



NORTH AMERICAN

DRAMA THERAPY

ASSOCIATION

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What is Drama Therapy?

Drama therapy is the intentional use of drama and/or theater processes to achieve therapeutic goals. It is an embodied practice that is active and experiential.

How Does it Work?

Drama therapy uses play, embodiment, projection, role, story, metaphor, empathy, distancing, witnessing, performance and improvisation to help people make meaningful change.

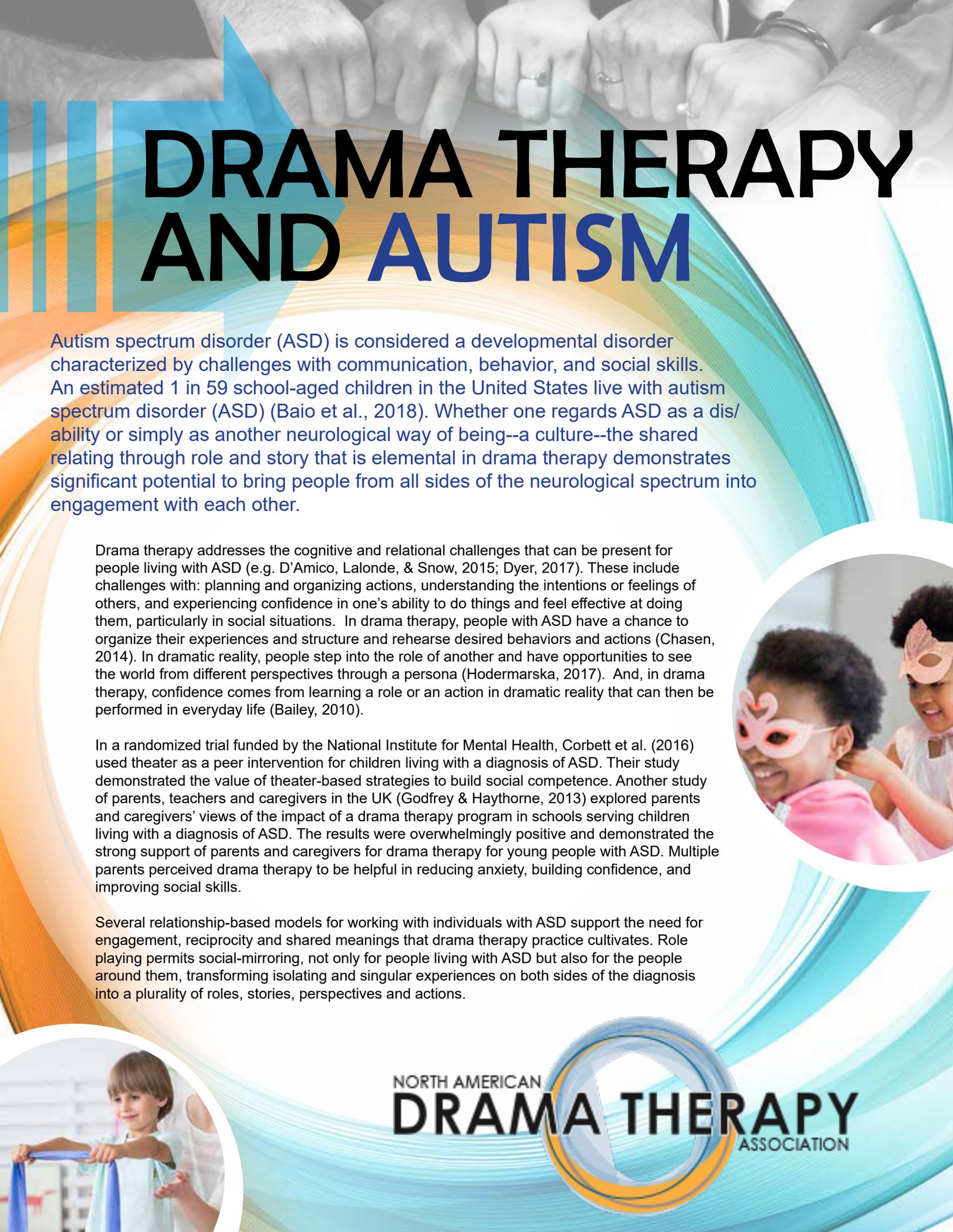
What is a Drama Therapist?

A Registered Drama Therapist (RDT) is a Master's level credential requiring coursework in psychology and drama therapy, experience in theater, and supervised internship and work experience. RDTs are board certified in the practice of drama therapy and follow the NADTA Code of Ethics.

