

Lesley University

DigitalCommons@Lesley

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-21-2022

Advancing A Mixed Methods Approach to an Evidence Based Practice in Drama Therapy: A Literature Review

Travis Ciempa
tciempa@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Ciempa, Travis, "Advancing A Mixed Methods Approach to an Evidence Based Practice in Drama Therapy: A Literature Review" (2022). *Expressive Therapies Capstone Theses*. 553.
https://digitalcommons.lesley.edu/expressive_theses/553

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

Advancing A Mixed Methods Approach to an Evidence Based Practice in Drama Therapy:

A Literature Review

Capstone Thesis

Lesley University

04/28/22

Travis L. Ciempa

CMHC: Drama Therapy

Jason S. Frydman, PhD, RDT/BCT, NCSP

Abstract

The present literature review investigates the history, roles, strengths, and limitations of quantitative, qualitative, and mixed methods approaches within the research process. The goal of this review is to conclude whether a mixed methods approach can be utilized to support drama therapy in becoming an evidence-based practice. Current trends in drama therapy research demonstrate a need for more empirical investigations within the field. This is accompanied by the added competitive nature and standards of professions within healthcare. As such, this literature review explores future recommendations for research practices within drama therapy, including utilizing a mixed methods approach, manualization in drama therapy, and supporting research collaborations with other professional practices.

Keywords: drama therapy, evidence-based practice, mixed methods research, research methodologies

Author Identity Statement: The author identifies as a straight-passing, gay, White cisgender man from New England of mixed European ancestry.

Advancing A Mixed Methods Approach to an Evidence Based Practice in Drama Therapy

Currently, drama therapy lacks evidence and research that demonstrates intervention effectiveness; these data are crucial for drama therapy to keep a professional status within healthcare (Armstrong, Frydman, & Wood, 2019; Klees, 2021). According to the Safety and Quality Partnership Standing Committee (SQPSC) (2013), a professional practice should ensure they are integrating current evidence and knowledge from research into their practice. Being able to support one's work with empirical evidence maintains a sense of competency within a profession (SQPSC, 2013). Becoming an EBP has a large impact on the perception of a profession, and the practice as a whole, because an EBP not only addresses the lack of effectiveness research within a field, but also promotes integration of that research into practice (Leach, 2006). An EBP implements the collective evidence from the patient, the clinician, and research (Kitson et al., 1998). When a practice utilizes the research conducted in the field, the practice will ultimately grow and benefit both the client and clinicians.

The expressive arts therapies, including drama therapy, have historically been marginalized within the social sciences (Frydman et al., 2018; Johnson, 1994). Johnson (1994) discusses the role shame has within the creative arts therapies and the misunderstandings and "minor slights" that arise for a creative arts therapist when entering these professions (p. 173). Frydman et al. (2018) also spotlight the lack of recognition and mentorship for drama therapists in the professional world. This is in the process of changing due to the expansion of the professional practice and a focus on research standards across settings (Frydman et al., 2022; Wood, 2021). It is important for drama therapy to continue to move in this direction, and

establish itself as an EBP, because it will continue to create a foundation of credibility (Feniger-Schaal & Orkibi, 2020).

The main goal of this literature review is to investigate the role a mixed methods approach can play in expanding and building drama therapy's foundation of credibility as an evidence-based practice. A mixed methods approach utilizes both quantitative and qualitative data during the data collection process to fully analyze and interpret the evidence in a study. By doing this, the researcher can gain more comprehensive and thorough evidence to support their study (Shorten & Smith, 2017). During this type of data collection, numeric quantitative data is examined alongside the descriptive qualitative data to ensure both analyses support one another, strengthening the claim of observed change. As expressed, it is important for drama therapy to continually build upon current evidence within the field and work on advancing an EBP to ensure professionalism within the sciences. Potentially, this could happen by more frequently using mixed methods approaches above and beyond the isolated use of quantitative or qualitative research. Further, this thesis will help build upon the progressing conversation espousing the importance of drama therapy becoming an evidence-based practice (Armstrong, Frydman, & Wood, 2019). Through the examination of multiple research methods, I will review and assess research information lacking within the field and help open the conversation for future directions within drama therapy research.

Why is effectiveness important in healthcare and mental health treatment? Being able to study the effectiveness of an intervention or treatment provides researchers with the opportunity to look at their intervention from a multitude of angles to better understand what is working, what can be improved upon, and what is needed in the future (Gargon et al., 2014). Researchers are then able to use these data to inform future research in conjunction with their practice. The

focus here is to support my contention that through the collaboration of quantitative and qualitative research, as a mixed methods approach, drama therapy will be better reinforced to become an evidence-based practice.

I will first discuss the history and role EBP has within healthcare. In addition, I will also examine the strengths and benefits an EBP provides. Then, I will be analyzing the history, role, strengths, and weaknesses of quantitative, qualitative, and mixed methods approaches in relation to an evidence-based practice. Ultimately, using the knowledge gained from the sources reviewed, I will discuss future recommendations, limitations, and hopes for drama therapy becoming an EBP through the use of mixed methods.

Literature Review

Evidence-Based Practice

What is an Evidence-Based Practice?

An EBP hones in on all types of empirical evidence: the client/patient input and reflection, the clinician's observations and process, and the research and data that are being collected, and then implements the findings into practice (Reynolds, 2008). Implementing an EBP in healthcare can assist practitioners in making informed decisions when faced with complex scenarios. This clinical experience can then be used to inform others within the practice through sharing successes, limitations, and future directions directly in relation with their process (Magin et al., 2022). This standard for research has been used for a little over half a century and was first named in healthcare as evidence-based medicine in the 1990s (Kitson et al., 1998; Zimmerman, 2013).

Evidence-based medicine is similar to an EBP because both value and utilize current evidence to inform practitioners in their decision-making process (Hong & Chen, 2019).

However, evidence-based medicine is focused more toward using research/evidence in the decision-making process for individual treatment whereas an EBP incorporates research/evidence into the entirety of the practice including the decision-making process (Hong & Chen, 2019). The purpose of an EBP is to better develop and improve a practice, making it more effective and efficient (Kelly et al., 2015). This can be better understood if you look at it conceptually from the perspective of a rectangle and a square. By definition, a square is always a rectangle, but a rectangle is not always a square (Renne, 2004). Just like these polygons, an EBP can always be conceptually understood as evidence-based medicine. Throughout this thesis, the use of evidence-based medicine will be referring to the aspects that are understood as an EBP.

Previously, evidence-based medicine was labeled using the term *clinical epidemiology*, or “the study of the patterns, causes, and effects of health and disease in patient populations and the relationships between exposures or treatments and health outcomes” (Oregon Health and Science University, 2020, para. 1). Similarly, to evidence-based medicine and an EBP, clinical epidemiology also values seeking the truth and understanding what is happening during any phenomena (Zimmerman, 2013). Evidence-based medicine and an EBP has been built upon from clinical epidemiology by not only studying what is happening within healthcare but using that information to improve the field and build upon previous research (Zimmerman, 2013). Many professional domains within healthcare and the social sciences have come to realize the assets an EBP has (Barth et al., 2012; Eldredge et al., 2015; Okpych & Yu, 2014; Thyer & Myers, 2011).

Fields that Utilize an Evidence-Based Practice

One professional domain that has progressively been utilizing an EBP framework to integrate critical and current evidence into their vocation is social work (Barth et al., 2012). Barth et al. (2012) discusses how social work has implemented an EBP framework in their

decision-making process. The process for social work to become an EBP has been in the works for more than two years (Okpych & Yu, 2014). Social work originally utilized an empirical clinical practice (ECP) and later moved into an evidence-based medicine framework to advance toward an evidence-based practice (Okpych & Yu, 2014). An ECP was primarily guided by behavioral therapy within psychology and focused on scientific research and efficacy (Thyer & Myers, 2011). Through these transitions, social work has been able to establish an EBP framework. As stated by Thyer and Myers (2011), research teams do not need a vast knowledge or development of research to become an EBP, but the application of this framework is more accurately focused on assimilating findings into practice.

