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Drama Therapy with Active Duty Service Members

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USING DRAMA THERAPY WITH ACTIVE DUTY SERVICE MEMBERS DIAGNOSED WITH TRAUMATIC BRAIN INJURY

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Abstract

The objective of this capstone thesis was to design a 50-minute drama therapy group session that worked within the interdisciplinary treatment model of the National Intrepid Center of Excellence (NICoE) and its Healing Arts Program located on the base of Walter Reed National Military Medical Center in Bethesda, MD. It was grounded in Frydman's (2016) theoretical framework that partners drama therapy with neuropsychology, and considers elements of Landy's (1996) Role Theory, J.L. Moreno's concept of spontaneity (Howie &Bagnall,2016), Developmental Transformations (Butler, 2012) and Sociodrama (Sternberg &Garcia, 2000). It also aimed to further Frydman's (2016) research by applying it to the use of drama therapy with active duty service members diagnosed with TBI. The results of this capstone thesis show drama therapy to be an appropriate form of therapy for active duty service members diagnosed with TBI. Several studies (for examples see, Baumgartner (1986), and Forrester & Johnson, (1996), James & Johnson (1996), Dintino & Johnson (1997)) have been conducted using drama therapy with military veterans and not active duty service members. And while the NICoE's Healing Arts Program has conducted extensive research with active duty service members and art therapy (Walker, Kaimal, Gonzaga, Myers-Coffman, & Degraba, 2017), none of these studies provided information on the use of drama therapy with active duty service members. It is evident that drama therapy should be considered as a form of treatment for active duty service members diagnosed with traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), and other psychological issues.

Keywords: military, active-duty, TBI, mental health, PTSD, drama therapy

Introduction

This capstone thesis considered how drama therapy could be involved in the treatment of active duty service members diagnosed with TBI. In 2007, the U.S. Department of Veterans Affairs mandated the screening of TBI in Operation Enduring Freedom-Afghanistan and Operation Iraqi Freedom veterans (National Intrepid Center of Excellence, 2016). The National Intrepid Center of Excellence (NICoE), dedicated to the treatment of TBI and underlying psychological health conditions, opened its doors in 2010 on the base of the Walter Reed National Military Medical Center at the height of the increase of new TBI diagnoses among active duty service members. The prevalence of TBI diagnoses increased from 11,000 per year to 32,907 per year in 2011 (National Intrepid Center of Excellence, 2016).

In 2012, the NICoE, the National Endowment of the Arts (NEA) and Walter Reed National Military Medical Center formed a partnership committed to advancing the use of the creative arts therapies in military medical settings to help improve the health of service members (National Intrepid Center of Excellence, 2016). The partnership, which has since expanded into other DoD and VA military treatment facilities now called "Creative Forces: NEA Military Healing Arts Network," currently funds a music therapist, art therapist, dance/movement therapist, and two professional writing instructors at the NICoE. A DoD Healing Arts Program Coordinator who is also a creative arts therapist oversees the Creative Forces staff. However, drama therapy is not currently employed as a form of treatment at the NICoE. The goal of this project was to design a drama therapy session that could be integrated into the NICoE's Healing Arts

Program, and to create an appropriate and impactful group session for active duty service members being treated for TBI.

Literature Review

Traumatic Brain Injury is a Growing Concern

In 2016 over 350,000 U.S. troops from varied arm forces were reported to have suffered from a traumatic brain injury (TBI) (Walker, Kaimal, Gonzaga, Myers-Coffman, & DeGraba, 2017). The service members served in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) on behalf of the Global War on Terrorism. Eighty percent of the service members were found to have mild traumatic brain injury (mTBI) (Walker et al., 2017). These TBIs were complex in nature, as they were often accompanied by psychological health conditions to include post-traumatic stress disorder (PTSD). The treatment of TBI and PTSD is exceptionally difficult because of the comorbidity of their symptoms:

> The variety of symptoms associated with the condition [TBI] - headache, seizures, motor disorders, sleep disorders, dizziness, visual disturbances, ringing in the ears, mood changes, and cognitive, memory, and speech difficulties - the fact that they resemble symptoms of post-traumatic stress disorder (PTSD), and the fact that exposure to blast events often was not logged in the early years of the campaigns in Afghanistan and Iraq make it impossible to pin down casualty figures (Alexander, 2015, p. 35) .

