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A Match Made in Mental Health: An Exploration in Using Drama Therapy as an Adjunct Therapy Paired with Psychoeducation

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Abstract

This project focuses on the use of drama therapy as an adjunct therapy with psychoeducation to increase insight, engagement, and information retention with adults who are managing severe mental illness. The facilitator (this writer) utilized drama therapy and psychoeducation to aid adult clients (20-75years of age) in a goal-setting group. It was conducted with a mixed diagnoses group in a community mental health agency partial care program. The group was made up of English speaking only, Spanish speaking only, and bi-lingual clients. Most of the clients receive government benefits such as Medicaid, SSI, etc. The study took place over the course of 10 weeks, totaling 9 weekly sessions. Participant insight, engagement, and information retention was tracked through the facilitator's journal, worksheet packets, and agency participation tally sheets. It was observed that the use of gesture and embodiment, in this particular group, increased client engagement as well as information retention. This writer gained insight into what it entails to document reliable observations while creating a method. The difficulty in doing so was primarily due to the facilitator working without a co-facilitator or reliable outside clinical observer. The process of tracking progress in a group with frequent turn over and inconsistent attendance was also a large challenge for the facilitator. However, it was apparent that there were emerging drama therapy core processes (Jones, 1996) that aided the group in personal growth.

Introduction

The work explored in this paper reflects that, drama therapy (DT) paired with psychoeducation (PE) has the potential to increase engagement, information retention, and insight in adult clients managing severe mental illness in partial care settings. The interest in the work emerged from this writer's experience during a second year internship at a community mental health facility. At the internship this writer worked with adults 18 years and older, who are managing severe mental illness while attending a partial care program that is structured around insurance implemented psychoeducational groups. Many of the clients in the program have been in and out of the site for years and appear to be stuck in a cycle of predictable group topics. The clients have voiced that they are bored and frustrated with the presentation of the material in groups and find it difficult to be motivated to engage (personal communication, December 13, 2017).

PE in a partial care setting is traditionally aimed at educating and informing clients and their families about mental health related issues including: cognitive and behavioral issues, diagnosis information, symptom management information, and daily living functions (health care, hygiene, nutrition, financial planning, etc.). Specifically at the community mental health facility previously mentioned, this method is often presented by way of brief lecture, worksheets, and group discussion.

This writer runs drama therapy (DT) based groups at the above-mentioned site and has observed a noticeable increase in client engagement and insight in said groups when engaging in DT techniques. The working definition of DT, for the purpose of this exploration, is: "a method of psychotherapy by which one might explore differing levels of aesthetically distanced dramatic realities through explorative play via the use of drama and/or theatre processes with the intention

to facilitated therapeutic aims/goals of psychological, behavioral, emotional, and/or social change in a variety of settings amongst a multitude of populations" (Doyle, 2015; Dramatherapy, n.d.; Emunah, 1994; What is Drama Therapy, n.d.). Instead of using one specific DT method, the concepts of the DT core processes (Jones, 1996) of embodiment, play, and life drama connection are focused on in the group facilitation.

The DT groups mentioned above are the few groups at the site that are not primarily psychoeducational. They include PE elements such as: strengthening coping skills, social skills, and affect expression/regulation. However, they are focused on interpersonal and intrapersonal exploration, connection, and expression by way of the previously mentioned DT processes; primarily highlighting the use of the mind-body connection as Jones (1996) defines embodiment in DT to be "the way the self is realized by and through the body" (p. 113).

The exploration of this work is of great importance due to the population's need for greater therapeutic support in community settings. Greater support is especially needed in community settings that operate under insurance-implemented curriculums where PE may become stagnant. DT has the potential to be the supportive missing key to increase engagement, information retention, and insight as it assists in embodying information. Once the client has embodied information it gives them permission to rehearse and put learned information into practice, thereby assisting in the goals of growth and change. Again, highlighting embodiment in DT, as Jones (1996) states, "is the client's physical encountering of material through enactment, and combines the knowledge to be gained through sensory and emotional feeling with the knowledge to be taken from more abstract reflection" (p. 144).

Embodiment, for the purpose of this exploration, is the main DT processes focal point. However, the larger question remains: do the DT core processes assist in increased engagement,

information retention, and insight, when paired with psychoeducation and if so which ones and how?

Literature Review

History

In the search for peer-reviewed literature it became evident that there is a great need for a body of work on this topic. This writer has yet to find literature directly connecting DT and psychoeducation in groups working with adults who struggle with severe mental illness. The majority of the work available connects role play, psychodramatic techniques, and psychoeducation mostly for the use of family education on mental illness or for clients who exhibit risk taking behaviors and community education such as psychoeducation about safe sex and STI's. One piece of literature that stood out in the pairing of drama techniques and psychoeducation was Kruczek and Zagelbaum's (2004) article that takes a look at the use of psychoeducational drama as a tool to educate adolescents about risk taking behaviors. There are programs such as the one written about in the previously mentioned article that exist all over the country; this writer was an intern for an adolescent improvisational group who, through improvised performances, addressed teen issues and opened up conversation for prevention amongst the adolescent audiences; so far the use of drama and psychoeducation have been primarily utilized for the previously mentioned intention.

Studies exploring psychoeducation and drama therapy have been primarily researched as separate therapeutic entities when working with adults who are managing severe mental illness in partial care settings.

Psychoeducation. It appears that in the body of research most of the work focuses on specific mental illnesses such as psychoeducation and bipolar disorder as in the Batista et al.

(2011) article where in through their systematic review of the efficacy of psychoeducation in bipolar patients. Other articles tend to focus on a generalized disorder category, such as affective disorders, when looking at psychoeducation as a means to prevent relapse; such as in Colom's (2011) article. However, Batista et al's (2011) evaluated controlled clinical trials were done using only psychoeducation. According to Batista et al. (2011) "most studies have shown positive results in improving symptoms and treatment adherence in bipolar patients treated with PE, most of these studies used other psychosocial approaches combined with PE" (p. 410). The outcome variable of psychosocial functioning was one of three considered in the evaluated of the studies reviewed by Batista et al. (2011); psychosocial functioning being an important link to why drama therapy is valuable as an adjunct therapy in psychoeducation groups, as well as a direct connection to client insight and engagement in this paper's exploration. Batista et al.'s (2011) findings, however, highlighted that out of the 161 articles they reviewed, only 13 fit their criteria and only 8 of those 13 truly used PE exclusively with clients (Batista et al., 2011), which raises the question about psychoeducation's true efficacy as a solo treatment. Since it seems to require an adjunct therapy to accompany it then what are the other therapies being used? Is there one that works best since only 4 of the 13 reviewed studies "evaluated improvements in psychosocial functioning with PE" (Batista et al., 2011, p. 414)?