Music therapy is another field that has implemented an EBP framework into their practice. According to Baker and Young (2016), Music therapy uses a six-step guide in their EBP consisting of the following steps:

Posing the question, locating relevant research, critically appraising the quality and applicability of located knowledge, discussing the research results with the client when possible and appropriate and assessing the *fit* of effective options with the client's values and goals, collaboratively developing a plan of intervention, and implementing the intervention. (p. 27)

Music therapy not only supports their EBP with a consistent guide, but they have also created a research agenda for this mental health specialty that will aid in future additions to research and generated an organized outline of research goals within the practice (American Music Therapy Association, 2015).

Medical professions utilize an EBP at the individual, institutional, and professional levels (Eldredge et al., 2015). Each of these levels helps support the profession in unique ways,

ultimately strengthening the profession from the individual level to the overarching systems within healthcare (Eldredge et al., 2015). At the individual level, an EBP might look like utilizing the best and most current evidence known to the practice, to make decisions (Booth, 2006). Institutionally, an EBP looks at research gaps within the profession and then can use that information to put research into motion to better serve the field of study (Eldredge et al., 2015). Lastly at the professional level, an EBP focuses on encouraging professionals to complete more research within the discipline in conjunction with other professionals (Eldredge et al., 2015).

Although these are only a few examples of how an EBP has been utilized within professional domains, it is important to note what has worked for these professions so one can improve upon and mold the design of an EBP to make sure it engages and fits with each individual practice.

Implications of an Evidenced-Based Practice

When implementing an EBP, one can better understand the importance of this framework within practice and its future implications. In a recent review of EBPs in Chinese healthcare, Zhao et al. (2022) recommend that all healthcare professionals, including non-medical disciplines, implement an EBP framework to help close practice gaps within their field because of the “slow progress of applying research evidence into practice and decision-making” (Zhao et al., 2022, p. 2-3).

Another implication this review recommends is making sure to notice how professionals within the field are reacting behaviorally toward this approach and their practice to see if it aids in burnout. As claimed by Wilkinson et al. (2017) in a preliminary study, the use of an EBP may be valuable and benefit counselors against burnout. One way an EBP has helped practitioners and closed the research-practice gap is by bringing it into their training (Hershenberg et al.,

2012; Ponterotto, 2005). This entails bringing the best and most up to date evidence into training and supervision in addition to making practitioners aware that this is an EBP, and there needs to be flexibility when something changes within the research (Hershenberg et al., 2012). Sternberg (2006) also states that a manualized practice using random control trials might be good in theory, and in the lab these interventions may work, but it is different when one does not have control of all the variables in actual practice. Sternberg (2006) concludes that there is not a singular method in research that is best, and that the researcher is here to answer questions through whatever means works.

I will now be examining and discussing the different methods in research starting with quantitative research methods, then qualitative research methods, and lastly a mixed methods approach to research.

Quantitative Research

What is Quantitative Research?

According to Bell (2022), quantitative research is “the use of numbers and values to represent data and the analysis of that data to determine results” (p. 268) and is generally empirical in nature. Quantitative data is also important to understanding a situation or circumstance and what effects those involved in that tested sample (Allen, 2017).

Quantitative data includes the measures from interval/ratio scales, ordinal data, and categorical or nominal data (Davies, 2020). Each of these data types can be produced depending on the research question (Davies, 2020). The research question asked during a study can also change the research design, method, and data type generated (White, 2017). Categorical or nominal data describes the data in categories, not necessarily having a specific or set order to the data and does not correlate to a specific value (Duesbery & Twyman, 2020). For example, a yes

or no question. If one asked a question regarding how many people have a specific hair color in an office, it would also generate categorical data about the different hair colors present (e.g., blonde, brunette, red, etc.). The hair colors only represent a category of color and are not assigned a value. If the researcher took one employee with reddish-brown hair and asked the question: On a scale one to ten how red is this employee's hair? This question would generate a clear interval scale because there is a set interval between one and ten. Ratio data is very similar to interval data in that they both are interval scales, but ratio data cannot have a negative integer within the numerical scale and typically starts with zero (Voxco, 2021). An example of ratio data would be if you were recording the hours employees in an office worked daily. In this example the ratio would be the duration that one works daily. Lastly, if the researcher decided to ask a question that didn't have clear intervals, they could generate ordinal data. An example of this would be if the researcher asked the employees how strongly they felt about shorter breaks during the workday. The answers would be in order from strongly disagree to strongly agree, but the intervals are not set.

Quantitative research has an established base in the philosophical framework of positivism (Claydon, 2015). Positivism is the philosophical perspective that every measurement can be calculated the same and that there is a single objective truth in research where each person's reality or experience are congruent (Ryan, 2018). Quantitative research methods are highly associated with this philosophical framework because of their relationship with deductive and inductive reasoning, objectivity, and confirmable knowledge (Ryan, 2018). Each of these aspects help support the empirical nature quantitative research possesses (Bell, 2022).

Implications of Quantitative Research

Historically, there is a perception that quantitative research within the social sciences is lacking (Gelman & Cortina, 2009), with more of a focus on understanding and empathy rather than on numbers. This idea or perception stems from some students joining the social sciences having inexperience with math and statistical probability (Bryman, 2021). According to Macher et al. (2012) anxiety surrounding statistics and mathematics can increase over time due to a lack of realization of the extent they play within professional fields and research.

Quantitative data is essential when answering EBP questions because this type of research methodology is systematic and objective (Ingham-Broomfield, 2014). Quantitative data is able to effectively answer questions about what is happening, who it is happening to, and how it is comparable to another method/intervention. Another important aspect of quantitative research within medical health systems is that it can be critiqued and evaluated to see if the data being collected are reliable and valid (Heale & Twycross, 2015).

Despite the strength of validity and reliability with quantitative data due to its proposed objective nature, this objectivity can also be a source of weakness within this research methodology. One weakness is the lack of human perception and depth of experience (Choy, 2014; Heale & Twycross, 2015). For example, in a situation such as a global pandemic, quantitative research may be used to quickly identify how many people are affected and the locations that are affected the most. What the data collected lacks, however, are the personal and nuanced details of the people and communities involved. This includes aspects of a person's identities, beliefs, backgrounds, and the total understanding of the impact on these people can be lost as well (Choy, 2014; Rahman, 2017). A complete understanding of one's experience can also be limited by relying solely on quantitative research. In order for quantitative research to be effective and generalizable to the larger population, it typically relies on having higher sample

sizes (Claydon, 2018). Depending on the agency or organization completing the research, lack of resources can hinder the data collection process and leave researchers without an effective evaluation of the information gathered (Choy, 2014).

If one were to take this example and use it to look at quantitative research on a larger scale, it would make it easier to understand why large sample sizes are important in testing. Having these larger sample sizes helps make it easier to generalize data for an entire population because many people from different backgrounds and intersectionalities are being evaluated (Ponterotto, 2005). It is important to make sure that the sample size chosen for a study is the best fit because there are issues with having too large of a sample (Faber & Fonseca, 2014). Having a sample size that is too large for an experimental study or new treatment could potentially put more people at risk for negative side effects (Faber & Fonseca, 2014). Overall, it is important to have a sample size large enough so one can generalize the data without putting an additional and unnecessary amount of people at risk (Faber & Fonseca, 2014).

Another limitation within quantitative research can be lack of resources for data collection and the added expenses and time needed to complete data collection and perform data analysis (Chetty, 2016). An additional limitation is not being able to control all the variables within a research setting; despite the intentional design where the independent and dependent variables are set and accounted for (Baxter & Jack, 2008). This is an important limitation to take into consideration because the inability to control these variables could affect the study negatively or positively resulting in inaccurate data (Ewert & Sibthorp, 2009).

Qualitative Research

What is Qualitative Research?

