empathizing independently. This involves expressing how they feel and understanding how others may also feel about a similar situation. We hope to show that this program will help children manage their emotions and create a higher likelihood of success proceeding their experiences in the unit. You and your child’s opinions and thoughts are important in this project.

What will your child need to do if s/he takes part?
If you choose to allow your child to take part in this study, s/he will be asked to meet with me in group twice a week. We will talk about expressing themselves and understanding what other individuals may think or feel in various situations. We will collect data before beginning the group and after completing the group to determine your child’s level of development. Before entering the group, I will have you complete the form attached to provide insight to your child’s behaviours. This process should take no more than 10 minutes.

What are the potential benefits to your child if they take part?
Potential benefits of taking part in this research study may include your child learning more about her/himself. Your child may improve with how s/he manages emotions and expresses his/her needs. Your child may improve their overall communication skills and self-esteem. However, the overall goal is to improve their perspective taking, described as understanding
another person’s mental state related to thoughts, feelings, and intentions, more commonly known as empathizing skills.

**What are the potential benefits of this research study to others?**

The potential benefits of this research study to others may include using this type of group therapy to assist others in similar situations in the future.

**What are the potential disadvantages or risks to my child if s/he takes part?**

Risks from taking part in this research study are minimal but may include feeling sad, angry, or upset about the subject of his/her discussion and experiencing frustration when trying to discuss these topics.

**What happens if something goes wrong?**

Every individual is different. If your child has a strong reaction towards any of the questions or dramatic activities used, your child may speak further with myself or other trusted adults at the unit. Agency staff will be on hand to observe and provide support to the student researcher and your child. Should your child need to leave a session they may leave without any penalty or disruption to their standard of care.

**Will the information you collect from my child in this project be kept private?**

We will make every attempt to keep any information that identifies your child strictly confidential unless required by law. Data will be kept anonymous and no names or identifiers will be used. The computer files with the study data will be kept in a password protected file on a secure, password protected computer, in other words the data will be coded. Your child’s name or other information that could identify them will not be used any reports, publications, or presentations resulting from this project.

**Does my child have to take part?**

Taking part is voluntary. It is up to you to decide whether or not allow your child to take part. I will also ask your child if s/he wants to take part. If you decide to allow your child take part, you will be asked to sign this consent form. If you decide to allow your child to take part in this project, you and/or your child are still free to stop at any time without giving any reason and without any risk to your child’s standard of care.

**Contact for further information**

This project has been reviewed by the Research Ethics Board at St. Lawrence College. Colleen Cairns, MSc. ABA, BCBA, my supervisor from St. Lawrence College, helped me develop this project. I appreciate your help and the help from your child. If you have any additional questions, feel free to ask me, Taylor Jackson (tjackson15@student.sl.on.ca). You can also contact my College Supervisor, Colleen Cairns (CCairns@sl.on.ca). If you have any questions concerning your child’s rights as a participant you may contact the St. Lawrence College Research Ethics Board at reb@sl.on.ca.

**Consent**

If you agree to allow your child to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will
be given to you for your own records. We will keep an additional copy of your consent at St. Lawrence College, as all data and forms collected will be locked and safety stored there for 10 years after your child’s 18th birthday. By signing this form, I agree that

☐ The study has been explained to me.
☐ All my questions were answered.
☐ Possible harm and discomforts and possible benefits to my child of this study have been explained to me.
☐ I understand that my child has the right not to participate and the right to stop at any time.
☐ I am free now, and in the future, to ask any questions I have about the study.
☐ I have been told that my child’s personal information will be kept confidential.
☐ I understand that no information that would identify my child will be released or printed without asking me first.
☐ I understand that I will receive a signed copy of this consent form.

I hereby consent for my child, ________________ to take part.

Parent/Guardian Name ________________________________

Signature of Parent/Guardian ____________________________

Date__________________________________________________

Student Researcher Printed Name__________________________

Signature of Student Researcher___________________________

Date____________________________________________________
Appendix B: Staff Consent Form

Project title: “Act to Empathize”: Group Drama Therapy for Youth to assist with post in-patient empathy and perspective taking

Principal Investigator: Taylor Jackson

Name of supervisor: St. Lawrence College - Colleen Cairns, MSc. ABA, BCBA, and Kingston General Hospital - Mallory Dopson, B.A.H, B.S.T

Name of Institution: St. Lawrence College

Name of institution/agency: Child and Adolescent Psychiatry Unit of Kingston General Hospital

Invitation
You are being asked to take part in a research study. I am a student in my fourth year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at Kingston General Hospital in the Child and Adolescent Psychiatry Unit. The results of this research project will contribute to my thesis and potentially to publication in a scientific/peer reviewed journal or presented at conferences. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want your child take part.