The literature on psychoeducation, in conjunction with mental illness treatment, does not traditionally explore the topic of mixed diagnosis group work in partial care settings; which is systematically how the agencies run groups. It tends to be a large group of individuals, with varying diagnosis, engaged in psychoeducation groups that may or may not cater to their individual needs. The group curriculums are often created and implemented by private insurance companies (personal communication, September 2017). Sibitz et al. (2007), however, did

explore what works in psychoeducation groups for those with schizophrenia, from the client's perspective (albeit still from the specific perspective of one diagnosis). The findings in Sibitz et al.'s (2007) study, through content analysis, found that the participants experienced "a reduction of isolation and more social interaction, more activity and better coping" (p. 911). Though this study showed that psychoeducation was considered to be the psychosocial vehicle that enhanced the participant's experience, it was conducted with a first time group. Sibitz et al. (2007) states that "it is established that psychosocial measures not only enhance compliance, but also augment symptomatic and functional recovery in schizophrenia" (p. 909). This information raises the question about patients that have been in a longer-term care situation with the same core group of clients. If the education portion of psychoeducation becomes stagnant how does one keep the group moving forward? This is one of the many areas where the core process of "play" (Jones, 1996) in drama therapy becomes a possible adjunct solution.

Bechdolf et al.'s (2010) article focuses on a randomized sample study wherein groups of adults with schizophrenia in an inpatient facility are given either brief CBT sessions or brief psychoeducational sessions. The outcome did not show any significant difference in the efficacy of CBT over psychoeducational programs.

Drama Therapy. The current body of DT based literature focuses on specific methods of DT when working with adults with severe mental illness (Konopik & Cheung, 2013; Ngong, 2017) and is limited. The current literature, this writer has reviewed, reflects the efficacy of DT with adults managing severe mental illness in terms of increased social interaction, insight, and engagement (Konopik & Cheung, 2013; Ngong, 2017). Yet, quantitative data is limited and recorded qualitative data that reflects the increases are, again much like the PE literature, not as large as one would hope. However, the work of Armstrong et al. (2016) contributes promising

quantitative analysis, exploring how dramatic projection and dramatic embodiment are measurable and linked to moments of "rich and deep processing" (p. 30), which contribute to client change.

Phil Jones' (1996) therapeutic DT core processes have been heavily utilized in drama therapy research, methods, and theory since the core processes came into being. The processes described in Jones' book are: dramatic projection, playing, role-playing, dramatic distancing, witnessing, embodiment, life-drama connection, and transformation (Jones, 1996). These previously mentioned processes are being observed in this project's exploration group in order to measure the experiences and growth in the group; they are also the DT tools being measured in Armstrong et al.'s (2016) article.

The Armstrong et al. (2016) article is focused around a study which aims to show how two drama therapy processes, dramatic projection (DP) and dramatic embodiment (DE), are not only observable and therefore measurable, but they are also directly linked to experiencing. This thereby supports their efficacy in client change since experiencing is "related to session outcome and therapy outcome" (Armstrong et al., 2016, p. 28). The research teams used the reliable Observer-rated Experiencing Scale to measure experiencing and ran ANOVAS to differentiate data between DP, NDP, DE, and NDE moments.

The limitations of the study are due to the small sample size (one client) and observed drama therapy methods (three methods that do not all engage in both DP and DE equally). The bias of the three study teams are also questionable due to Armstrong's (the first author's) involvement in not only running the study but also in training the research teams in the way to read for results (Armstrong et al., 2016).

Armstrong is transparent about the limitations of the study as well as her involvement and possible influence on the study. The outcomes of the study do not yield any major numerical findings to support enough proof of DP and DE linking to experiencing and major client change. However, this study is important in the first steps towards empirical data in showing how effective drama therapy can be since its processes are observable.

Konopik and Cheung's (2013) article focused on the participant experiences of a five-stage psychodrama treatment group in a partial hospitalization program working with adults with severe mental illness. Content analysis was conducted, using Berelson's communication content analysis (Konopik & Cheung, 2013) in order to determine if the patients made progress in their ability to "connect feelings to expressed concerns and anticipated changes" (Konopik & Cheung, 2013, p. 9). Konopik and Cheung highlight psychodrama's ability to facilitate cognitive, affective, and behavioral growth in participating patients as observed by eight outcome themes that emerged through the process.

Limitations included a low multicultural diverse population and the study was conducted with one inconsistent open group of 13 participants who did not attend every session. Other limitations were the co-occurrence of multiple therapies being administered to the participants during the same time as the psychodrama sessions as per hospital protocol; therefore, the conclusion was made that psychodrama is useful as an adjunct therapy to what the participants were already receiving as part of the hospital's program (Konopik & Cheung, 2013).

The same focus on specific diagnosis is found in the literature that explores the efficacy of drama therapy and mental illness; often-repeated particular diagnoses are focused on, such as, PTSD, Autism, and Schizophrenia. In addition to focusing on specific diagnoses the drama therapy literature often focuses on the use of a specific drama therapy method.

For the purpose of this exploration it was originally thought, by this writer, that it would be best to follow specific clients within the group in order to track the variable increases of insight, information retention, and engagement; however, this would then also force the exploration to choose a diagnosis in a large group of clients. It became of interest to look at the group as client in addition to highlighting the experience of a few clients, being that the group as a whole separate entity has a process of its own. Haen's (2015) article researches the group process itself as drama. In looking at the group process in this light, Haen (2015) noticed that it "helped to illuminate how members and leaders shifted the attention and focus of the session, or worked against its movement and progression" (p. 221), which also happened in the group connected with this project's exploration. The group dynamics were playing a role in why and how the group does or does not move forward. In Haen's (2015) study, the very model of group development began to "resemble the elements of dramatic plot structure" (p. 222). In this writer's exploration project, the roles of the group members within the group itself became its own character to be tracked. This was due to the large number of clients in the room and how easily most of them can sit back and go unnoticed when those who usually take the lead step into their "spotlight." Haen (2015) found the following in his study:

> The group leader is in effect building ensemble. The group is thus viewed as a problem solving entity dependent on the collaboration of its members, whose attunement and interaction lead to greater outcomes than might be demonstrated by these same members working solo (p. 229)

While reviewing group work recordings in his pilot study, Haen tracked and labeled the group's progress through script analysis terms in the attempt to understand why one group member did not progress while the rest did.