The comorbidity of TBI and PTSD were further complicated due to the evolution of warfare tactics that emerged in the decade following the War on Iraq. According to Alexander (2015), improvised explosive devices (IEDs), rocket-propelled grenades, and

land mines, have further complicated the issue with TBIs: “Most cases of TBI resolve with time, however, even mild deployment-related TBI (mTBI) is associated with depression, anxiety, and PTS. Repetitive mild TBI is a growing concern given evidence of cumulative negative outcomes" (Alexander, 2015, p. 22). These challenges have become focal research topics in the military medical system since 2011.

In their quantitative study, Murray et al. (2015), is a quantitative study that examined the relationship between PTSD and TBI among 7,742 U.S. Army service members. The study explored whether or not PTSD is a unique subsequent response to TBI. Self-report surveys provided information about suicidality, deployment stressors, and TBI (Murray et al., 2015) and found that service members with deployment-acquired TBI were more likely to develop PTSD symptoms, and that other mental disorders are frequent consequences of deployment-acquired TBI (Murray et al., 2015). More research about suicidality and TBI was recommended. The study’s strengths were its large sample size and its longitudinal assessment structure. The study identified various limitations such as its self-report survey structure.

Jackson et al. (2006) conducted a quantitative study that explored the relationship between mild traumatic brain injury (mTBI), PTSD, and psychosocial functioning. The study explored whether service members without a history of PTSD or TBI would report better psychosocial functioning than those who had PTSD or PTSD and mTBI (Jackson et al., 2016). Self-report questionnaires and recorded phone interviews were used to collect information about sustained head injury experience and blast exposure from 1,649 Project VALOR veterans (Jackson et al., 2016). The information was used to determine the severity of the TBI, post-concussive symptoms, PTSD symptoms, major depression,

and psychosocial functioning. The results of the study found that in both male and female veterans, PTSD contributed significantly to impaired psychosocial function "regardless of mTBI history" (Jackson et al., 2016). A limitation was the study's requirement that all participants must have received previous clinical services from the Veteran Health Administration.

These articles provided information about the growing interest in researching the comorbidity of mTBI and PTSD. They also provided the injury history of the OIF/OEF era service members and their increasing TBI diagnoses. This information was integral in understanding the purpose of the NICoE's use of the creative arts therapies as part of its interdisciplinary treatment structure.

The National Intrepid Center of Excellence Interdisciplinary Model & Research

The Healing Arts Program at the National Intrepid Center of Excellence (NICoE), Walter Reed National Military Medical Center, integrates creative art therapies (art therapy, music therapy, and dance/movement therapy), as well as therapeutic and creative writing into the NICoE's interdisciplinary treatment model:

> At NICoE, active duty service members participate in a four-week interdisciplinary, outpatient treatment program with 17 conventional and integrative treatment disciplines. The members of the provider team reflect the interdisciplinary nature of the program: it includes, for example, an internist, neurologist, psychiatrist, neuropsychologist, creative arts therapists (art, music, dance/movement), family therapist, wellness provider, physical therapist, speech language pathologist, audiologist, optometrist, and nurse specialist. Patients

> participate six to seven hours a day, Monday through Friday, over the four weeks (Bachtler, Gratama & Peterson, 2017, p.19).

The interdisciplinary model at the NICoE also encourages research to investigate the benefits of the creative arts therapies for the treatment of active duty service members with TBI. Two prominent research papers that examine the use of art therapy with the NICoE service members have been published.

Walker, Kaimal, Koffman, & Degraba (2016), is a qualitative single-subject case study which presents a senior active duty service member's experience participating in art therapy. The study team used multiple data sources including electronic medical records, patient reflections, therapist notes, patient narratives, and patient artwork to determine the patient's referral history and to monitor the self-identified changes because of the patient's engagement with art therapy (Walker et al., 2016). The manuscript, which described 14 of his art therapy sessions, was reviewed and approved by the patient. The case study provides a model for using art therapy with other integrative therapies (Walker et al., 2016) and it suggests that the art-making process provides, "a non-verbal discovery in cases where domains of the brain normally engaged in verbal communications may be compromised" (Walker et al., 2016). This publication was followed by a larger thematic study that examined the themes that emerged in the art therapy products made in the service members' mask-making sessions.

Walker, Kaimal, Gonzaga, Myers-Coffman, & Degraba (2017) conducted a qualitative study that analyzed the mask making experiences of service members at the NICoE. The study analyzed 370 masks from service members who suffered combat and mission-related TBI, PTSD, and other mood disorders (Walker et al., 2017). The data was

collected from mask images and therapeutic notes over a five-year period. Grounded theory methods were used to code and analyze the data (Walker et al., 2017). The study found that the masks represent six main themes relating to self: "injury, relational supports/losses, identity transitions/questions, cultural metaphors, existential reflections, and conflicted sense of self" (Walker et al., 2017). This article acknowledged that there was a potential to apply its methods on an international level with service members who experience TBI and PTSD comorbidity in other countries.