Why is this study being done?
Research has shown that role-playing and acting out scenarios can help children with emotional disorders to better empathize with others. This project uses role-playing, self-reflection, and other drama exercises as a way to help with perspective taking and empathizing independently. This involves expressing how they feel and understanding how others may also feel about a similar situation. We hope to show that this program will help children manage their emotions and create a higher likelihood of success proceeding their experiences in the unit. Your opinions and thoughts are important in this project.

What will you need to do if you take part?
If you choose to take part in this study you will be asked to provide feedback on the intervention at the end of the student researcher’s placement duration (approximately around December 16th, 2016)
What are the potential benefits of taking part?

Benefits of taking part in this research study may include allowing experienced staff to provide feedback.

What are the potential benefits of this research study to others?

The potential benefits of this research study to others may include being able to incorporate your feedback to improve future research or interventions of similar nature.

What are the potential disadvantages or risks of taking part?

Risks from taking part in this research study are minimal but filling out the feedback questionnaire can take extra time.

Will the information you collect from me in this project be kept private?

Your feedback will be kept completely confidential and no identifying information will be required. The consent forms and completed questionnaires will be kept in a locked filing cabinet at St. Lawrence College. The computer files with the study data will be kept in a password protected file on a secure, password protected computer. All study documents and results will be kept securely for 7 years at St. Lawrence College, after which they will be destroyed. Your name or other identifiers will not be used in any reports, publications, or presentations resulting from this project.

Do you have to take part?

Taking part is voluntary. It is up to you to decide whether or not to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part in this research project, you are still free to stop at any time without giving any reason and without experiencing any penalty. If you decide to stop, please speak to me or my supervisor. Additionally, choosing to participate or not in the program does not directly affect your position at the unit.

Contact for further information

This project has been reviewed by the Research Ethics Board at St. Lawrence College and the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board. The project will be developed under the supervision of Colleen Cairns, MSc. ABA, BCBA, from St. Lawrence College and Mallory Dopson, B.A.H, B.S.T, from Kingston General Hospital. I appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, Taylor Jackson (tjackson15@student.sl.on.ca). You can also contact my College Supervisor, Colleen Cairns (ccairns.sl.on.ca). If you have any ethical concerns about this project, you may contact the St. Lawrence College Research Ethics Board at reb@sl.on.ca or the Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) through chair, Dr. Albert Clark, at clarkaf@queensu.ca.
Consent

If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records.

By signing this form, I agree that:

☐ The study has been explained to me.
☐ All my questions were answered.
☐ Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
☐ I understand that I have the right not to participate and the right to stop at any time.
☐ I am free now, and in the future, to ask any questions I have about the study.
☐ I have been told that my personal information will be kept confidential.
☐ I understand that no information that would identify me will be released or printed without asking me first.
☐ I understand that I will receive a signed copy of this consent form.

I hereby consent to take part:

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Signature of Participant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Name Printed</th>
<th>Signature of Student</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: Child Assent Form

Title of Study: “Act to Empathize”

Principal Investigator(s): Taylor Jackson

Supervisors: St. Lawrence College- Colleen Cairns, MSc. ABA, BCBA, and Kingston General Hospital - Mallory Dopson, B.A.H, B.S.T

We want to tell you about a research study we are doing. A research study is a way to learn more about something. We would like to find out more about using drama therapy, a form of therapy that involves different creative activities like role-plays, movement, and using your voice, to teach new skills. The main skill we want to focus on in empathy; however, other skills learned may be communication, emotion regulation, and self-esteem. You are being asked to join the study because you are a youth at the hospital unit where the research is taking place. Additionally, you are being asked to join this study because some youth have difficulty with relating to other people and it has been shown that using group therapy it can help youth get over these challenges.