Quantitative research was almost exclusively used until the mid 1970s when there was an expansion of qualitative methods being used alongside quantitative research (Bryman, 2021). Despite the expansion of qualitative methods being used, there is currently an ongoing debate about what qualitative research is and what qualifies as qualitative research (Aspers & Corte, 2019). Malterud (2001) states that “Qualitative research methods involve the systematic collection, organization, and interpretation of textual material derived from talk or observation” (p. 483). According to Aspers and Corte (2019) qualitative research can be defined in many ways depending on the perspective one takes (i.e., defining it by its limitations, what it is not, important aspects, strengths, etc.). Not only can it be defined in many ways depending on perspective, but there are also many methodological approaches available in qualitative research that broadens what can be considered qualitative in nature (Gelling, 2015). In this study, Aspers and Corte (2019) examined 89 articles that attempted to define qualitative research to better understand what it is and more importantly what it is not. Many researchers believe there is a difference between qualitative research outside and within academia, both narrowing and expanding the discussion of what qualitative research is (Aspers & Corte, 2019; Hammersley, 2007; Neuman & Robson, 2014). It makes it hard to define what qualitative research is because much of this data comes straight from the mouths of individuals or groups (Grossoehme, 2014). This information is typically collected through conversations, interviews, and focus groups (Grossoehme, 2014). These interviews allow opportunities for a person’s similar and unique experiences to be heard and learned from (Tong et al., 2007). Aspers and Corte (2019) aim to define qualitative research by what it is uniquely designed for:

Qualitative research is consequently a combination of two criteria: (1) how to do things –namely, generating and analyzing empirical material, in an iterative process in which

one gets closer by making distinctions, and (2) the outcome –improved understanding novel to the scholarly community (p.139).

Small (2005) states that the definition of what is considered qualitative is constantly changing, but that the root of it continues to stay the same. Small (2005) argues that qualitative research, when conducted properly, can be more empirical than any quantitative research because it is data in its most authentic form. Although researchers are still discussing the definition of qualitative research, it is important to recognize these unique strengths that are present in this approach.

Implications of Qualitative Research

Qualitative data is very descriptive in nature and allows many aspects and perspectives to be examined when utilized properly. One can examine what was planned to take place, what actually took place, what happened from the practitioner's perspective, or even what happened from the client's perspective (Thompson, 2011). Being able to effectively communicate how to do something is extremely important when studying an intervention because it allows crucial nuances of the hard facts and figures to be uncovered (Thomson, 2011). This creates a useful base environment for retesting and improvement because one knows exactly what happened and what the limitations were previously. This is a strength that qualitative research exhibits that is distinctive from quantitative research and that is currently being underutilized in the medical fields (Mannell & Davis, 2019). Qualitative research methods have begun to spark conversations within health care systems about the value personal observation, as well as reflective and descriptive evidence, has when collecting and understanding data (Green & Britten, 1998; Grypdonck, 2006). Green and Britten (1998) argue that good evidence goes further than the results of meta-analysis of randomized controlled trials” (p. 1231). In addition, Grypdonck (2006) states that qualitative research is able to provide in depth empirical explanations rather

than quantitative research that demonstrates what's happening numerically through variables in relation to one another.

According to Queirós et al. (2017) qualitative methods have limitations that can affect a study. One limitation to qualitative research methods is that they can be time consuming and require extensive preparation beforehand (Queirós et al., 2017). Another limitation is that the use of qualitative methods can make it hard to generalize findings from a smaller specific sample to a larger population (Queirós et al., 2017; Tuckett, 2004).

Mixed Methods Research

What is Mixed Methods Research?

The use of mixed methods research dates back to the 1800s when European researchers were using both quantitative and qualitative data to evaluate families living in poverty (Mertens, 2018). Despite mixed methods being utilized for over 200 years in research it was not formally acknowledged until the late 1990s. This acknowledgement occurred during discussions on how mixed methods could benefit research and evaluation (Mertens, 2018). Greene and Caracelli (1997) first highlight the long debate between qualitative and quantitative research and then discuss the strengths that a mixed methods approach can have on research, e.g., being able to hone in on the strengths from both quantitative and qualitative methods. The need for mixed methods research is critical to answer the complexities of problems facing us today and according to Greene and Caracelli (1997):

This new space can encourage creative and imaginative mixed-methods conversations, filled with multiple ways of knowing and acting- conversations that are generative and transformative in their potential insights and import. In this troubled era, with social

problems of ever-increasing complexity and intractability, multiple ways of knowing and acting are surely needed (p. 15).

The medical field is not new to the idea of a mixed methods approach to evidence-based decision-making. Mixed methods research allows and welcomes the strengths from both quantitative and qualitative methodologies. Researchers are able to utilize both forms of research and collect data that supports patient/client preference, clinical expertise, evidence from research, and any additional relevant resources (Flemming, 2007).

Mixed Methods Paradigms

There are multiple ways to carry out mixed methods research, but it is important that the research is being conducted effectively. The mixed methods research can take either a parallel, linear, or iterative design approach (Almeida, 2018; Kimmons, 2022). Each design in mixed methods research is unique because of the timing of when each aspect of the research is being collected. According to Kimmons (2022), a parallel mixed-methods design creates an opportunity when both quantitative and qualitative data can be gathered and evaluated at the same time. The linear mixed-methods design and the iterative design are very similar to one another because they both involve collecting information and then use that information to inform the next steps within the research process. Each of these designs could be chosen to answer specific research questions that quantitative and qualitative research cannot answer solely by themselves (Kimmons, 2022).

As stated by Migiro and Magangi (2011), “Qualitative and quantitative research used together produces more complete knowledge necessary to inform theory and practice” (p. 3763). This study emphasizes how mixed methods goes a step further from triangulation, which is defined as, “The use of multiple methods or data sources in qualitative research to develop a

comprehensive understanding of phenomena” (Patton, 1999, p.1989), because both types of research can build upon one another within the same study allowing essential questions to be answered (Migiro & Magangi, 2011). The process of checking the research from multiple perspectives and research paradigms allows a more complete picture of phenomena taking place within studies and in the evidence being collected (Migiro & Mangangi, 2011; Ponterotto, 2005).

Implications of Mixed Methods Research

Although the mixed methods approach is an all-encompassing approach that allows research to be examined more in depth, it does present a few challenges. Mixed methods research requires greater resources than quantitative and qualitative research because of the additional time and people needed to complete the added workload (Shorten & Smith, 2017). Although, as is stated in the above sections, the use of either quantitative or qualitative approaches have their own strengths and weaknesses no matter which design is selected for a particular study (Migiro & Magangi 2011). Mixed methods can help counter some of the weaknesses from either approach and are seen as a collaborative method in research to communicate the effectiveness of a practice (Migiro & Magangi, 2011).

Both quantitative and qualitative research, when used within a mixed methods approach, have effective strategies that help to inform those within the field. Specifically, when these methodologies are used in collaboration as mixed methods, quantitative and qualitative data collected can highlight many of the complexities within a field of study (Ponce & Pagán-Maldonado, 2015). This is an important asset that mixed methods provide for an EBP because the point of using this framework is to ensure those inside and outside the profession are being informed and educated from the best and most current research.

Evidence Based Practice and Research Within Drama Therapy

Evidence-Based Practice and Drama Therapy

Within the context of drama therapy, the term “evidence-based practice” appeared in a 2019 review of drama therapy effectiveness research (Armstrong, Frydman, & Wood, 2019). Within this general literature review, researchers were able to ignite a conversation about what an EBP could mean for drama therapy, as well as collect a large portion of the scholarly empirical evidence up to that point in the field. In comparison with other mental health fields and specialties, drama therapy has not conducted a proportional number of empirical studies (Feniger-Schaal & Orkibi, 2020). It is salient to note this massive research gap within the field of drama therapy because it creates a pathway and guide for future research.