Developmental Transformations and PTSD

Developmental Transformations (DvT) is a, "form of drama therapy that uses an embodied approach to psychotherapy" (Butler, 2012). There are many different types of drama therapy and DvT is categorized as a form of drama therapy anchored in developmental theory. Developmental theories share four common "major characteristics of human development" (Johnson, 1999). These four characteristics are: the embodied experience is important to mental growth: development includes the process of distinguishing reality and fantasy: self-formation and autonomy are the effects of development; and adaptability exists on a complex spectrum affected by external stimuli (Johnson, 1999). The transformative nature of development is the essence of the work in DvT.

The Global War on Terrorism is the most recent war that has affected service members in the United States. As of 2016, over 300,000 service members were reported to have Traumatic Brain Injury (TBI) with eighty percent reporting it to be mild (mTBI) (Walker et al., 2017). Many Operation Iraqi Freedom and Operation Enduring Freedom service members returned home with mTBI and co-occurring PTSD:

> The major symptoms of PTSD include (a) re-experiencing symptoms, such as flashbacks, intrusive memories and dissociative experiences (b) avoidance symptoms, including numbing, isolation and avoidance of reminders of the traumatic event, and (c) hyperarousal symptoms, including sleep disturbance, anxiety, anger, impulsivity and startle responses (James & Johnson, 1997).

According to James & Johnson (1997) the goal of treating PTSD was not defined as getting rid of the memories of the traumatic experience, but minimizing, "the extent to which the illness permeates and interferes" with the service members' relationships, abilities to contribute to society, and self-esteem.

Developmental Transformations provides a therapeutic space that allows the service members to reclaim "those parts of the self that remain strong, that can still function, while tolerating the memories and grief of the past" (James & Johnson, 1997). Developmental Transformations gives US service members to discover what in them is still in intact. They are given the opportunity to explore their inner worlds. The process provides opportunities for play and freedom, which service members can lack (James & Johnson, 1997). For the service member, war is a reality. This reality is not fully understood or embraced in a nation that hasn't had a war on its soil since its Revolutionary War. DvT gives US service members the opportunity to bring their whole broken selves back to their homeland, and it provides an honorable permission that they rarely experience which is the permission to be valiant in brokenness.

Drama Therapy and Cognitive Neuropsychology

Frydman (2016) suggested that there is a growing interest in the creative arts therapies and their relationship to neuroscience. In the context of neuropsychology,

Landy's (1996) concept of role theory has been correlated to the cognitive processes of executive functioning (EF), which include working memory, attention, cognitive control, and theory of mind (Frydman, 2016). Role theory and EF are argued to have similarities in how they view the development of an individual's personality as a process that is affected by the person's internal cognitive experience and their shifting external environment (Frydman, 2016).

Working memory manages incoming information, and it gives the person the ability to adjust to his environment. The flexibility to adjust one's environment is correlated with role theory's concept of role/counter-role. Role selection, the process of choosing the role that is the most advantageous in a specific environment, and role playing, enacting a role, are both reflective of working memory processes. Attention is the process of EF that allows a person to focus on a specific stimulus, while not focusing on other surrounding stimuli (Frydman, 2016). The mediation between the role and its counter-role in role theory is arguably a parallel process to attention processing because it uses synthesis and integration to provide self-direction (Frydman, 2016).

Cognitive control shifts one's attention to goal oriented stimuli and inhibits one's focus on non-goal-oriented stimuli. This process relates to how a person chooses which role they will take on in any given moment. Both processes reflect the process of building self-concept. Theory of Mind is a process often associated with EF and it allows a person to consider others' internal states and how it relates to their own (Frydman, 2016). This consideration allows a person to develop self-regulation. As Frydman (2016) stated, the counter-role in role theory is not the opposite of a role, instead, it is made up of the elements of a role that a person chooses to ignore. The process of selecting the

appropriate role to take on is parallel to the Theory of Mind process that allows a person to successfully navigate interpersonal relationships.

Frydman's (2016) theoretical framework of partnering drama therapy with cognitive neuropsychology provided the theoretical grounding for this project. This project attempted to further expand his recommendation for further research beyond Landy's role theory by considering elements from sociodrama and DvT as possible determinants for the structure of a drama therapy session designed to treat active duty service members with TBI.