Karavoltsou and O'Sullivan's (2011) study was conducted at a school of second chance in Greece with a group of adults who did not have any drama experience or self-directed learning experience (Karavoltsou & O'Sullivan, 2011). It focused on the use at the use of drama in adult education as a way to motivate the adult students to engage and grow "through self-directed work" (p. 67). The study utilized drama as the vehicle for "enhancing ownership about the process of learning" (Karavoltsou & O'Sullivan, 2011, p. 65). Karavoltsou and O'Sullivan (2001) made the connection, through a number of studies, that the arts indeed aids students in "developing multi-skilling, memory retention, [...] increasing concentration and enjoyment of learning" (p. 65).

Referring to Augusto Boal's *Theatre of the Oppressed*, Karavoltsou and O'Sullivan (2011) discussed the emergence of power in education and the ability participants have to rehearse for daily life when engaged in such drama techniques as Boal has created. However, when working with drama for the purpose of self-directed learning, one has to also take into account the willingness of the students/clients/participants, as was highlighted in this study (Karavoltsou & O'Sullivan, 2011). In regards to the exploration of this writer's topic, this notice of "willingness" is paramount as one cannot force client engagement and therefore increases in engagement do rely on where the individual client is in terms of being warmed up to the process.

Karavoltsou and O'Sullivan (2011) focused their study on the use of Drama in Education (DIE), which is "viewed primarily as a learning medium, where many skills and strategies used in theatre serve education goals" (p. 67). The previous quote closely reflects the use of drama in this writer's exploration when paired with psychoeducation. However, much like Karavoltsou and O'Sullivan, the goal is to also balance the content and form of the drama techniques utilized in the exploration by "learning *in* and *through* drama" (Karavoltsou & O'Sullivan, 2011, p. 67).

The issue that arose with this study was in the methodological approach and how involved the teacher/researcher's own self had an influence on the process. The teacher/researcher engaged in a methodology that was "practitioner research embodied in reflective practice" (Karavoltsou & O'Sullivan, 2011, p. 70). Though this is part of the methodology used in this writer's exploration, the self-doubt of the teacher/researcher in Karavoltsou and O'Sullivan's (2011) study did admit to a skewing of data due to their own skewed relationship with the group. The findings of Karavoltsou and O'Sullivan's study reflected a mixed response from the participants. A few who were the most vocal and engaged all along continued to be so, those who did not begin in an engaged and willing state made minimal progress, and some of those who made minimal progress showed resistance to the drama activities utilized in the study (Karavoltsou & O'Sullivan, 2011).

Bridging the gap between psychoeducation and drama Kruczek and Zagelbaum (2004) wrote about psychoeducational drama and stated:

> the goal of this technique is to allow the audience members to identify with significant issues in a relatively non-threatening format [...] PED engages the audience at three levels: affective, cognitive, and behavioral. This 'threefold' approach to engagement can foster improved insight, increased awareness of feelings, and greater awareness of feelings associated with certain behaviors. (p. 1)

Methods

Setting and Participants

This exploration took place over the course of 10 sessions (a small sample number of sessions that are a part of a larger 30 plus week internship). The setting was at a community mental health center in an urban area of the United States. The agency's partial care program, for

adults managing mental illness, operates groups from 9am to 3pm, Monday through Friday. The clients are referred to the program mostly through local hospitals and group homes. The majority of the clients attend the full day of provided groups 5 days a week. A large number of the clients are of lower economic status and/or receive government-regulated benefits (SSI, Medicaid/Medicare). Over 60% of the agency's clients, in both outpatient and partial care, are Spanish speaking; about half of the partial care clients attending the group discussed in this exploration were Spanish speaking only and bi-lingual. Due to this writer (group facilitator) being English speaking only, translation was provided by the case managers present in the group; due to the case managers' workloads, translation was not always consistently provided.

There were varying levels of functioning in the group as well as diagnoses. Most of the clients in the group were managing one of three major diagnoses: schizophrenia, schizoaffective disorder, or bi-polar; there were other co-occurring diagnoses, such as substance use, present as well. The vast majority of the clients were on prescription medication provided by the onsite psychiatrist and they attend medication management and psychiatric follow-ups with their assigned onsite psychiatrist every 6-8 weeks. The group numbers fluctuate between 25-35 clients. Of those 25-35, duration of treatment at the agency ranged from clients who had been attending for less than 1 week to those who had been attending for over 10 years. During the exploration sessions, the group ranged steadily from 20-30 clients due to the sessions being run on Fridays, which was the lighter attendance day of the week.

Active Diagnostic Features. Varying levels of functioning were present in the group as well as the following symptoms: disorganized thinking, active positive symptoms (internal stimuli/auditory hallucinations), catatonic behavior/negative symptoms (blunt affect, minimal speech), agitation, asociality, avolition, and paranoia (American Psychiatric Association, 2013).

Goals. The goals of the agency groups are to provide psychoeducation on subjects such as relapse prevention, stages of change, activities of daily living, etc. The group chosen for this exploration was the weekly S.M.A.R.T. goals group, with the acronym standing for the following: specific, measurable, achievable, realistic, and timely. The goal of the group was to aid clients in setting goals that fit the S.M.A.R.T. model of goal setting.

The previous facilitator of this group facilitated primarily by utilizing a more didactic approach where the clients verbally said what the acronym stood for (facilitator would then write it on the white board). Then the clients would fill out worksheets where they chose a goal, then plug the information into the formal worksheet, followed with when they would achieve it by, how they would measure if the goal was being accomplished, and if the goal was achievable (what steps would they take to complete the goal) and whether or not it was realistic. This writer noticed that the same group members would share their goals and that they were struggling with remembering what the acronym stood for. They also struggled with the process of setting goals according to the S.M.A.R.T. format.