More recently, Wood (2021) has written an essay in response to Sajnani (2019), that continues discussing the importance and critical need for empirical evidence in drama therapy; a move that will shift the field into a more EBP focus. Wood (2021) articulates that this essential need drama therapy has for more empirical research is to support the advancement of the profession. Wood (2021) also highlights the work of Armstrong, Frydman, and Wood (2019), which states that the empirical research that has been conducted thus far is limited because much of this research are pilot studies and are not currently being expanded. Wood (2021) discusses how drama therapy can be strengthened through manualization of processes within drama therapy. Manualization will make it easier to replicate interventions and studies within the drama therapy practice creating more opportunities for empirical research (Wood, 2021). Sajnani (2019), although in support of manualization, argued that it could lead to a rigid practice that may not align with our cultural values and commitments by creating a system that may not be obtainable or equitable for all who are seeking treatment. Scholars (e.g., Sajnani, 2019; Sternberg, 2006) have previously stated that becoming an EBP using manualization through

solely random control trials (RCTs) will lead to unfair treatment practices that potentially will not work in real life application. Wood (2021) countered this concern by noting the power manualization provides drama therapy in changing structurally oppressive systems. Wood (2021) invited drama therapy to collaborate with other recognized health-science fields to ensure credibility and movement toward more valid and reliable data that aids the profession and better supports diverse populations that could utilize drama therapy. Despite previously expressed concerns, becoming an EBP will still benefit drama therapy by keeping up with the competitive nature of healthcare systems, assisting in becoming a more recognized therapy, and improving the research to practice gap (Klees, 2021).

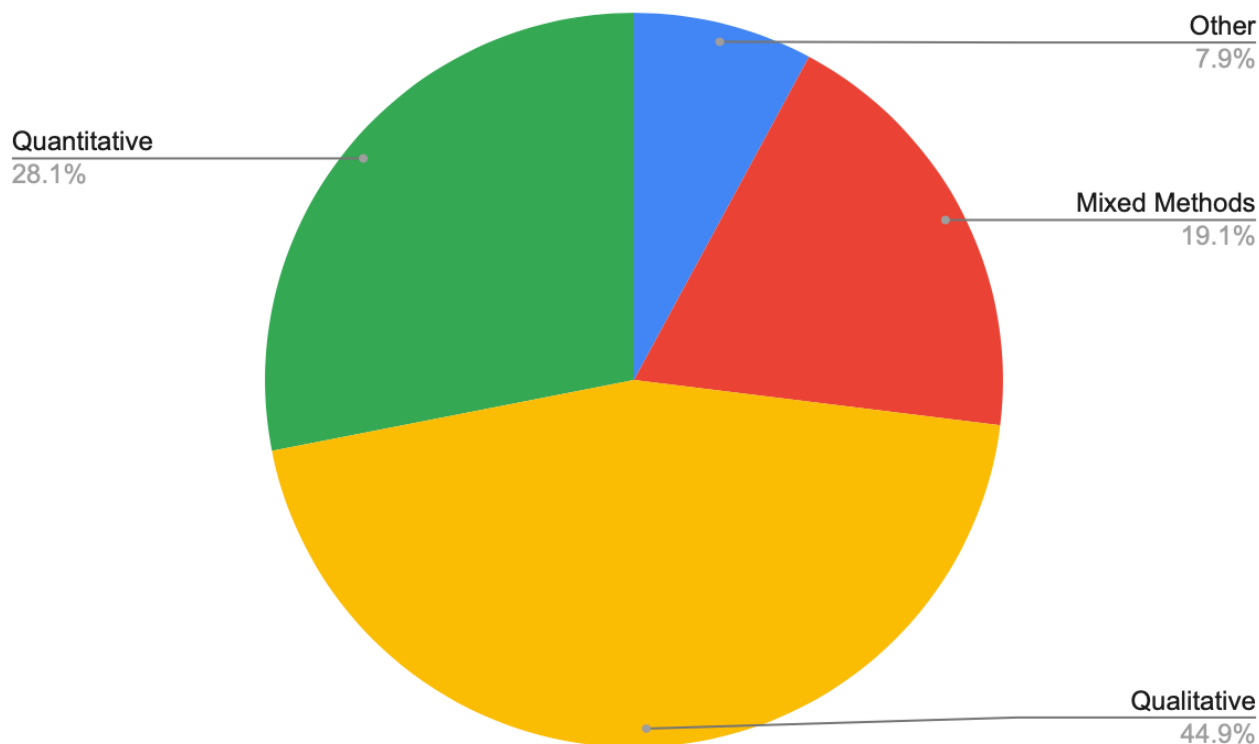
In a recent study conducted by Sela et al. (2019), the manualized treatment, Parental-Insightfulness-Drama-Therapy (PIDT), was used to treat parents of children with Attention deficit/hyperactivity disorder (ADHD) and was built upon a previous study by Feniger- Schaal et al. (2013) and later Amar (2016). This is an example of a manualized treatment in drama therapy that is being studied, utilized, and then studied further.

Research Methods in Drama Therapy

Armstrong, Frydman, and Rowe (2019) found that not only are there a variety of approaches and techniques used within the field, but the research methods are also fairly mixed. From the articles collected in this study, drama therapy researchers primarily have used qualitative methods in their research. However, quantitative and mixed methods research are increasingly being used within the field (Armstrong, Frydman, & Rowe, 2019; Klees, 2021). Below is a chart (Figure 1) that represents the research methods used in drama therapy articles collected by Armstrong, Frydman, and Rowe (2019). It is apparent that qualitative methods are highly used within drama therapy research, but other methods (quantitative and mixed methods)

have been gaining more traction in research practices in recent years (Armstrong, Frydman, & Rowe, 2019).

Figure 1. *Research methods used in articles collected by Armstrong, Frydman, and Rowe (2019)*



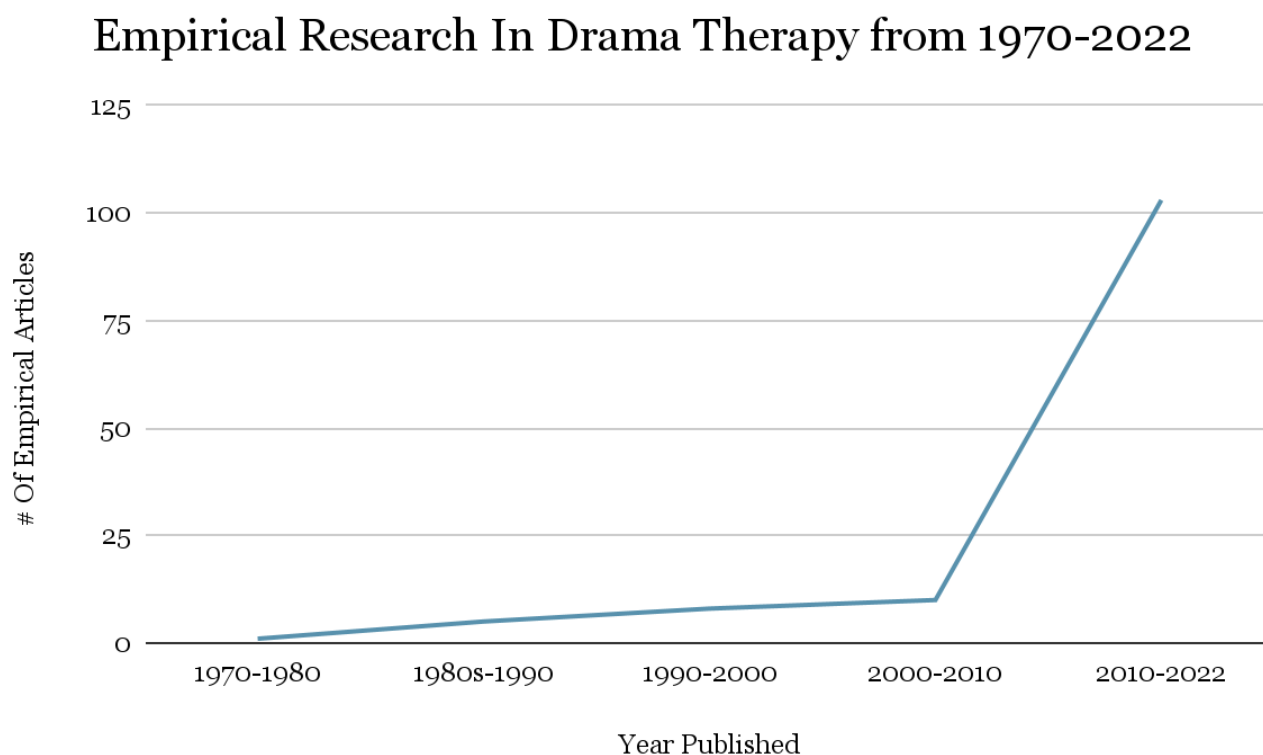
Note: Generated by the author of this literature review.