The "Warm-Up Phase" as a tool in Drama therapy

The warm-up process in theatre is often defined as the time an actor or a group of actors take before a performance to help him get into a role. Warm-ups vary in type such as vocal, body and movement, and ensemble building warm-ups. J.L. Moreno, the creator of psychodrama, and sociodrama, was more interested in the warm-up's ability to be used as a tool to experience and cultivate spontaneity. Through Moreno's work with actors, he discovered the act of being spontaneous was very difficult for some of the actors because of their inabilities to escape their inner critics (Howie & Bagnell, 2015). In response to this observation, Moreno developed a series of exercises on how to warm people up; "to throw them into unfamiliar, and familiar, situations, increasing their capacity to relate to the moment afresh, not as a reproduction of the past, not only in terms of what they already knew, and not only in terms of their own beliefs and world views" (Howie & Bagnell, 2015). This development of exercises created the foundation for Moreno's decision to explore this concept in the context of psychotherapy.

The warm-up is a tool in psychodrama that is used to cultivate spontaneity within its group members. Moreno argued that spontaneity was essential to all human beings because, "it operated on all levels of human relations, eating, walking, sleeping, sexual intercourse, social communication, creativity, in religious self-realization and asceticism" (Howie & Bagnell, 2015, p.39). As a result, Moreno chose to use his concept of using the warm-up to cultivate spontaneity in the therapeutic environment. Moreno referred to the phrase warm-up in two ways when he referred to group therapy: the group warm-up process and the group warm-up state (Howie & Bagnell, 2015). The group warm-up process refers to the warm-up as, "a process applied to groups of people to generate a certain level of energy or spontaneity that would enable them to engage collaboratively," and the group warm-up state refers to the, "preparedness, or level of spontaneity, of a group" (Howie & Bagnell, 2015, p.41). In psychodrama, the warm-up phase of the session encompasses both definitions.

Sociodrama is an action-based group therapy approach developed by J.L. Moreno to assist people in using spontaneity to solve and gain clarity about various issues in a group setting (Sternberg & Garcia, 2000). Various psychodramatic warm-ups and techniques are utilized in sociodrama such as: Changing Places, Tape Territory, Pass the Prop, Your Own Best Friend, The Empty Chair, Interviewing, and Role Reversal. Sociodrama was recommended as a structure to use when working with Vietnam veterans in a pilot program at St. Elizabeth's Hospital in Washington, D.C. (Baumgartner, 1986). The brief pilot found that sociodrama promoted group cohesion among the veterans and allowed them to explore the collective roles they shared in society (Baumgartner, 1986). The pilot recommended further research using psychodrama with service members.

Summary

This project used the preceding literature to develop a one-time 50-minute group drama therapy session for active duty service members diagnosed with TBI who are in their third week of the four-week NICoE Intensive Outpatient Program. Drama therapy was chosen because it was not yet employed at the NICoE, and the approach to drama therapy was determined by considering various forms such as role theory, DvT, psychodrama, and sociodrama. Cognitive neuropsychology and its parallel to drama therapy provided a justification for the potential benefits of using drama therapy with service members diagnosed with TBI. The structure and the goals of the section were heavily reliant on Moreno's concept of using the warm-up phase as a technique to develop spontaneity in therapy.

Methodology

To structure the drama therapy session, the following elements were considered: the population, the various drama therapy approaches, the goals of treatment, and the NICoE's scheduling template. The author designed a pilot group drama therapy session proposed for implementation within the NICoE treatment model starting in January 2018. Individual follow-up sessions were implemented upon request to provide a continuity of care for service members interested in continuing their work with drama therapy.

Participants

Each group session had a maximum of six service members depending on the size of the incoming cohort. Per current admission trends, the service members were predominantly White males. The author did not have the ability to predetermine the demographics of each cohort. The group sessions occurred in the third week of the four-

week treatment model, and the individual follow-up sessions occurred in the service members' fourth week of care. This population was unique because they are active-duty service members, and most of the research conducted with drama therapy and the military has been completed with veterans. This was an important factor to consider when developing the structure of the session because the patients were still employed by the military and would be returning to their jobs upon leaving the NICoE.

Procedure

After surveying the Healing Arts Program creative arts therapists and a psychologist at the NICoE, the session was named "Creative Action Forum". Although the session is focused on drama therapy, the author decided to not use the term *theatre* in the name of the session to avoid confusion with the military use of theatre, a term referring to the time when service members are away at war. The term *drama* was not used in the title to avoid any prejudgments the service members may have about drama and the session's structure.