When this writer started running the S.M.A.R.T. sessions, the goals focusing on information retention, engagement, and insight, became: to pair drama therapy techniques with psychoeducation in order to aid the clients in mastering the knowledge that is the S.M.A.R.T. goals acronym. The goals also included to rehearse, retain, and reiterate that information on a weekly basis as well as aid clients in achieving their chosen goals on a weekly basis by focusing on specific short-term goals chosen by the clients.

S.M.A.R.T. Goals Group

Structuring the Sessions. During the first session, the group was verbally informed of the study. The group gave verbal consent to proceed with the exploration as long as no personal

client information was documented and utilized. At the start of the first session, this writer (the facilitator) had made an announcement to the group stating that for 10 sessions (once a week for 10 weeks), starting that day, the facilitator wanted permission from the group to write down how DT was being used in the group to help the group grow and make their goals. The facilitator also informed the group that non-personal information pertaining to how the group members were engaging in the group, if they remembered the steps to creating goals, and what they learned about themselves would be written down and used construct a thesis paper for the facilitator's master's degree program; it was stressed multiple times that no personal information would be documented. The facilitator then went to each group member and asked for individual consent. At the start of each session thereafter, the facilitator started the group with reminding the members that information about what happened in the group that day would be documented without using personal information. The facilitator would then ask the group if anyone had any objections or if any one did not want this writer to continue with the exploration, there were no objections.

Continuing with the first session, the facilitator then led the group in creating a group warm up ritual that incorporated the S.M.A.R.T. acronym. It was suggested to the group that they pair gestures with the words in order to build the warm up that would be used each week to aid in information retention. The group members co-created the warm up; individual clients volunteered to pair a word with a gesture of their own as they built the word S.M.A.R.T. This warm up highlighted the use of embodiment paired with psychoeducation. The clients were not memorizing the acronym, they were learning it with the whole of their bodies and becoming the acronym through repetitive practice and performance. The physical warm up was used at the

beginning of every session as created by the group during the first moments of session 1 (see Appendix A for Figure 1).

The facilitator structured each group by using both PE and DT techniques/methods. The group sessions began with the group created warm up described above that led into the topic (main action), followed by a closure. The main action was structured depending on the needs of the group during that session; different drama therapy methods were implemented depending on what the clients needs were that day or even in that moment. Some sessions were clearly structured and supported by brief lecture and PE worksheets distributed to the clients. They were invited to share what they wrote and encouraged to enact their shares in a number of DT methods such as psychodrama, scene work, storytelling, etc. Regardless of how much time was spent on DT methods in the session, the goal was ultimately to support the PE curriculum with DT based exercises and games therefore PE was still taking place through the DT techniques.

Information Collection and Storage

Facilitator Journal. The facilitator kept a journal of notes written directly after each session had ended. The journal entries described the process, how many clients were engaged, what drama therapy processes emerged, what topics were discussed and how, and what drama therapy techniques were used during that session. Also included in the journal notes were the facilitator's own feelings about the process, how to improve on the process week to week, and any issues that arose with the clients in the group; there were a couple of clients who needed to be redirected regularly during sessions due to their tendency to take over the group.

Worksheet Packets. The facilitator distributed a packet to the group at the beginning of the second session that consisted of a questionnaire (see Appendix B for Figure 2), a DT based self-assessment, and goal setting worksheets. The group members wrote their initials on the

packets; the packets were distributed at the beginning of each session and collected at the end of each session thereafter. The packets provided a helpful baseline to see where some of the group members were in their cognitive functioning and levels of insight, however, due to translation issues, inconsistent group member attendance, and inconsistent group member participation in writing exercises, the worksheets became a soft reference point for supportive information. There was no opportunity to truly create a consistent enough base line with the packets in order to end the last session with a questionnaire to compare to the first questionnaire during the first session. The worksheets included in the appendices of this paper are those that the facilitator created as the other worksheets cannot be included due to copyright laws.

Agency Participation Tally Sheets. The facilitator tracked how often the clients were engaged in a single session as well as the total number of sessions over the course of the 10-week period. The method of tracking for this area of focus was done through the attending agency case manager's observations by way of "engagement tally sheets." The engagement tally sheets marked by the case manager were the same sheets used for all of the partial care groups as a reference to track client engagement; as they are agency only property this writer was unable to include the sheets in this paper. Each group sign in sheet has a number participation tracking system for each client on it that ranges from 1-10. During each group the observing case manager wrote a number for each client's engagement during that specific group. The fault with this tracking system is that the case managers who filled out the sheets were not always actively observing the group due to other client distractions that took place in the room that they needed to tend to on a regular basis.

Organization of Information

After the 10th session, the facilitator did a comparison between the agency's participation tally sheets and the facilitator's journal notes to look for discrepancies in engagement. The worksheet packets completed by the clients were not used for analysis, nor was there a final questionnaire distributed during the last session due to the constant changes in group dynamic due to multiple clients entering and leaving the group during the 10 weeks.

Results

Emergent Drama Therapy Core Processes

Though the sessions were purposefully constructed to utilize embodiment, the following core processes thereafter emerged organically during the group sessions. The processes often overlapped and worked together to support the therapeutic goals for the group.

Embodiment. When the group was asked to do the warm up they remembered what the steps and words were. Not only did they retain the information, but they began to take on leadership roles in leading the warm up and assisting each other if a group member had forgotten a word. They made connections with one another, began to build a sense of mastery over the warm up, and laughed many times while they did it.

The facilitator, however, had to change the language to suit the group; instead of calling the warm-up a series of gestures linked to the acronym, the word "gestures" was changed to "exercises" because that word in particular yielded a higher rate of engagement than "gesture" did. The group was used to doing mild exercises in the other groups that are based on health awareness topics and so the specific language used to describe the process was adjusted to provide that "relatively non-threatening format" (Kruczek & Zagelbaum, 2004, p. 1) discussed in the above quote by Kruczek and Zagelbaum.