Although these methods have increasingly been utilized more widely in drama therapy research, there still is a concern that drama therapy has too much qualitative research and not enough quasi-experimental studies or randomized control trials (Jones, 2015). This type of research is seen as a gold standard that provides objective and scientific evidence that can support drama therapy as a profession in the social sciences (Jones, 2015). On the other hand, Jones (2015) also shares the value and strength qualitative research has within drama therapy research and supervision. Jones (2015) states, “Research can seem neutral or benign, but it does not occur in a vacuum” (p. 4). Jones (2015) is emphasizing the need for the descriptive evidence

that qualitative research provides, arguing that we cannot base our practice solely on instances happening in these laboratory “vacuums.”

According to the North American Drama Therapy Association’s (NADTA) (2022) list of empirical research, there has been an influx in empirical research from the 1970’s to the present. Below is a line chart (Figure 2) that displays the number of empirical articles regarding drama therapy within each decade (NADTA, 2022). This chart shows the trajectory of empirical research within drama therapy increasing drastically from the 2000s to 2022. As stated by the NADTA (2022), one of the limitations to their empirical list is that it is not complete with all of the empirical research within drama therapy due to limited availability and access to original

Figure 2. *Empirical Research collected by the NADTA (2022)*



sources.

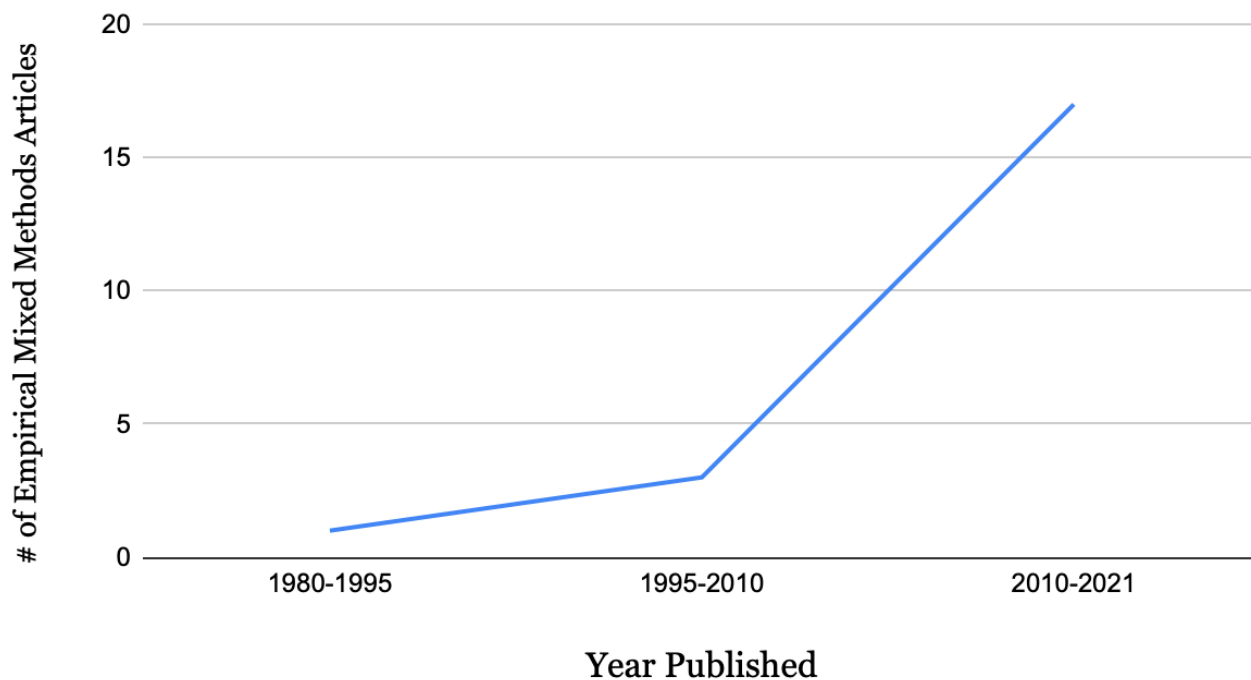
Mixed Methods Research in Drama Therapy. According to the empirical research list collected by the NADTA (2022) there are twenty-one studies that utilized a mixed methods design from 1988-2021. Some themes that reappear within this collected literature are studies involving different aspects of social growth, skills, stigma, and aspects directly related to drama therapy as a practice (NADTA, 2022). It is also important to note the different populations studied with mixed methods in drama therapy, such as parents, children and adolescents, individuals diagnosed with autism spectrum disorder, adults diagnosed with dementia, refugees and immigrants, and those who identify as part of the LGBTQ+ community (NADTA, 2022).

To help provide a full picture and show the development of mixed methods within drama therapy from 1988-2021, the first article featured in the empirical research list, the most recent article, and an article at the mid-point will be discussed. In addition, the below line graph (Figure 3) shows the articles that use a mixed methods approach from 1980-2021. This graph shows the positive trajectory of mixed methods research in drama therapy over the course of forty-one years. According to the NADTA's empirical list (2022), the use of mixed methods research has more than tripled in the last fifteen years. In Fryrear and Stephens' (1988) research, the authors collected quantitative data before and after the intervention for comparison and then provided a post-questionnaire to acquire insight from the participants about their experience of the drama therapy intervention. Hobeck's (2014) research notes the importance of using and having multiple methodologies at our disposal and discusses the limitations in qualitative and quantitative research methods. The author highlights how the collaboration between the two can effectively allow opportunities to observe and analyze data (Hobeck, 2014). Hobeck (2014) uses the Children's Global Assessment Scales (CGAS) as well as a clinician rating scale to measure

emotional and behavioral functioning. At the end of the drama therapy intervention Hobeck (2014) had parents complete a qualitative survey that provided feedback for the research team.

Figure 3. *Mixed Methods Research Articles collected by the NADTA (2022)*

Mixed Methods Research in Drama Therapy From 1980-Present



Note: Author began graph in the year 1980 to establish even intervals.

In a more recent pilot study conducted by Ray and Pendzik (2021) the researchers examined how autobiographical performance can support executive functioning in traumatized adults. A quantitative and qualitative mixed methods design was used where both pre and post interviews were given to participants as well as a self-report standardized measures of executive functioning (Ray & Pendzik, 2021). Ray and Pendzik (2021) state, “Future projects would benefit from an underpinning [of] research of combined qualitative and quantitative methods like the ones we just mentioned” (p. 6). It is evident that the utilization of mixed methods approaches in drama therapy is trending in an upward direction (NADTA, 2022). When examining the previous mixed

methods articles showcased in this section in conjunction with this trend it is apparent that there is support for mixed methods approach within drama therapy (Hobeck, 2014; Ray & Pendzik, 2021).

Discussion

The primary focus of this thesis project was to better understand the data collection methods that are used in research and make recommendations to support the field of drama therapy in becoming an EBP using mixed methods approaches. As previously explained, it is important for drama therapy to move toward an EBP paradigm because of the competitive nature of health science and the need to keep a professional status (Feniger-Schaal & Orkibi, 2019; Magin et al., 2022). The literature shows that drama therapy has a strength utilizing qualitative methods in their research, and other methods are increasingly being used, but empirical evidence needs to be continually collected (Armstrong, Frydman, and Rowe, 2019).