Drama Therapy is for everyone across the lifespan. You do not have to be "good" at acting to benefit from drama therapy!

Drama therapists work on a spectrum from mental health settings (like hospitals, clinics, and treatment centers) to communities (like schools and community programs) to social justice work (like advocacy and activism).

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DRAMA THERAPY AND AUTISM

Autism spectrum disorder (ASD) is considered a developmental disorder characterized by challenges with communication, behavior, and social skills. An estimated 1 in 59 school-aged children in the United States live with autism spectrum disorder (ASD) (Baio et al., 2018). Whether one regards ASD as a disability or simply as another neurological way of being--a culture--the shared relating through role and story that is elemental in drama therapy demonstrates significant potential to bring people from all sides of the neurological spectrum into engagement with each other.

Drama therapy addresses the cognitive and relational challenges that can be present for people living with ASD (e.g. D'Amico, Lalonde, & Snow, 2015; Dyer, 2017). These include challenges with: planning and organizing actions, understanding the intentions or feelings of others, and experiencing confidence in one's ability to do things and feel effective at doing them, particularly in social situations. In drama therapy, people with ASD have a chance to organize their experiences and structure and rehearse desired behaviors and actions (Chasen, 2014). In dramatic reality, people step into the role of another and have opportunities to see the world from different perspectives through a persona (Hodermarska, 2017). And, in drama therapy, confidence comes from learning a role or an action in dramatic reality that can then be performed in everyday life (Bailey, 2010).

In a randomized trial funded by the National Institute for Mental Health, Corbett et al. (2016) used theater as a peer intervention for children living with a diagnosis of ASD. Their study demonstrated the value of theater-based strategies to build social competence. Another study of parents, teachers and caregivers in the UK (Godfrey & Haythorne, 2013) explored parents and caregivers' views of the impact of a drama therapy program in schools serving children living with a diagnosis of ASD. The results were overwhelmingly positive and demonstrated the strong support of parents and caregivers for drama therapy for young people with ASD. Multiple parents perceived drama therapy to be helpful in reducing anxiety, building confidence, and improving social skills.

Several relationship-based models for working with individuals with ASD support the need for engagement, reciprocity and shared meanings that drama therapy practice cultivates. Role playing permits social-mirroring, not only for people living with ASD but also for the people around them, transforming isolating and singular experiences on both sides of the diagnosis into a plurality of roles, stories, perspectives and actions.



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DRAMA THERAPY AND ADDICTION

Though the definition of addiction is layered and multifaceted, simply put, addiction is a “complex condition, a brain disease that is manifested by compulsive substance use despite harmful consequence” (Parekh, 2017, para 1). Although the primary focus of substance abuse treatment is on individuals experiencing addiction, other areas within the field focus on substance use prevention, recovery and recovery support, as well as support for the friends and family members of a substance user. Drama therapy is a modality that can easily be incorporated into prevention, treatment, recovery, and support efforts.

In substance use prevention, the goal is to educate individuals—primarily youth—about the harmful effects of substance use, as well as to promote healthy lifestyles. Incorporating drama therapy in prevention work allows learning, exploration, and understanding to occur in more interactive ways.

In the realm of treating an individual experiencing addiction, drama therapy is used in conjunction with other evidence-based treatment programs. The drama therapist “encourage[s] patients struggling with their addictions to share themselves, through their creativity” (Johnson, 1990, p. 299) and creates a safe play space for exploration. Drama therapists can navigate this exploration through the use of various creative methods, such as storytelling, role-playing, mask making, playmaking, and Developmental Transformations to name a few. Generally, treatment goals include helping the client establish “a new relationship to one’s self; a more compassionate understanding of [others] facing similar struggles; and a new sense of being a valuable contributor to the greater community” (Leeder & Wimmer, 2007, p. 196) with the ultimate goal being recovery. In some recovery models, a client can work with a drama therapist to help explore their new relationship to substances and rehearse how to navigate the world through this new lens (e.g. Newman, 2017).

Drama therapy can also be helpful for the families and communities of those coping with substance use issues. Drama therapy can allow children of parents who are substance abusers to share their thoughts and feelings regarding the challenges that they face at home. The play space created within a drama therapy session allows the child to explore their own emotional vocabulary, learn the skills necessary for emotional regulation, and develop healthy coping strategies. On a macroscale, drama therapy can be used within communities deeply affected by substance use to process the trauma and create performance pieces as methods of exploration and community healing.