Embodiment ended up playing a major role in this exploration as it consistently came to the forefront. Embodiment was regularly utilized, observed, and emergent as described by Phil Jones (1996) in regards to DT:

> This concerns the way in which an individual relates to their body, and develops through their body [...] embodiment in dramatherapy involves the way the self is realized by and through the body [...] the use of the body in dramatherapy is crucial to the intensity and nature of a client's involvement. (p. 113)

Though the 9th session was not held due to this writer not being on site, the group led the warm up the following week at the beginning of the 10th session. About half of the group helped the other half to complete the warm up as they all remembered different parts of it, except for one or two of the higher functioning group members who have consistently remembered every step to the warm up since the first session when it was created. Armstrong et al. (2016) stated that "drama therapy interventions involving dramatic embodiment may bring about sustained expression and processing" (p. 29) as was exhibited in the group's ability to continue to process and retain the steps for creating a goal through their self created physical warm up and playing.

Play. According to Jones (1996):

> playfulness in dramatherapy concerns the way a client can enter a state which has a special relationship to time, space and everyday rules and boundaries. This relationship is characterized by a more creative, flexible attitude towards events, consequences and held ideas. (p. 88)

The playfulness of the co-created warm up, led the way for the group to then play with concrete goal setting. It warmed them up to looking at the process of creating goals differently than they

had been doing with the previous strategy of filling out a worksheet and verbally sharing their writings.

Distancing and projection. During the first session, the facilitator used a small prop hat as a projective tool to aid the group in creating a character for which they would set a goal and walk through the steps. The group named the hat Drew Barrymore and through the use of this character they explored how to create a specific goal that met all of the S.M.A.R.T. criteria. Through Drew Barrymore, they helped each other learn about how to create goals for obtaining certain basic, concrete human needs, such as buying a pair of glasses. The group referred to Drew Barrymore multiple times over the course of the 10 weeks. They did so in order to go back to the example set by that character's goal process; sometimes the facilitator was the one to refer back to the character and other times it was the clients who brought her back to "life" for a moment.

As Jones (1996) described, "distancing encourages an involvement which is more oriented towards thought, reflection and perspective" (p. 95). The dramatic distance utilized in the first session with Drew Barrymore may have supported the group's process in gaining new perspective on how to create goals and how they might create them for themselves. Their shifted perspective was suggested by their referring back to Drew Barrymore's group-created story when looking at their own goal process. The utilization of character creation via a prop hat also called into the space the processes of dramatic projection, wherein the group was able to use an external object to explore internal thoughts or conflicts (Jones, 1996).

Life-drama connection. Through play and projection the group then made connections with their own life and goals they wanted to create for themselves. Starting with a concrete short-term goal (such as obtaining a pair of glasses) gave the lower functioning group members a

concrete goal to start with. Depending on the needs of the group that day, the goals ranged from concrete short-term goals to be worked on before the next session, such as getting a job, to personal goals such as managing ones' anger.

Transformation and Role. According to Jones (1996) "the everyday, usual ways of experiencing the self and events are altered by the use of dramatic language" (p. 121) in the DT process. He describes one instance of transformation being that of the client's experience, through the use of dramatic creation, leading to a shift in "identity" (Jones, 1996, p. 121) in both integrated and fragmented forms (Jones, 1996).

Role emerged in the group and individuals more often reflected Landy's role theory wherein "the role work in dramatherapy usually concerns a situation where a role that a client needs to play in life is either unavailable, poorly developed or inappropriately aligned with other roles, or people in their roles" (Jones, 1996, p. 193) as opposed to Jones's idea of role that describes role more in terms of how a client takes on a role within the dramatic process of the therapeutic encounter. The group as a whole began to take on a leadership role in owning their weekly warm up in its creation and implementation. They shared support in completing the warm up task at the beginning of the sessions by working together to remember the sequence and the words. This level of group engagement and support to complete a warm up has not been observed in any other group at the agency by this writer; however, that is not to say that it has not taken place.

Two group members displayed the most consistent progress through the 10 weeks; however, one of the two mentioned above, is also the facilitator's individual client and so it would not be accurate to track his progress based solely on the group. The other group member, who for the purpose of this paper will be called Joe, is a higher functioning male in his 30s who

sleeps during the groups most of the day. After the first session Joe remained awake for the group time and set concrete short-term goals on a weekly basis. The first goal that he set was to make an appointment with the employment office to ask for more work hours, taking steps to work towards full time employment within the year; he met the goal. He then made another short-term goal the following week: to spend more time with his family. Joe met his goal by contacting his brother and made a date to go to his brother's house for dinner; which again he met. Joe was the only group member who created consistent goals that met the S.M.A.R.T. criteria. Not only did Joe create consistent obtainable goals and met them, but the goals ranged from vocational goals to interpersonal relationship goals. If there was anyone else in the group who was following through with their goal creating like Joe, they did not express it in the group.

Explored Behaviors

Insight. The facilitator's journal reflect that the taxonomy of roles assessment (included in the worksheet packet) was a difficult assessment tool for this particular group as most did not fill it out for reasons they would not communicate. Some verbalized that it was deep; some had a difficult time understanding what it was and why we were using it. It was reflected in the facilitator's journal that the group members would fill out pages of the packet without being given the directive and there were many who went ahead to fill out the taxonomy before an explanation was given, but did not complete it.

One of the other packet worksheets asked questions that asked generally: why would one create goals for oneself? The worksheets filled out by the majority of the group reflected unspecific goals and fragmented thought patterns. Those who were higher functioning and less symptomatic were consistently insightful from the start to the end of the exploration. Those who were asymptomatic and began the exploration process with difficulty in expressing insight

remained so by the last session. There was not enough information to suggest either way whether the group as a whole truly gained more insight by the end of the project.

Engagement. According to the facilitator's journals the group engagement did increase during the 10 weeks. However, it was noticed that the group members would engage more when specifically called on as opposed to leaving the floor open for those who wanted to participate to come forward on their own. There were many instances where the group would support one another in attempting to increase engagement on their own. Those who were willing and interested in engaging, took on the leadership roles of cheerleaders for those who were hesitant to come forward and step into the spotlight during such group moments as leading the beginning warm up or sharing personal goals.