Mixed Methods Addressing Research Limitations

A mixed methods approach will allow the cooperation and collaboration of multiple research methodologies. This mixed methods approach has complementary strengths that offset the limitations from the individual quantitative or qualitative approaches (Greene & Caracelli, 1997) that will ultimately benefit drama therapy as an evidence-based practice. A shortcoming to making decisions only based on the numerical quantitative data would be ignoring the experience of the client or participant in the study (Green & Britten, 1998; Grypdonck, 2006; Mannell & Davis, 2019). An example of this would be when the numerical data collected supports an intervention, but the participant or client taking part in the intervention reports the opposite or identifies flaws in the intervention that the numerical data failed to uncover (Small, 2005; Thomson, 2011). Quantitative data lacks depth and perception pertaining to the specific

experiences of the client that a mixed methods approach could address (Choy, 2014; Heale & Twycross, 2015; Ponce & Pagán-Maldonado, 2015).

Solely using a qualitative approach can also lead to an unfavorable outcome where the data cannot be generalized for the larger population (Queirós et al., 2017; Tuckett, 2004). Although this limitation can also affect mixed methods, it can be addressed when the appropriate sample size and research designs are used (Faber & Fonseca, 2014; Kimmons, 2022). In addition, another limitation that affects all three research approaches is that each approach is time consuming and costs money (Chetty, 2016; Queirós et al., 2017; Shorten & Smith, 2017). If time and resources need to be allotted for research regardless of what approach is being used then it makes sense to proceed with the more in depth and robust research method to get more comprehensive data (Shorten & Smith, 2017).

To become an EBP, a field must incorporate the most up to date empirical evidence (Hong & Chen, 2019; Reynolds, 2008). This literature review has found evidence that supports each research methodology as able to collect empirical evidence when conducted appropriately (Bell, 2022; Grypdonck, 2006). That being said, I propose that the use of mixed methods will be able to collect more comprehensive empirical evidence that will support drama therapy as an evidence-based practice. Mixed methods research is able to address many limitations and weaknesses within the other research methodologies, making it evident that a mixed methods approach goes above and beyond a quantitative or qualitative approach alone. Ultimately, a mixed methods approach can support drama therapy with more empirical evidence that can be used to inform researchers, clinicians, and even other professional practices.

Limitations

Despite the support from the literature that a mixed methods approach to research will aid in the formation of an EBP, there are some limitations. Using a mixed methods approach can take additional time and resources because of the many moving parts and aspects to the research process (Shorten & Smith, 2017). This may lead to a less cost-effective approach that requires more personnel, time, and money that may not be best suitable for drama therapy because it is still a growing field with limited resources. However, there are organizations that are in support of mixed methods approaches and offer research grants (Creswell et al., 2011). Another shortcoming to utilizing a mixed methods approach is it may make it difficult to generalize findings because of the specific data being collected for that particular data sample. When quantitative methods are paired with qualitative methods, in a mixed methods approach, and the appropriate sample size is being used, this could potentially hinder this limitation (Faber & Fonseca, 2014).

Conclusions and future directions

This collection of literature creates many opportunities for future research within drama therapy in regard to mixed methods research. Drama therapists might consider researching motivation for research and what sparks an increase in research within the field. This could be done in addition to how the profession of drama therapy can get researchers to complete more empirical research.

Another future study could focus on the specific paradigms utilized in mixed methods research to see if one makes it easier to generalize findings compared to others. Parallel, linear, and iterative mixed methods designs, previously discussed in this literature review, have not been expressed within the methodology portion of mixed methods research articles in drama therapy (Fryrear & Stephens, 1988; Hobeck, 2014; Ray and Pendzik, 2021). I recommend that

future research utilizing a mixed methods approach should go into specific details about the mixed methods design they are employing. Castro and Coe (2007) are an example of a study utilizing and specifically naming their parallel mixed methods research design. This will create a more organized and easier process for future systematic reviews of the literature in drama therapy. Additionally, if drama therapists worked collaboratively with other recognized medical professions during mixed methods research, it could help the practice gain more credibility and acquire a more extensive research base (Wood, 2021). Moreover, an EBP framework is needed within drama therapy and could lead to more research to find a way to meet that goal. This literature review suggests that mixed methods is one approach that can be utilized within drama therapy research to help the profession become an evidence-based practice.

References

- Allen, M. (2017). Quantitative research, purpose of. *The SAGE Encyclopedia of Communication Research Methods*. <https://doi.org/10.4135/9781483381411.n476>
- Almeida, F. (2018). Strategies to perform a mixed methods study. *European Journal of Education Studies*, 5(1). <http://dx.doi.org/10.46827/ejes.v0i0.1902>
- Amar, T. (2016). Follow-up of changes in behavioural problems of children at-risk whose mothers participated in a drama therapy group focusing on maternal insightfulness. *Unpublished Thesis, Haifa: University of Haifa.*
- American Music Therapy Association. (2015). Improving access and quality: Music therapy research 2025 proceedings. *Silver Spring, MD: Author. [Google Scholar].*
- Armstrong, Frydman, & Rowe. (2019). A snapshot of empirical drama therapy research: Conducting a general review of the literature. *GMS Journal of Arts Therapies*, 1. <https://doi.org/10.3205/jat000002>
- Armstrong, C. R., Frydman, J. S., & Wood, S. (2019). Prominent themes in drama therapy effectiveness research. *Drama Therapy Review*, 5(2), 173-216. http://dx.doi.org/10.1386/dtr_00002_1
- Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research? *Qualitative Sociology*, 42(2), 139–160. <https://doi.org/10.1007/s11133-019-9413-7>
- Baker, F., & Young, L. (2016). The relationship between research and practice. In B. L. Wheeler & K. M. Murphy (Eds.), *Music therapy Research* (3rd ed., p. 26–36). Barcelona Publishers.
- Barth, R. P., Lee, B. R., Lindsey, M. A., Collins, K. S., Strieder, F., Chorpita, B. F., & Sparks,

- J. A. (2012). Evidence-based practice at a crossroads: The timely emergence of common elements and common factors. *Research on Social Work Practice*, 22(1), 108-119.
<https://doi.org/10.1177/1049731511408440>
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13(4), 544-559.
<https://doi.org/10.46743/2160-3715/2008.1573>
- Bell, J. C. (2022). The simple guide to understanding quantitative methods of inquiry. Watson, S., & Austin S. (Eds.) *In Conceptual Analyses of Curriculum Inquiry Methodologies*, 267-279. <https://doi.org/10.4018/978-1-7998-8848-2.ch013>
- Bird, D. (2019). How can arts-based research in dramatic performance illuminate understanding of the therapeutic relationship? *Drama Therapy Review*, 5(2).
https://doi.org/10.1386:dtr_00007_1
- Bryman, A. (2021). *Social Research Methods 6E*. Oxford University Press.
- Castro, F. G., & Coe, K. (2007). Traditions and alcohol use: A mixed-methods analysis. *Cultural Diversity and Ethnic Minority Psychology*, 13(4), 269. <https://doi.org/10.1037/1099-9809.13.4.269>
- Chetty, P. (2016). *Limitations and weakness of quantitative research methods*. Knowledge Tank; Project Guru. <https://www.projectguru.in/limitations-quantitative-research/>
- Choy, L. T. (2014). The strengths and weaknesses of research methodology: Comparison and