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DRAMA THERAPY AND EATING DISORDERS

Eating disorders impact an individual's eating habits and cause body image distress and concerns about weight, shape, size, or even an unhealthy preoccupation with exercise. The most common types of eating disorders include anorexia nervosa, bulimia nervosa, and binge eating disorder (Eating Disorder Hope, 2018). People with eating disorders often have other mental health conditions like panic and anxiety disorders, mood disorders, and PTSD. Once an individual receives an assessment and diagnosis, it is recommended that treatment includes a collaborative medical and mental health team, with an individualized treatment plan and peer support (Eating Disorder Hope, 2018).

Additionally, someone may not meet the criteria for an eating disorder but may struggle with body image issues or disordered eating. Body image issues describe feelings, often negative, towards how an individual sees/experiences themselves in their body. Frequently, these negative feelings are connected to unrealistic expectations about body weight or shape. Disordered eating describes irregular eating habits and behaviors which may not meet the set criteria for eating disorders, but continue to cause distress for an individual struggling with negative body image issues.

Drama therapy can offer an engaging and embodied approach to eating disorder/disordered eating/body image treatment. An eating disorder/disordered eating often serves as a protective, maladaptive function, disconnecting the individual from their body, drama therapy can offer clients a pathway to authentic and meaningful reconnection to the body. Through movement, role play, story, spontaneity, improvisation, and play, drama therapy encourages clients to connect and confront their relationship with the body as well as provides a creative way for clients to learn about the functions of their eating disorder/disordered eating (Heiderscheid, 2015; Wood, 2016).

The embodied work of drama therapy also supports clients in better understanding, claiming, and integrating their internal and external worlds. Often the eating disorder is trying to express something that the client cannot yet themselves articulate. Drama therapy supports clients in finding empathetic feelings towards old roles, while helping them discover new roles which will support them in their eating disorder or disordered eating recovery (Wood, 2015).



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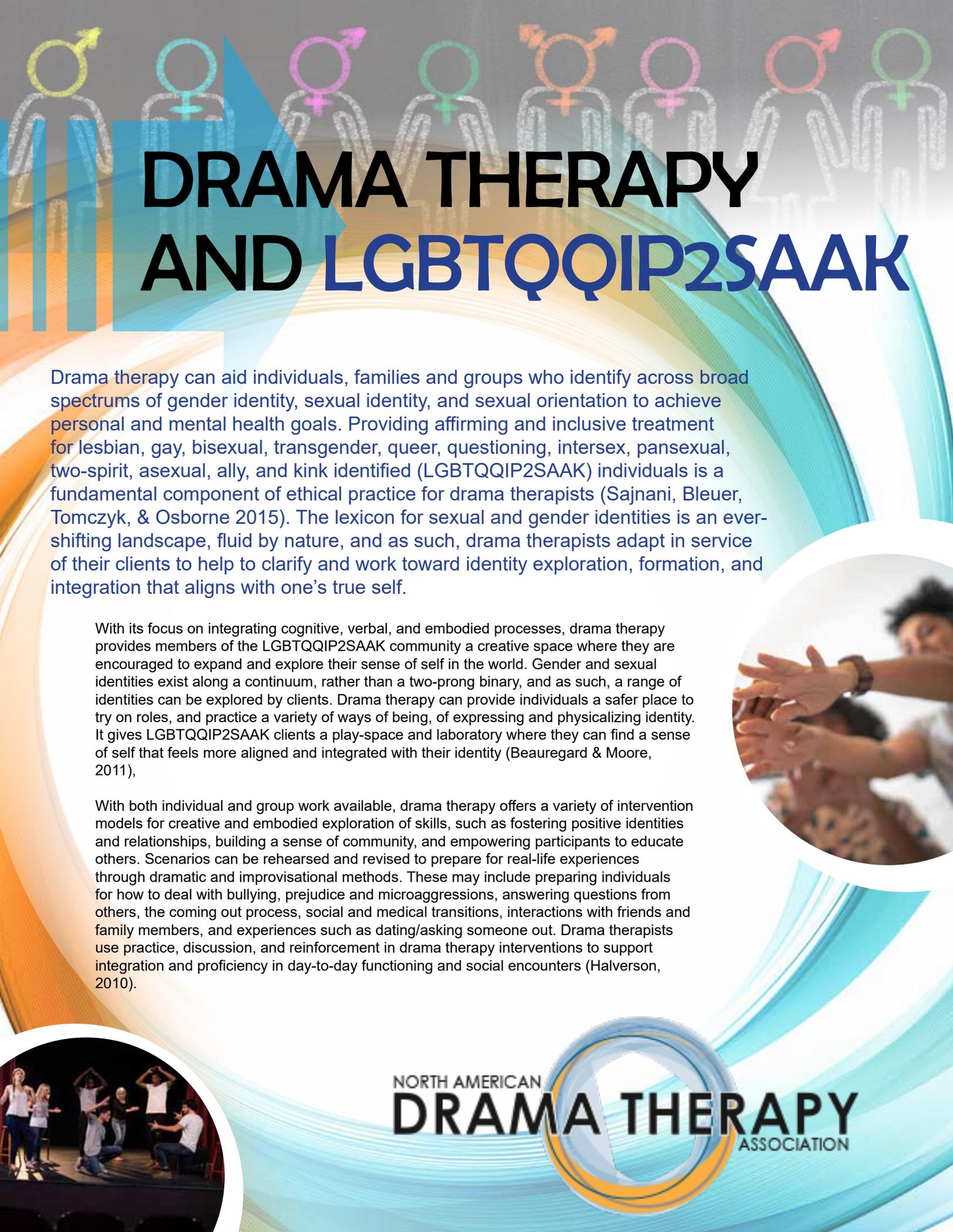
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DRAMA THERAPY AND LGBTQQIP2SAAK