Information Retention. The most consistent and concrete observations were made in regards to the connection between embodiment and the group's increase in over all information retention when clients were asked to remember what the words are in the acronym S.M.A.R.T. During the second session, the facilitator noticed at least two of the group members using the gesture warm up to remember what the words for the acronym were. Throughout the exploration the group would reference the gesture associated with a specific word to remember what it was even during discussions. In some instances, if they did not remember, the facilitator would perform the gesture and the group would remember what the word was. The gestures did not directly reflect the meaning of the word or the word itself; for instance the gesture associated with the word "timely" did not reference time in any way and so the visual cue of the gesture was not supportive in that it was mimicking the word, it was supportive in the integration of the movement into the body and muscle memory associated with the word.

Discussion

The purpose of this project was to explore the possibility for DT to increase insight, engagement, and information retention when utilized in conjunction with psychoeducation. The results did not support a large increase in insight, however, information retention and engagement both during the group and in a few of the clients' daily lives outside of the agency, were markedly improved. The two drama therapy processes that organically emerged from the group as being those that were the most prevalent in support of change with this particular group were embodiment and role.

There is question as to whether or not the facilitator's topic choices were as influential in the progress of individual clients within the group as short-term goals or as opposed to long term goals, etc; as opposed to the DT techniques and processes themselves being the catalyst for change. As concrete specific short-term goals were highlighted to be the goals that were the most engaged in by clients outside of the group and yielded the most personal progress. In engaging in the exploration, this writer gathers that more in depth and field supported research needs to be done on this topic within this setting. This would help to quantifiably show how and why the DT core processes facilitated change amongst this population in psychoeducational groups. However, this writer has also gathered that this type of future research is delicate; there is a multitude of variables and overlapping theoretical processes that make it difficult to truly zero in on what works and why. Though it is difficult, it is not altogether impossible, as can be recognized through the progress that was made during this exploration documented in the results section.

Limitations

The limitations of such necessary research, as mentioned in the above section, are both overwhelming, but, in the opinion of this writer, they can be overcome. The specific limitations

of the study documented in this paper were due to the following: lack of research experience of the facilitator, understaffing of the facilitator's clinical site resulting in inconsistent co-facilitation and therefore inconsistent co-observational support during the group, unreliable agency documentation, and frequent client turn over. Halfway through the process the group truly began to shift with new clients coming in and others leaving the group on a larger scale. This affected the levels of engagement over all no matter what DT technique was being utilized. It also came to the facilitator's attention that the participation tally sheets were severely mismatched with the facilitator's journal notes. The reliability of the tally sheets could not be supported due to the facilitator finding that the tally sheets were not accurate for other groups besides the S.M.A.R.T. goals group as well; therefore, the facilitator was unable to use them to construct any conclusions about the group's engagement.

This exploration, and any exploration of this kind in the future, would greatly benefit from a larger, consistent, and experienced clinical team. The nature of this project, being that to make observations and qualitatively speculate the possible influence of DT techniques, in the manner described throughout this paper, limits the ability to gather any quantifiable research data. Therefore, this project should be looked at as a starting point as opposed to an end result in field related empirical "proof."

Future Relationship

The observations made in this exploration suggest that there is a possible measurable link between the embodied practice of drama therapy and information retention. The observation made between embodiment and information retention works in conjunction with and could possibly support Armstrong et al.'s (2016) research in looking at further quantifying that dramatic embodiment is both observable and measurable. Though this exploration is not a

quantifiable research project, the roots are there for future exploration in terms of clinical research under the right, legal, and ethical circumstances. This would be an important and necessary task in furthering a goal to have DT considered as evidence based.

Conclusion

This project and its utilization of DT as a possible adjunct therapy with psychoeducation in order to increase insight, engagement, and information retention did not end in any recorded reliable quantitative data; it did not prove nor disprove any clinical theory. It did, however, provide a therapeutic group of individuals with the opportunity to play and grow in their current life roles. This exploration project also provided the seeds for future questions to be asked and to further the journey of DT towards an evidence-based status. Embodiment within the dramatic playspace, very well might be a powerful tool in assisting in clinical growth of the clients emotionally, behaviorally, and cognitively. The population that engaged in this project has many multilayered clinical hurdles to jump over in their treatment process, many in the referenced group are dealing with an organic illness that affects mind, body, and spirit. If nothing else comes of the documenting of this project one important fact will remain; a group of individuals came together to play, create, lead, and grow in a room where most of them do not connect with one another on a daily basis. Positive human connection occurred and the broken record of prior S.M.A.R.T. goals groups was changed, while utilizing drama to facilitate the experience.