- complimentary between qualitative and quantitative approaches. *IOSR Journal of Humanities and Social Science*, 19(4), 99-104. <http://dx.doi.org/10.9790/0837-194399104>
- Claydon, L. S. (2015). Rigour in quantitative research. *Nursing Standard*, 29(47), 43. <http://dx.doi.org/10.7748/ns.29.47.43.e8820>
- Creswell, J. W., Klassen, A. C., Plano Clark, V. L., & Smith, K. C. (2011). Best practices for mixed methods research in the health sciences. *Bethesda (Maryland): National Institutes of Health*, 2013, 541-545. https://obsr.od.nih.gov/sites/obsr/files/Best_Practices_for_Mixed_Methods_Research.pdf
- Davies, C. (2020). A quick guide to quantitative research in the social sciences. *University of Wales Trinity Saint David*. https://www.researchgate.net/publication/340309088_A_Quick_Guide_to_Quantitative_Research_in_the_Social_Sciences_A_Quick_Guide_to_Quantitative_Research_in_the_Social_Sciences
- Duesbery, L., & Twyman, T. (2020). What are ordinal, interval, and categorical data types, and which works best with action research? *100 questions (and answers) about action research*, 103-104. SAGE Publications, Inc. <https://dx.doi.org/10.4135/9781544305455>
- Eldredge, J. D., Ascher, M. T., & Holmes, H. N. (2015). An innovative model of evidence-based practice for other professions. *Journal of the Medical Library Association: JMLA*, 103(2), 100–102. <https://doi.org/10.3163/1536-5050.103.2.009>
- Ewert, A., & Sibthorp, J. (2009). Creating outcomes through experiential education: The challenge of confounding variables. *Journal of Experiential Education*, 31(3), 376-389. <http://dx.doi.org/10.1177/105382590803100305>

- Faber, J., & Fonseca, L. M. (2014). How sample size influences research outcomes. *Dental press Journal of Orthodontics*, *19*(4), 27-29.
<http://dx.doi.org/10.1590/2176-9451.19.4.027-029.ebo>
- Feniger-Schaal, R., Koren-Karie, N., and Bareket, M. (2013), Dramatherapy focusing on maternal insightfulness: A preliminary report, *The Arts in Psychotherapy*, *40*(2), 185–191. <http://dx.doi.org/10.1016/j.aip.2012.12.003>
- Feniger-Schaal, R., & Orkibi, H. (2020). Integrative systematic review of drama therapy intervention research. *Psychology of Aesthetics, Creativity, and the Arts*, *14*(1), 68–80.
<https://doi.org/10.1037:aca0000257>
- Flemming, K. (2007). The knowledge base for evidence-based nursing- a role for mixed methods research?. *Advances in Nursing Science*, *30*(1), 41-51. <https://doi.org/10.1097/00012272-200701000-00005>
- Frydman, J. S., Hyman, S., & Caputo, S. (2022). Creative arts therapy in the United States school system: An integrative systematic review of empirically evaluated interventions from the past decade. *Psychology in the Schools*, *59*(3), 535-556.
<https://doi.org/10.1002/pits.22629>
- Frydman, J. S., Segall, J., & Wood, L. L. (2018). Themes of career advancement among North American drama therapists: A secondary qualitative analysis. *Drama Therapy Review*, *4*(2), 271-286. <http://dx.doi.org/10.1002/pits.22629>
- Gargon, E., Gurung, B., Medley, N., Altman, D. G., Blazeby, J. M., Clarke, M., & Williamson, P. R. (2014). Choosing important health outcomes for comparative effectiveness research: A systematic review. *PloS one*, *9*(6).
<http://dx.doi.org/10.1371/journal.pone.0099111>

- Gelling, L. (2015). Qualitative research. *Nursing Standard*, 29(30), 43.
<http://dx.doi.org/10.7748/ns.29.30.43.e9749>
- Gelman, A., & Cortina, J. (Eds.). (2009). *A quantitative tour of the social sciences*. Cambridge University Press. <http://dx.doi.org/10.1017/CBO9780511818851>
- Greene, J. C., & Caracelli, V. J. (1997). Defining and describing the paradigm issue in mixed-method evaluation. *New directions for evaluation*, 74, 5-17.
<http://dx.doi.org/10.1002/ev.1068>
- Green, J., & Britten, N. (1998). Qualitative research and evidence-based medicine. *BMJ*, 316(7139), 1230–1232. <https://doi.org/10.1136/bmj.316.7139.1230>
- Grossoehme, D. H. (2014). Overview of qualitative research. *Journal of Health Care Chaplaincy*, 20(3), 109-122. <http://dx.doi.org/10.1080/08854726.2014.925660>
- Grypdonck, M. H. F. (2006). Qualitative health research in the era of evidence-based practice. *Qualitative Health Research*, 16(10), 1371–1385.
<http://dx.doi.org/10.1177:1049732306294089>
- Hammersley, M. (2007). The issue of quality in qualitative research. *International Journal of Research & Method in Education*, 30(3), 287-305.
<http://dx.doi.org/10.1080/17437270701614782>
- Heale, R., & Twycross, A. (2015). Validity and reliability in quantitative studies. *Evidence-based Nursing*, 18(3), 66-67. <http://dx.doi.org/10.1136/eb-2015-102129>
- Hershenberg, R., Drabick, D. A., & Vivian, D. (2012). An opportunity to bridge the gap between clinical research and clinical practice: Implications for clinical training. *Psychotherapy*, 49(2), 123. <http://dx.doi.org/10.1037/a0027648>
- Hobeck, J. (2014). Dramatherapy with parents and children in parallel groups: Developing an

- approach for healthier family dynamics. *Dramatherapy*, 36(2-3), 104-120.
<https://doi.org/10.1080/02630672.2015.1014389>
- Hong, J., & Chen, J. (2019). Clinical physicians' attitudes towards evidence-based medicine (EBM) and their evidence-based practice (EBP) in Wuhan, China. *International Journal of Environmental Research and Public Health*, 16(19), 3758.
<http://dx.doi.org/10.3390/ijerph16193758>
- Ingham-Broomfield, R. (2014). A nurses' guide to quantitative research. *Australian Journal of Advanced Nursing*, 32(2), 32-38.
<https://www.ajan.com.au/archive/Vol32/Issue2/4Broomfield.pdf>
- Johnson, D. R. (1994). Shame dynamics among creative arts therapists. *The Arts in Psychotherapy*, 21(3), 173–178. [https://doi.org/10.1016/0197-4556\(94\)90046-9](https://doi.org/10.1016/0197-4556(94)90046-9)
- Jones, P. (2015). Three challenges for drama therapy research: Keynote NADTA conference, Montreal 2013. *Drama Therapy Review*, 1(1), 87-99. https://doi.org/10.1386/dtr.1.1.87_1
- Kelly, M. P., Heath, I., Howick, J., & Greenhalgh, T. (2015). The importance of values in evidence-based medicine. *BMC Medical Ethics*, 16(1). <https://doi.org/10.1186/s12910-015-0063-3>
- Kimmons, R. (2022). Mixed methods. *Education Research*.
https://edtechbooks.org/education_research/mixed_methods
- Kitson, A., Harvey, G., & McCormack, B. (1998). Enabling the implementation of evidence based practice: A conceptual framework. *Quality and Safety in Health Care*, 7(3), 149–158. <https://doi.org/10.1136/qshc.7.3.149>
- Klees, S. (2021). Challenges of Research in Drama Therapy. Volpe U. (Ed.) *Arts therapies in Psychiatric Rehabilitation*, 163–165. Springer. <https://doi.org/10.1007/978-3-030-76208>