Drama therapy can aid individuals, families and groups who identify across broad spectrums of gender identity, sexual identity, and sexual orientation to achieve personal and mental health goals. Providing affirming and inclusive treatment for lesbian, gay, bisexual, transgender, queer, questioning, intersex, pansexual, two-spirit, asexual, ally, and kink identified (LGBTQQIP2SAAK) individuals is a fundamental component of ethical practice for drama therapists (Sajjani, Bleuer, Tomczyk, & Osborne 2015). The lexicon for sexual and gender identities is an ever-shifting landscape, fluid by nature, and as such, drama therapists adapt in service of their clients to help to clarify and work toward identity exploration, formation, and integration that aligns with one's true self.

With its focus on integrating cognitive, verbal, and embodied processes, drama therapy provides members of the LGBTQQIP2SAAK community a creative space where they are encouraged to expand and explore their sense of self in the world. Gender and sexual identities exist along a continuum, rather than a two-prong binary, and as such, a range of identities can be explored by clients. Drama therapy can provide individuals a safer place to try on roles, and practice a variety of ways of being, of expressing and physicalizing identity. It gives LGBTQQIP2SAAK clients a play-space and laboratory where they can find a sense of self that feels more aligned and integrated with their identity (Beauregard & Moore, 2011),

With both individual and group work available, drama therapy offers a variety of intervention models for creative and embodied exploration of skills, such as fostering positive identities and relationships, building a sense of community, and empowering participants to educate others. Scenarios can be rehearsed and revised to prepare for real-life experiences through dramatic and improvisational methods. These may include preparing individuals for how to deal with bullying, prejudice and microaggressions, answering questions from others, the coming out process, social and medical transitions, interactions with friends and family members, and experiences such as dating/asking someone out. Drama therapists use practice, discussion, and reinforcement in drama therapy interventions to support integration and proficiency in day-to-day functioning and social encounters (Halverson, 2010).



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DRAMA THERAPY AND OLDER ADULTS

The United States is experiencing a dramatic rise in its older adult population. Every day, 10,000 baby boomers turn 65 years of age. According to the U.S. Census Bureau, by 2030, one in five individuals will be 65 years or older. The 65 and older population is expected to double (38.7 million to 88.5 million) and the 85 and older population expected to triple (5.4 to 19 million) between 2008 and 2050 (Vincent & Velkoff, 2010). This trend will result in a populace with greater chronic conditions, cognitive impairment, and disability.

Drama therapy benefits older adults, from those who are high functioning to those who live with a wide range of physical, emotional, and cognitive challenges (Jaaniste et al., 2015). It increases quality of life, improves mood and affect, fosters creativity and individuality, encourages physical activity, enhances cognitive function, improves socialization and coping skills, and strengthens self-esteem (e.g. Cedar et al., 2016; Keisari & Palgi, 2017)).

In addition, drama therapy helps older individuals address specific goals and developmental tasks. For example, after retirement some may often feel the loss of many roles such as occupational or vocational roles. With drama therapy, they can be given the opportunity to redefine themselves, to revisit or reclaim previous roles, and to try on new roles. Drama therapy also provides the means to create closure in the final stage of life development. With theatre games, enactments, storytelling, and poetry, drama therapy provides an avenue for reminiscence, life review, opportunities to acknowledge life achievements, and resolution.