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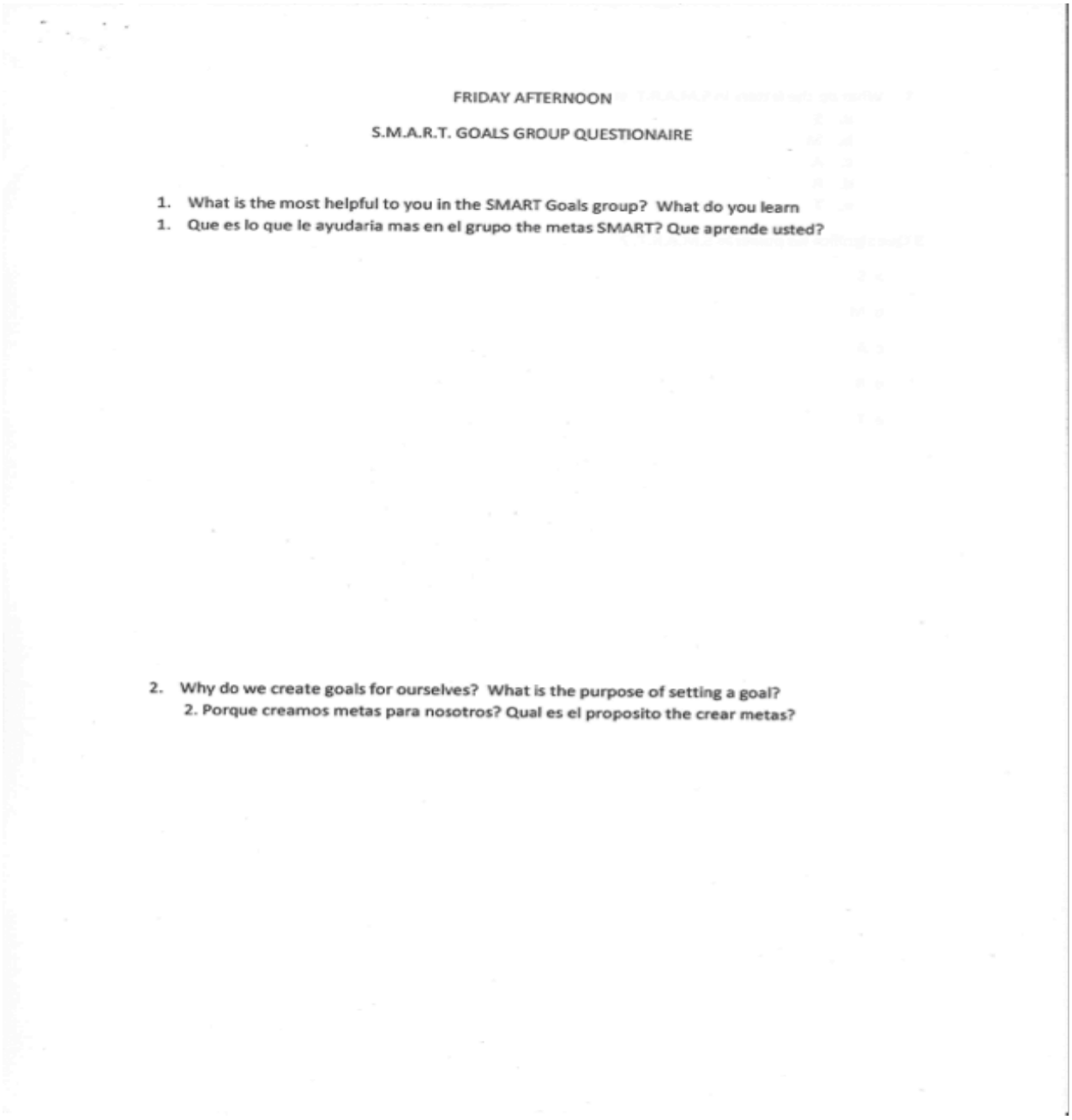
Appendix A

S.M.A.R.T.	Seated in chair with both feet on the floor hands come together to create a diving forward motion as if diving into a pool in between ones knees.
S - Specific	Seated in chair with both feet on the floor fight hand comes up to the forehead in a saluting gesture, hand starting from the forehead, moving and ending away from the forehead forward in space.
M - Measurable	Seated in chair with both feet on the floor, feet come together while arms create a scale like gesture out to the right and left of the center of the body as if to "measure."
A - Achievable	Seated in chair with both feet on the floor together, arms still out left to right from last gesture, add a head/neck roll.
R - Realistic	Seated in chair with both feet on the floor together, arms still out left to right, head is in neutral, add small arm circles.
T- Timely	Seated in chair with both feet on the floor together, arms come down to the sides or on lap, legs stretch out with feet coming up off the floor together and back down onto heels as if to lounge and relax at the end of finishing a goal.

Figure 1. Written version of the group created warm up based on the acronym S.M.A.R.T. The word associated with the gesture is said out loud while performing the movement.