- Leach, M. J. (2006). Evidence-based practice: A framework for clinical practice and research design. *International Journal of Nursing Practice*, *12*(5), 248-251.
<http://dx.doi.org/10.1111/j.1440-172X.2006.00587.x>
- Macher, D., Paechter, M., Papousek, I., & Ruggeri, K. (2012). Statistics anxiety, trait anxiety, learning behavior, and academic performance. *European Journal of Psychology of Education*, *27*(4), 483-498. <http://dx.doi.org/10.1007/s10212-011-0090-5>
- Magin, P., Davey, A. R., & Davis, J. (2022). Evidence-based strategies for better antibiotic prescribing. *Australian Journal of General Practice*, *51*(1/2), 21-24.
<http://dx.doi.org/10.31128/AJGP-07-21-6089>
- Malmqvist, J., Hellberg, K., Möllås, G., Rose, R., & Shevlin, M. (2019). Conducting the pilot study: A neglected part of the research process? Methodological findings supporting the importance of piloting in qualitative research studies. *International Journal of Qualitative Methods*, *18*. <http://dx.doi.org/10.1177/1609406919878341>
- Malterud, K. (2001). Qualitative research: Standards, challenges, and guidelines. *The Lancet*, *358*(9280), 483-488. [http://dx.doi.org/10.1016/S0140-6736\(01\)05627-6](http://dx.doi.org/10.1016/S0140-6736(01)05627-6)
- Mannell, J., & Davis, K. (2019). Evaluating complex health interventions with randomized controlled trials: How do we improve the use of qualitative methods?. *Qualitative Health Research*, *29*(5), 623-631. <http://dx.doi.org/10.1177/1049732319831032>
- Mertens, D. M. (2018). Mixed methods in evaluation: History and progress. *Mixed Methods Design in Evaluation*, 1–30. SAGE Publications, Inc.
<https://doi.org/10.4135/9781506330631.n1>
- Migiro, S. O., & Magangi, B. A. (2011). Mixed methods: A review of literature and the future of

- the new research paradigm. *African Journal of Business Management*, 5(10), 3757-3764.
<https://doi.org/10.5897/AJBM09.082>
- North American Drama Therapy Association. (2022). *Drama therapy empirical research*.
 Research. Retrieved April 4, 2022, from <https://www.nadta.org/what-is-drama-therapy/research.html>
- Neuman, W. L., & Robson, K. (2014). *Basics of social research*. Pearson Canada.
http://library.mpib-berlin.mpg.de/toc/z2007_809.pdf
- Okpych, N. J., & Yu, J. L. (2014). A historical analysis of evidence-based practice in social
 work: The unfinished journey toward an empirically grounded profession. *Social Service
 Review*, 88(1), 3-58. <http://dx.doi.org/10.1086/674969>
- Oregon Health and Science University. (2020). *School of Medicine Department of Medical
 Informatics and Clinical Epidemiology*. Clinical Epidemiology Research. Retrieved
 March 4, 2022, from <https://rb.gy/pfi1re>
- Parker, I. (2004). Criteria for qualitative research in psychology. *Qualitative Research in
 Psychology*, 1(2), 95-106. <http://dx.doi.org/10.1191/1478088704qp010oa>
- Ponce, O. A., & Pagán-Maldonado, N. (2015). Mixed methods research in education: Capturing
 the complexity of the profession. *International Journal of Educational Excellence*, 1(1),
 111-135. <https://doi.org/10.18562/IJEE.2015.0005>
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research
 paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126.
<http://dx.doi.org/10.1037/0022-0167.52.2.126>
- Queirós, A., Faria, D., & Almeida, F. (2017). Strengths and limitations of qualitative and
 quantitative research methods. *European Journal of Education Studies*, 3(9).

<http://dx.doi.org/10.46827/ejes.v0i0.1017>

Rahman, M. S. (2017). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language “testing and assessment” research: A literature review. *Journal of Education and Learning*, 6(1), 102-112.

<http://dx.doi.org/10.5539/jel.v6n1p102>

Renne, C. G. (2004). Is a rectangle a square? Developing mathematical vocabulary and conceptual understanding. *Teaching Children Mathematics*, 10(5), 258–263. <http://www.jstor.org/stable/41198249>

Reynolds, S. (2008). *Evidence-based practice: A critical appraisal*. John Wiley & Sons.

Ryan, G. (2018). Introduction to positivism, interpretivism and critical theory. *Nurse researcher*, 25(4), 41-49. <https://doi.org/10.7748/nr.2018.e1466>

Safety and Quality Partnership Standing Committee (Ed.). (2013). *National practice standards for the mental health workforce 2013*. Retrieved from <https://www.health.gov.au/sites/default/files/documents/2021/04/national-practice-standards-for-the-mental-health-workforce-2013.pdf>

Sajjani, N. (2019). The critical turn towards evidence in drama therapy. *Drama Therapy Review*, 5(2), 169-171. http://dx.doi.org/10.1386/dtr_00001_2

Sela, T., Livni, T., & Feniger-Schaal, R. (2019). The point of no return: A drama therapy group intervention for parents of children with ADHD. *Drama Therapy Review*, 5(2), 235-249. http://dx.doi.org/10.1386/dtr_00004_1

Shorten, A., & Smith, J. (2017). Mixed methods research: Expanding the evidence base. *Evidence Based Nursing*, 20(3), 74–75. <https://doi.org/10.1136/eb-2017-102699>

Small, M. L. (2005). Lost in Translation: How not to make qualitative research more

scientific. *National Science Foundation Workshop on Qualitative Methods*, 1–8.

<http://dx.doi.org/10.1.1.497.4161>

Sternberg, R. J. (2006). Evidence-based practice: Gold standard, gold plated, or fool's gold?

In C. D. Goodheart, A. E. Kazdin, & R. J. Sternberg (Eds.), *Evidence-based*

psychotherapy: Where practice and research meet, 261–271. American

Psychological Association. <https://doi.org/10.1037/11423-011>

Thyer, B. A., & Myers, L. L. (2011). The quest for evidence-based practice: A view from the

United States. *Journal of Social Work*, *11*(1), 8-25.

<http://dx.doi.org/10.1177/1468017310381812>

Thomson, S. B. (2011). Qualitative research: Validity. *JOAAG*, *6*(1), 77-82.

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative

research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349-357.

<http://dx.doi.org/10.1093/intqhc/mzm042>

Tuckett, A. G. (2004). Qualitative research sampling: The very real complexities. *Nurse*

Researcher, *12*(1), 47-61. <http://dx.doi.org/10.7748/nr2004.07.12.1.47.c5930>

Vindrola-Padros, C., Chisnall, G., Cooper, S., Dowrick, A., Djellouli, N., Symmons, S. M., ... &

Johnson, G. A. (2020). Carrying out rapid qualitative research during a pandemic:

Emerging lessons from COVID-19. *Qualitative Health Research*, *30*(14), 2192-2204

<http://dx.doi.org/10.1177/1049732320951526>

Voxco (2021). Ratio Data: Definition, examples and types. Retrieved April 15,

2022, from <https://www.voxco.com/blog/ratio-data/>

Wilkinson, C. B., Infantolino, Z. P., & Wacha-Montes, A. (2017). Evidence-based practice as a

potential solution to burnout in university counseling center clinicians. *Psychological Services, 14*(4), 543. <http://dx.doi.org/10.1037/ser0000156>

White, P. (2017). *Developing research questions*. Bloomsbury Publishing.

Wood L.L. (2021) Empirical research considerations in drama therapy: A response essay. In: Volpe U. (eds) *Arts Therapies in Psychiatric Rehabilitation*. Springer.
https://doi.org/10.1007/978-3-030-76208-7_21

Zhao, J., Bai, W., Zhang, Q., Su, Y., Wang, J., Du, X., ... & Hu, J. (2022). Evidence-based practice implementation in healthcare in China: A living scoping review. *The Lancet Regional Health-Western Pacific, 20*, 100355.
<http://dx.doi.org/10.1016/j.lanwpc.2021.100355>

Zimmerman, A. L. (2013). Evidence-based medicine: A short history of a modern medical movement. *AMA Journal of Ethics, 15*(1), 71–76.
<https://doi.org/10.1001/virtualmentor.2013.15.1.mhst1-1301>

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Drama Therapy, MA**

Student's Name: Travis Ciempa

Type of Project: Thesis

Title: Advancing A Mixed Methods Approach to an Evidence Based Practice in Drama Therapy:

A Literature Review

Date of Graduation: May 21, 2022

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Jason S. Frydman, PhD, RDT/BCT, NCSP _____