If you want to join this study, you will be asked to take part in a drama activity where we will do some role playing, acting, some group discussions, and some one-on-one time with the researcher rehearsing. The drama activities will only be for one hour/twice a week, and one-on-one time will take approximately 20 minutes of your time each day, as you may only be at the hospital for a short time and we want to make sure you get the chance to learn all that you can.

We may ask you some questions or ask you to try role-plays/acting that might make you feel uncomfortable to answer or try. You don’t have to answer any questions or do anything you don’t want to do.

One of the possible benefits to you for taking part in this study is that it might help you relate better with other people/understand your own emotions better/understand other people better. We expect that the study will help you by teaching you new skills.

Another benefit is that your participation in this study will be helping us learn something that will help other children in the hospital someday.

You do not have to join this study. It is up to you. You can say okay now and change your mind later. All you have to do is tell us you want to stop. No one will be mad at you if you don’t want to be in the study or if you join the study and change your mind later and stop. However, it is key to understand that if you do not give consent to participate in this program, you will not be able to attend.

Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time. Just tell the researcher that you have a question.
If you have any questions about this study either you or your parent/guardian can contact us by e-mail (tjackson15@student.sl.on.ca). If you have any concerns about your rights as a participant, you can contact the St. Lawrence College Research Ethics Board Chair at reb@sl.on.ca or the Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) through chair, Dr. Albert Clark, at clarkaf@queensu.ca.

☐ Yes, I will be in this research study.  ☐ No, I don’t want to do this.

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Person obtaining Assent</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Appendix D: Empathy Questionnaire for Children and Adolescents (EmQue-CA)

Below you will find 18 short sentences. Every sentence is a statement about how you can react to other people’s feelings. You can mark each sentence if this is often true, sometimes true or not true for you. Choose the answer that best fits you. You can only mark one answer. Please remember that there are no wrong or right answers.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not True</th>
<th>Sometimes True</th>
<th>Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>If my mother is happy, I also feel happy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>I understand that a friend is ashamed when he/she has done something wrong.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>If a friend is sad, I like to comfort him.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>I feel awful when two people quarrel.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>When a friend is angry, I tend to know why.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>I would like to help when a friend gets angry.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>If a friend is sad, I also feel sad.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>I understand that a friend is proud when he/she has done something good.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9.</td>
<td>If a friend has an argument, I try to help.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td>If a friend is laughing, I also laugh.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11.</td>
<td>If a friend is sad, I understand mostly why.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12.</td>
<td>I want everyone to feel good.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13.</td>
<td>When a friend cries, I cry myself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
14. **If a friend cries, I often understand what has happened.**
   - 0
   - 1
   - 2

15. **If a friend is sad, I want to do something to make it better.**
   - 0
   - 1
   - 2

16. **If someone in my family is sad, I feel really bad.**
   - 0
   - 1
   - 2

17. **I enjoy giving a friend a gift.**
   - 0
   - 1
   - 2

18. **When a friend is upset, I feel upset too.**
   - 0
   - 1
   - 2

© Carolien Rieffe, Developmental Psychology, Leiden University, the Netherlands
Appendix E: Parent-Child Information Form

Childs age: ____________  Biological Sex: ____________

Reason for Referral: __________________________________________________________

Common difficulties at home: _________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Anything specific that you try to get your child to understand:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Are there times that you feel that they just do not understand how you feel? If yes, please provide examples.

___________________________________________________________________________

___________________________________________________________________________

What is a problem that you would like to solve?

___________________________________________________________________________

___________________________________________________________________________
Appendix F: State Self-Esteem Measure

This is a questionnaire designed to measure what you are thinking at this moment. There is of course, no right answer for any statement. The best answer is what you feel is true of yourself at the moment. Be sure to answer all of the items, even if you are not certain of the best answer. Again, answer these questions as they are true for you RIGHT NOW.