Appendix B



FRIDAY AFTERNOON

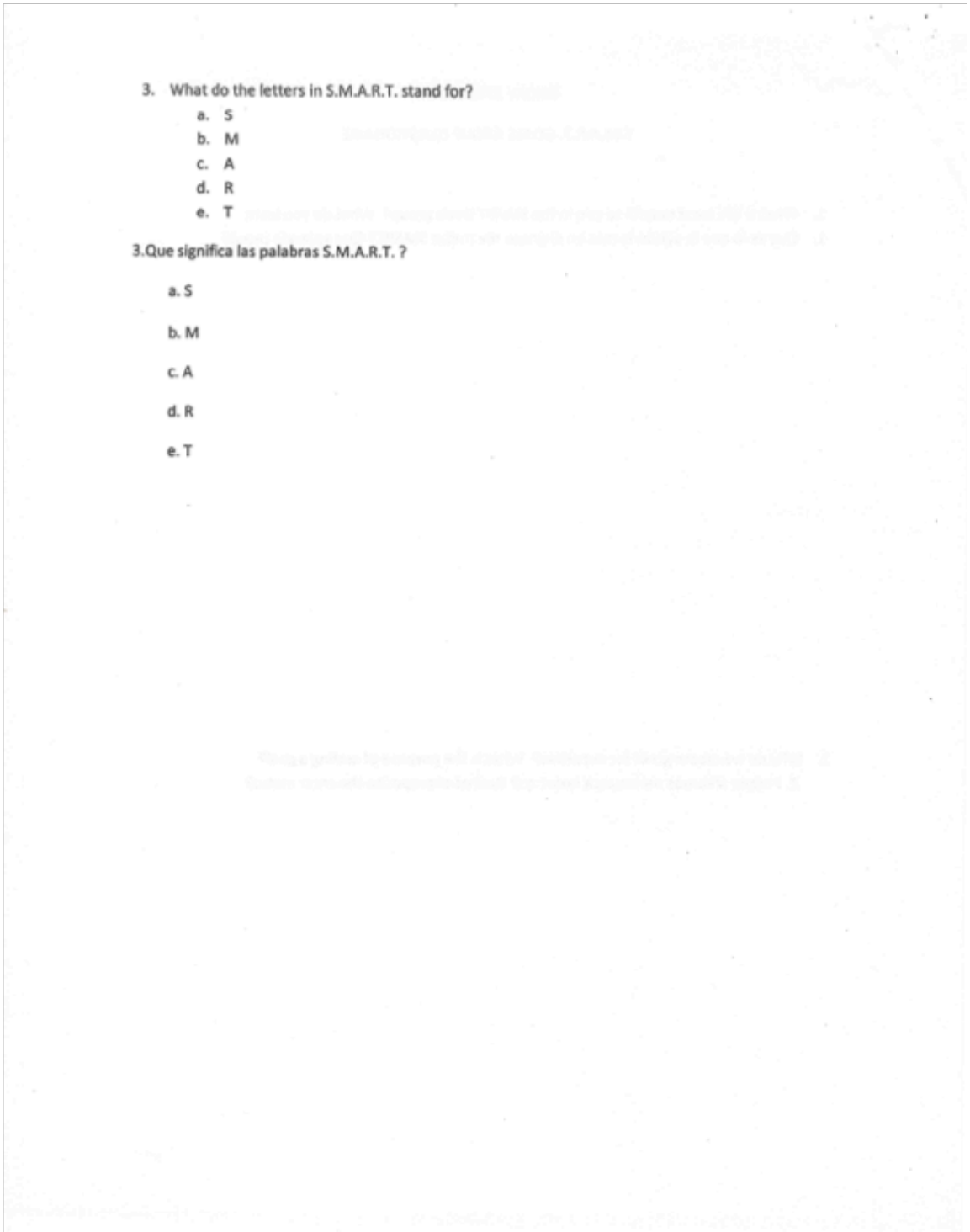
S.M.A.R.T. GOALS GROUP QUESTIONAIRE

1. What is the most helpful to you in the SMART Goals group? What do you learn
1. Que es lo que le ayudaria mas en el grupo the metas SMART? Que aprende usted?

2. Why do we create goals for ourselves? What is the purpose of setting a goal?
2. Porque creamos metas para nosotros? Qual es el proposito the crear metas?

Figure 2a. Facilitator created worksheets, session 1, page 1.

Appendix B Continued



3. What do the letters in S.M.A.R.T. stand for?
   a. S
   b. M
   c. A
   d. R
   e. T

3.Que significa las palabras S.M.A.R.T. ?

a. S

b. M

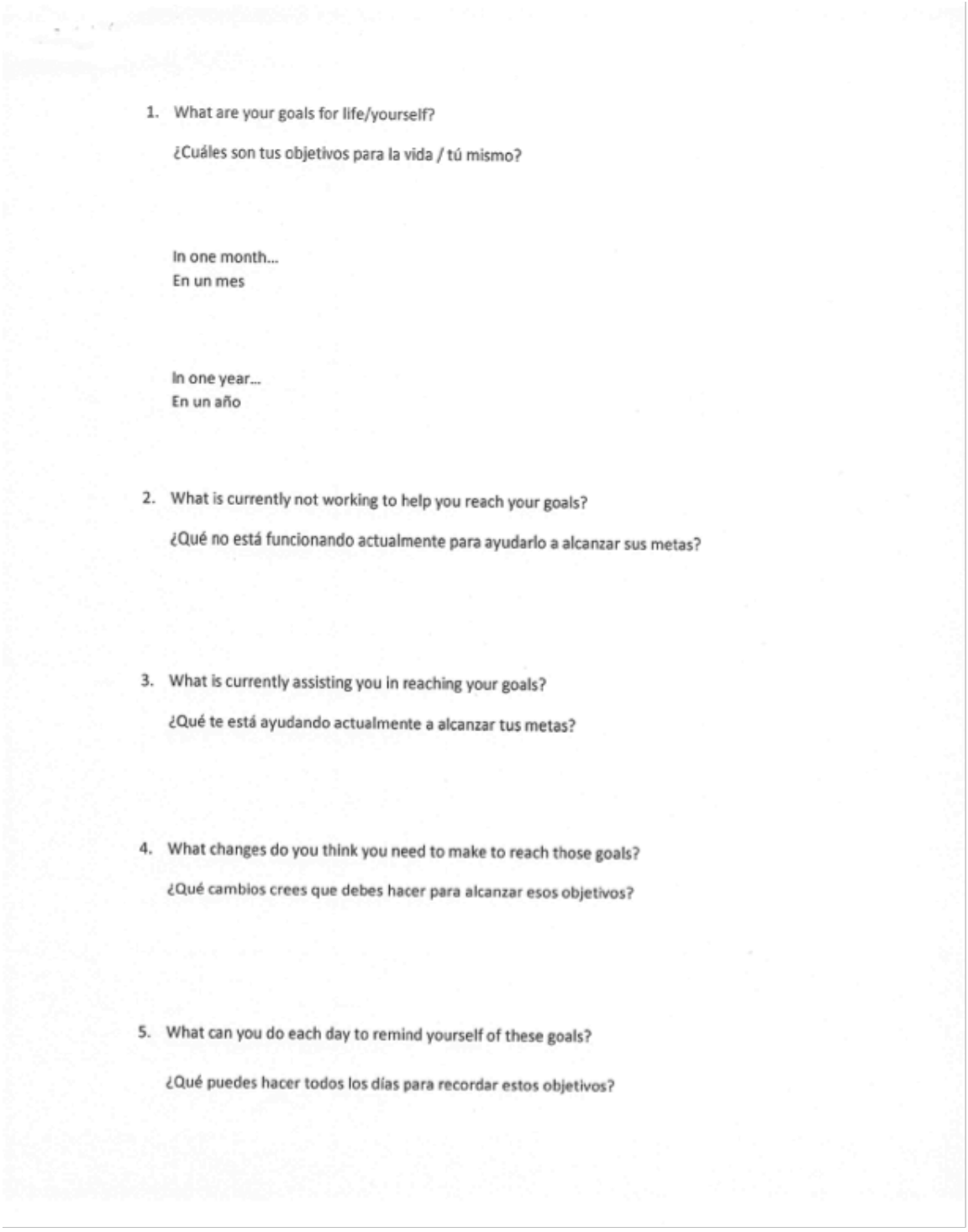
c. A

d. R

e. T

Figure 2b. Facilitator created worksheets, session 2, page 2.

Appendix B Continued



1. What are your goals for life/yourself?

   ¿Cuáles son tus objetivos para la vida / tú mismo?

   In one month...
   En un mes

   In one year...
   En un año

2. What is currently not working to help you reach your goals?

   ¿Qué no está funcionando actualmente para ayudarlo a alcanzar sus metas?

3. What is currently assisting you in reaching your goals?

   ¿Qué te está ayudando actualmente a alcanzar tus metas?

4. What changes do you think you need to make to reach those goals?

   ¿Qué cambios crees que debes hacer para alcanzar esos objetivos?

5. What can you do each day to remind yourself of these goals?

   ¿Qué puedes hacer todos los días para recordar estos objetivos?

Figure 2c. Facilitator created worksheets, session 10, not completed in session.