The original session format was structured using principles of sociodrama, and it was designed to encourage service members to acknowledge and express feelings, reframe life challenges, explore identity via role-play, and practice coping skills learned at the NICoE. To help achieve these goals, service members were introduced to problem solving and skill building techniques in a safe, community-driven environment.

This capstone thesis project used a program evaluation form (See Appendix B) that identified the themes explored in each session. The service members identified these themes. The sessions were recorded in the patient charting system per the NICoE/Walter Reed protocol, and the author's observations and perceived progress were tracked using

process notes and comparing anticipated outcomes of the session to the actual outcomes. The recorded information focused on how the drama therapy program and session design integrated into the four-week intensive outpatient treatment model.

The Creative Action Forum was a one-time 50-minute session that used the following sociodramatic structure: Introduction, Warm-Up, Action, and Closing. The session opened with two introduction exercises; a check-in that asked each service member to use a movement and sound to describe how they felt, and the "Your Own Best Friend," (See Appendix A) exercise that asked service members to introduce themselves as if they were their best friend. The introduction section provided an opportunity for the author to check in with each service member's emotional state and introduce the idea of taking on a role play. The Warm-Up section followed the Introduction section.

Throughout the first three weeks of the study, three sociodramatic exercises were used during the warm-up portion: Pass the Prop, Tape Territory and Changing Places" (See Appendix A). A reflection portion led by the author followed the Warm-Up section. The service members were then asked to write down three concerns they had about leaving the NICoE at the end of their fourth week. Service members identified their top three concerns and then through group reflection the service members determined the topic they wanted to focus on for the rest of the session. The author then led the service members through the Action section of the sociodramatic session.

The author used various sociodramatic techniques to help guide the acting such as the empty chair, interviewing, and role reversal. After the Action section the author probed the service members to acquire information about their experience in the Action process. In addition, the author asked service members if they found any similarities with

the scene they created in the Action process and the concern they collectively chose to explore. After the reflection, the author asked the service members to think about the most palpable moment for them in the session and to go and stand in the place in the room where that moment occurred. The author asked the service members if any of them would like to share their palpable moment. The author closed the session asking each service member to give one word that came to mind at the end of the session. The time increments of the session were planned as follows: Introduction; five minutes, Warm Up; 15 minutes, Action; 20 minutes; and reflection; 10 minutes. Service members were given a program evaluation form at the end of the session (See Appendix B).

The Creative Action Forum session was held nine times over a ten-week period, with a new cohort of service members each week. At the end of each session the author recorded process notes to investigate if any edits needed to be made to the session's structure. The author noticed a facilitation error during the Action portion of the session. The processing work focused too much on the individual service member's personal life, which resembles psychodrama, instead of the collective group theme. In session two, the author set the scene for the Action section in a fictional location with fictional characters and a situation that alluded to the collective group theme. The fourth session possessed the most structural edits because of the author's realization that 50 minutes was not enough time to progress through all three stages of a group sociodrama session. In response, the author decided to focus on the benefits of the Warm-Up section of Sociodrama.

The new structure of the session incorporated more warm-up activities and reflection on the benefits of spontaneity in the service members' everyday lives. The

goals for the session were also updated to include exploring spontaneity and how spontaneity helps service members face transitions and changes in their lives. In the fifth week, the author added an introduction to the beginning of the session that explained the benefits of drama therapy and acknowledged that the service members were encountering this type of creative arts therapy for the first time.

Results

The information presented in this section is information gathered from the service members' program evaluation forms as well as the author's observations during the sessions.

The first sessions were designed to cover all three sections of the sociodramatic structure: the warm up phase, the action phase, and the sharing phase. Service members expressed some hesitation at the start of the sessions. They wanted to know the structure of the 50-minute session and were unsure of the thought of taking on roles. The service members' concerns were addressed through discussion, and using the warm up exercises, especially the Tape Territory exercise (See Appendix A). This exercise gave the service members the opportunity to articulate how they were feeling, and it allowed them to visually represent their personal boundaries. The structure of the later sessions was adjusted to accommodate the service members' feedback.