1. I feel confident about my abilities.
   | 1 | 2 | 3 | 4 | 5 |
   | Not At All | A Little Bit | Somewhat | Very Much | Extremely |

2. I am worried about whether I am regarded as a success or failure.
   | 1 | 2 | 3 | 4 | 5 |
   | Not At All | A Little Bit | Somewhat | Very Much | Extremely |

3. I feel satisfied with the way my body looks right now.
   | 1 | 2 | 3 | 4 | 5 |
   | Not At All | A Little Bit | Somewhat | Very Much | Extremely |

4. I feel frustrated or rattled about my performance.
   | 1 | 2 | 3 | 4 | 5 |
   | Not At All | A Little Bit | Somewhat | Very Much | Extremely |

5. I feel that I am having trouble understanding things that I read.
   | 1 | 2 | 3 | 4 | 5 |
   | Not At All | A Little Bit | Somewhat | Very Much | Extremely |

6. I feel that others respect and admire me.
   | 1 | 2 | 3 | 4 | 5 |
   | Not At All | A Little Bit | Somewhat | Very Much | Extremely |

7. I am dissatisfied with my weight.
   | 1 | 2 | 3 | 4 | 5 |
   | Not At All | A Little Bit | Somewhat | Very Much | Extremely |

8. I feel self-conscious.
   | 1 | 2 | 3 | 4 | 5 |
   | Not At All | A Little Bit | Somewhat | Very Much | Extremely |

9. I feel as smart as others.
   | 1 | 2 | 3 | 4 | 5 |
   | Not At All | A Little Bit | Somewhat | Very Much | Extremely |
10. I feel displeased with myself.
1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely

11. I feel good about myself.
1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely

12. I am pleased with my appearance right now.
1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely

13. I am worried about what other people think of me.
1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely

1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely

15. I feel inferior to others at this moment.
1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely

16. I feel unattractive.
1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely

17. I feel concerned about the impression I am making.
1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely

18. I feel that I have less scholastic ability right now than others.
1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely

19. I feel like I'm not doing well.
1 2 3 4 5
Not At All A Little Bit Somewhat Very Much Extremely
20. I am worried about looking foolish.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not At All</td>
<td>A Little Bit</td>
<td>Somewhat</td>
<td>Very Much</td>
<td>Extremely</td>
<td></td>
</tr>
</tbody>
</table>

- Scoring: Items 2, 4, 5, 7, 8, 10, 13, 15, 16, 17, 18, 19, 20 are reverse-scored.
- Sum scores from all items and keep scale as a continuous measure of state self esteem.
- The subcomponents are scored as follows: Performance Self-esteem items: 1, 4, 5, 9, 14, 18, 19. Social Self-esteem items: 2, 8, 10, 13, 15, 17, 20. Appearance Self-esteem items: 3, 6, 7, 11, 12, 16.
### Appendix G: Reinforcer Survey

**Directions:** Review each of the items below with your client. For each item, mark whether the client finds it to be a preferred reinforcer or reward.

<table>
<thead>
<tr>
<th>The student likes the item:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Not at All</em></td>
</tr>
<tr>
<td>The client will spend time (with appropriate supervision) on the Internet at academic sites.</td>
</tr>
<tr>
<td>The client will play academic computer games.</td>
</tr>
<tr>
<td>The client will read a book of his or her choice.</td>
</tr>
<tr>
<td>The client will invite an adult &quot;reading buddy&quot; of his or her choice to read with him or her.</td>
</tr>
<tr>
<td>The student will be praised privately by an adult.</td>
</tr>
<tr>
<td>The student will receive a silent &quot;thumbs up&quot; or other sign from an adult indicating praise and approval.</td>
</tr>
<tr>
<td>The client will have the staff call the client's parent or guardian to give positive feedback about him or her.</td>
</tr>
<tr>
<td>The client will have the staff write a positive note to the client's parent or guardian.</td>
</tr>
<tr>
<td>The client will choose and listen to a music selection.</td>
</tr>
<tr>
<td>The client will be able to take one turn in an ongoing board game with a staff member (e.g., chess). The staff member will then take their turn at a convenient time.</td>
</tr>
</tbody>
</table>
Appendix H: Attendance Sheet

<table>
<thead>
<tr>
<th>Participant #</th>
<th>Present/Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g. Participant 04)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix I: Staff Feedback Questionnaire

*Please circle your selected answer or provide a written answer when prompted.*

1. Did you like the program? Yes / No

2. Do you feel that the program was effective for the participants? Yes / No

3. Do you feel that participants learned more than just about empathy and perspective taking in the group (i.e. communication skills, self-esteem, etc.)? Yes/No

4. If yes to the previous question, please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Would this be a program that you would consider to keep in the unit in the future? Yes / No

6. Is there anything you would change about the program? Yes / No

7. If yes to the previous question, please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________