In the earlier sessions, the service members chose topics of interest to explore through role. One group chose to explore the challenge they faced in deciding which skills from the NICoE they should choose to use in their daily routine after they leave the IOP. After the warm up, the group chose to explore their collective theme through the scenario of a man sent by his wife to choose a paint color for painting the walls of their

home. The group created a two-person scene with the man and the employee who worked at Lowe's home improvement store. As the scene progressed, the two service members in role explored the challenges of choosing colors that all looked the same, and the author incorporated the role reversal intervention to assist service members in addressing moments in the scene that were reflective of the group's challenge of choosing skills from their experience in the NICoE's Intensive Outpatient Program. The author allowed the scene to progress for five to seven minutes, and then spent five to seven minutes in the sharing phase to help service members find moments from the action phase that they could apply to their collective theme.

The most significant information received from the early sessions was based on the author's observations. The author observed that a 50-minute session structure was insufficient in attempting to progress through all three sociodramatic phases. The sessions did not allow enough time for SMs to warm up, to explore and to participate in the action phase, and to reflect in the sharing phase. In addition, the author did not have enough time to sufficiently apply the various intervention techniques to promote thorough processing among the SMs. In addition, the author used sociometric questioning to identify the most palpable moment of the session for each SM. The directive given was for each SM to stand in the location and in the physical pose they were in where they felt the session was the most meaningful for them. The author noticed that most of service members chose moments from the warm-up phase, more specifically, the Changing Places exercise (See Appendix A).

In response to these observations, the author added a program evaluation form and changed the structure of the session. The structure was changed to focus on the

warm-up phase and the therapeutic benefits of cultivating spontaneity. The warm up focused session structure received positive feedback from the SMs. One SM stated that the session was interesting and not something he would normally do. Another felt that he could explore his self-awareness and the session offered the opportunity to connect with others in his cohort. Several SMs stated that they would recommend the session to other service members. One SM shared his observation on the significant impact the session made on his entire cohort "Very impressed. [The author] was able to get all six shells to crack ever so slightly and open. My favorite group thus far". This service member also requested a one-on-one follow up session where he and the author explored his personal role profile using Landy's (1993) Role Profile Assessment.

The new structure that focused on the warm-up phase began with all the service members sitting in a large circle, including the author. The author had a large post-it poster board set up on an A-frame that read: lion, dog, turtle, snake, and eagle. At the beginning of the session, the author asked the service members, "When is the last time you played?" At times, the question needed to clarification by explaining that the word *play* could be defined in whatever way the service members understood its definition. Some service members shared experiences they've had playing with their children. A few shared experiences playing sports with team members during a deployment. Some SM's found it difficult to recall the last time they played. The author then used the Your Own Best Friend exercise to introduce the idea of taking on a role. Service members chose to become childhood friends, spouses, siblings, and friends who have died. Some service members showed hesitation to the activity and needed more clarification when the author added the second directive for them to share which animal their best friend would

describe them to be either lion, dog, turtle, snake, or eagle. A few service members added their own animals such as: a badger, a panda, a trap-spider, and various combinations of the animals on the list provided.

The session then transitioned to standing and the author introduced an activity known as Zip Zap Zop. The intention of including this activity, although it is not a sociodramatic exercise, was to warm up the service members' bodies and to get the service members in a playful state. The exercise's goal was to have the group maintain continuous motion for one minute. Some cohorts asked to play competitively, and the author adjusted the exercise for those group requests. Pass the Prop (See Appendix A), was the exercise that followed Zip Zap Zop. Many images were created using a cardboard poster tube from the cohorts. Some images reflected everyday objects such as a baseball bat, walking cane, or hammer, where other cohorts explored images that were more specific to their jobs and experiences in the military. Service members were asked to come up with as many images they could in one minute. At the close of the exercise, service members were asked to reflect on how they were experiencing the session up to that point. Some feedback expressed how comfortable or uncomfortable the service member felt doing the exercises.

The Changing Places exercise (See Appendix A) followed to bring out more vulnerability and sharing from the group. Service members shared many different facts about themselves regarding their likes, dislikes, marriages, divorces, children, hopes, dreams, and fears. One service member expressed how he enjoyed learning that he wasn't the only one in the group experiencing a divorce. Another group joked about how everyone in their group was dealing with sleep issues. Others shared their hopes and

plans for after retirement. One service member used the exercise to share with his group that he had recently experienced the death of a family member. This exercise maintained a playful tone in most of the sessions. There was one group session that struggled to find the playful embodied energy of the exercise, but they were able to access some vulnerability in their sharing.

The closing phase of the session varied depending on the needs of each group. In some of the sessions, the service members were asked to choose a stance and stand in the location of a moment that occurred in the session that they found meaningful. Other groups were asked to create group vignettes that represented them on the first day of their first week at the NICoE and what they'd like to look like at the end of their fourth week. Other service members opted to sit and verbally reflect on their experience of the session.

The program evaluation was modeled after the art therapy program evaluation form at NICoE. Forty-six service members were scheduled for the Creative Action Forum session over the ten-week period. One cohort's session, with four service members, was canceled due to the author being absent. The first two sessions, involving seven service members, did not receive the program evaluation form (See Appendix B). Thirty-five service members were scheduled for the sessions that distributed the program evaluation form. Thirty-one of the thirty-five evaluations were completed.

The first question on the program evaluation form asked service members if they found the drama therapy session beneficial. Twenty-six percent of the service members selected "Very Much", 35% selected "Quite a bit", 32% selected "Somewhat", and seven percent selected "A little bit". The service members were asked to select themes they felt they explored in the session. The top three themes explored were: Identity, Future Goals

and Aspirations, and Community. The themes that were the least explored in the session were: two selected TBI, one selected grief and loss, and one selected traumatic memory.

The program evaluation asked each service member if the session helped them to do the following: express his emotions, feel understood by others, learn about himself, explore matters related to his identity, role, and/or self-image, and decrease concerns about leaving the NICoE (See Table 1). In the category of expressing feelings the results were: 10% selected “A little bit”, 16% selected “Somewhat”, 55% selected “Quite a bit”, and 19% selected “Very Much”. In the category of feeling understood by others the results were: 13% selected “A little bit”, 16% selected “Somewhat”, 39% “Quite a bit”, and 32% selected “Very Much”.

Table 1. Program evaluation responses (%) answering to what extent the Creative Action Forum helped service members.

Categories	Not at all (%)	A little bit (%)	Somewhat (%)	Quite a bit (%)	Very Much (%)	Blank (%)	Not Applicable (%)
Express emotions	0	10	16	55	19	0	0
Feel understood	0	13	16	39	32	0	0
Learn about self	3	7	42	26	19	3	0
Explore matters	3	3	36	29	26	3	0
Decrease concerns	3	16	29	26	19	3	3

Note: Percentages were rounded up to the nearest whole percent. Sums may not equal 100%.

In the category of learning about oneself the results were: three percent selected “Not at all”, seven percent selected “A little bit”, 42% selected “Somewhat”, 26% selected “Quite a bit”, and 19% “Very Much”. In the category of exploring matters related to identity, role, and/or self-image the results were: three percent “Not at all”,

three percent selected “A little bit”, 36% selected “Somewhat”, 29% selected “Quite a bit”, and 26% selected “Very Much”. In the category of decreasing concerns about leaving the NICoE the results were: three percent selected “Not at all”, 16% selected “A little bit”, 29% selected “Somewhat”, 26% selected “Quite a bit”, and 19% selected “Very Much” Finally, service members were asked if they would recommend the drama therapy session to other service members: 77% selected “Yes”, 19% selected “Maybe”, and zero selected “No”.

Discussion

It is important to consider the unique challenge that service members have in experiencing the physical and invisible wounds of war. The NICoE addresses both types of wounds in its interdisciplinary four-week Intensive Outpatient Program treating TBI and other psychological concerns. It is highly recommended that the NICoE continue to use the Healing Arts Program as a part of the service members’ treatment. It is also highly recommended that the Healing Arts Program adopt drama therapy into its treatment model and four-week template. It is recommended that the session’s leading therapist is a Registered Drama Therapist (RDT). An additional creative arts therapist, preferably another RDT or Registered Expressive Arts Therapist, may be useful if multiple sessions within the four-week model are permissible in the future.

The warm-up focused session is recommended because of the one-time 50-minute structure. This allows the therapist to focus on the goal of cultivating spontaneity among the service members and helping each service member see how spontaneity may benefit their everyday lives. The warm up focused model gives the SMs the opportunity to explore commonalities within their cohorts and encourages vulnerability without

compromising the establishment of a playful environment. The sociodramatic three phase model may be useful if there were more group session opportunities available in the four-week template. There is also potential to further the development of a warm-up focused series of drama therapy sessions inspired by the theories of sociodrama, DvT, and Role Theory. Further research is needed to explore the cognitive neuropsychological benefits of drama therapy, and how its effect on TBI.

A limitation in this project was the brevity of the session. The SMs often reached a warm-up group state by the end of the session. This group state provided an opportunity to continue the group's exploration, but the limited space within the Intensive Outpatient Program structure did not allow for a follow-up group therapy session. The other creative arts therapy group therapy sessions in the Healing Arts Program are two hours, and perhaps there is a possibility to expand the 50-minute session to a two-hour session. This would address the limitation of time.

This project has revealed another topic for further exploration and research in the creative arts therapy profession. The topic to be explored further is the role cultural diversity plays within the creative arts therapeutic environment. More specifically, this project allowed the author to explore the dynamics of being a therapist of color who worked with a predominantly White service member population. This gives an opportunity for more research in the creative arts therapies regarding the minority-majority therapeutic relationship (Sue & Sue, 2008). Potential topics of research may examine how the effects of the United States' history of Jim Crow laws and minstrelsy affects the creative arts therapist of color or may further examine how the performative role of the drama therapist of color is affected by the historical roots and images of

performers from the Jim Crow laws and origins of minstrelsy. Research may also consider the self-examination (Sue & Sue, 2008) needed by the creative arts therapist in order to approach cultural and political diversity in such a way that the therapeutic relationship is strengthened and not severed. This topic was not originally considered as a significant factor for this project, but the author hopes this project may encourage further research in this area to further professional cultural competencies among creative arts therapists.

A more formal pilot exploring these recommendations and the use of drama therapy with active duty service members with TBI is needed. More research on the cognitive neuropsychological benefits of drama therapy is needed, and more research on the appropriate content of a one-on-one session is also needed. There is exciting potential to explore the neurocognitive benefits of role play as an intermodal transfer from the masks created in the art therapy sessions at the NICoE. The author hopes this project will serve as a proposal to adopt drama therapy at the NICoE, the NICoE's Intrepid Spirit satellite centers and across the military medical treatment community.

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Appendix A

Sociodramatic exercises used in the drama therapy group sessions are below.

Your Own Best Friend

Introduce yourself as if you're introducing your own best friend. What that means is you'll talk about yourself in the third person, example, "I'd like you to meet Pat. She's bright, energetic, has a good sense of humor and generally enjoys life." The trick here is to make sure the group member keeps the introduction in the third person and talks about herself as "she" rather than "I." This offers the individual an element of distance, which makes it easier to talk about self (Sternberg & Garcia, 2000, p.242).

Tape Territory

Have masking tape available. Ask people to stake out territory in the room, defining their own space with masking tape and the furniture in the room. They may adorn the space with masking tape however they wish. Discuss (Sternberg & Garcia, 2000, p.242).

Pass the Prop

Seat the group in a circle. Pass around a simple object such as a block, a blackboard eraser, or a scarf. Ask members to say what else the object could be, something that is the same general size and shape. For instance, the block or eraser could be a candy bar, a calculator, a bar of soap. With the scarf, the players may change its shape and see how many different things it could be used for: a flag, a sling, an apron (Sternberg & Garcia, 2000, p.242).

Changing Places

Participants are seated on chairs in a circle or stand shoulder to shoulder in a circle. Ask for a volunteer to be "It." The person who is It stands in the center. He will call for people to change places by saying something like, "Everyone wearing blue, change places." The person who is It must himself have on whatever he calls out. If he said, "Everyone wearing glasses, change places," he would also have to be wearing glasses. Every player who has on what was called out must change his place in the circle. The object of the game is for It to take one of the other player's places when he calls out, "Change places."

After several rounds of this game, of course, players catch on to things that everybody— or at least most people have on— for example, "Everyone wearing underwear, change places," or "Everyone wearing shoes, change places." This is a simple game that gets everyone moving and promotes spontaneity among all players, whatever the age (Sternberg & Garcia, 2000, p.242).

Appendix B

The program evaluation used for the drama therapy group sessions is below.

CREATIVE ACTION FORUM SURVEY

Name: **Date:**

How beneficial did you find the Creative Action Forum session?

Not at all ○ A little bit ○ Somewhat ○ Quite a bit ○ Very much ○ N/A ○

Which general theme did you address through your Creative Action Forum session? (Check all that apply and/or describe "other.")

__Identity __Split sense of self __Grief and loss __Transitions __Treatment

__Traumatic memory __Military/Government __Family __TBI __Stress

__Injury __Culture __Community __Spirituality __Future Goals/ Aspirations

__Emotion regulation Other:_____

To what extent did the Creative Action Forum help to (Check boxes that apply):

	Not at all	A little bit	Somewhat	Quite a bit	Very Much	N/A
Express your emotions and thoughts						
Feel understood by others						
Learn about yourself						
Explore matters related to your identity, role and/or self-image						
Decrease concerns about leaving NICoE						

Would you recommend the Creative Action Forum to other service members?

No Maybe Yes

Further thoughts, comments, or suggestions?