Drama therapy can also be used with persons living with Alzheimer's and other forms of dementia (e.g. Jaaniste et al., 2015; Parkinson, 2008). The drama therapist may employ puppets, theater props, photos, or sensory devices to evoke memories or encourage individuals to use their imagination to create and enact stories. Through use of sound and movement, drama therapy can provide a means of communication and connection for persons who have lost capacity for speech or clear verbal communication. For higher functioning groups, a drama therapist may apply sociodrama techniques, guiding residents to create enactments that will help them develop ways to cope with stress, solve problems, or rehearse social skills.

Creative engagement with older adults through drama therapy benefits the individual and society at large (e.g. Bernard & Rickett, 2016; Castora-Binkley et al., 2010). It builds the infrastructure for an individual to gain self-knowledge and wisdom and facilitates enrichment, restores purpose, reduces physical and emotional pain, sparks creativity, and increases quality of life - all of which lead toward meaningful living and resolution in the final stage of life.



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DRAMA THERAPY AND ONCOLOGY

Oncology patients often experience a myriad of cancer-related changes including changes in identity, body image, relationships and sexuality, coping strategies, and views of the future and their own mortality. These changes can lead to overwhelming emotions, a sense of isolation, and an enormous amount of uncertainty. This uncertainty often precludes old beliefs and visions of the self, the future, and life itself. There is evidence to suggest that creative psychological interventions can benefit adults with cancer with regards to quality of life (Archer, Buxton, & Sheffield, 2015). Drama therapy offers clients a greater sense of possibility and freedom by allowing them to play with new behaviors, roles, thoughts and relationships (Andersen-Warren & Grainger, 2000).

The sense of play found in drama therapy can allow participants to gain insight into and find meaning in the cancer experience. Drama therapy can also bolster the self-esteem and sense of empowerment of participants by: providing a personal space in an institution; encouraging pleasure and escapism; stimulating creativity and potency; and using metaphor as a means of exploring their challenges (McKenna & Haste, 1999).

Creative interventions need to be tailored to the physical and cognitive abilities of the individual or the group. Cancer patients may experience fatigue and mobility restrictions and a loss of mental acuity, from both their disease and their treatment. Active, embodied drama therapy interventions may be difficult at times, but dramatic projection, defined as “the placing of aspects of ourselves or our feelings into other people or things” (Jones, 2007, p. 137), may be particularly useful with this population. Using a variety of objects as well as ambiguous images can be an effective and more distanced (i.e. safer) approach to address changes that are difficult to acknowledge and accept. These projective prompts can often function as catalysts for addressing the challenges that cancer can bring. Interventions can be tailored to the age of the participant and adapted for individuals as well as support groups

The use of drama therapy can be helpful not only with cancer patients, but with their caregivers/loved ones who are also in need of support. It can begin as clients wait for their results regarding diagnosis, and can be used during treatment, post-treatment, or during palliative care; it can also prove useful to those grieving the loss of a loved one to cancer. Self-expression is more helpful than hiding or protecting others from one’s emotions about cancer (Breitbart, 2005), and drama therapy can help both patients and caregivers deal with challenges by encouraging self-expression.



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DRAMA THERAPY AND SEXUAL OFFENDERS

Male and female sexual offenders on probation/parole court-mandated treatment generally come into treatment with a range of diagnoses and having engaged in a variety of other maladaptive and acting-out behaviors in addition to their sexual offenses; they have sometimes been part of what is known as the victim/perpetrator dialectic, being both a victim of violence or abuse as children themselves and a perpetrator of such abuse (Guidry, 2011).

Drama therapy and other creative arts therapies can help support the goals of relapse prevention and behavioral change in sex offender treatment. Offenders have demonstrated a lack of empathy and violence when they caused harm to others and have often experienced serious attachment deficits and their own histories of trauma. Drama therapy can be used to create new narratives that challenge and repair those past experiences, and at the same time it can evoke emotion and help develop the capacity for empathy and a roadmap for pro-social choices (e.g. Arntz et al., 2017; Schwartz & Bergman, 2011).

Through enactment, embodiment, role plays and projective techniques (Bergman & Hewish, 2003), such as the use of masks, puppets or empty chair work, offenders can find new ways to tell their stories, challenge old antisocial beliefs and behaviors, build skills, experience a broader range of affect, increase an ability to accurately interpret social cues, experience a greater and more positive connectedness to others, increase self-esteem and emotional awareness, and imagine and create a more meaningful future for themselves. Drama therapy “can empower people who struggle with communication to express their needs and feelings. It can help forge relationship by enhancing confidence or bringing people together. It can provide chances to experience positive self-esteem and self-worth, and it can help people gain control over conflicts and anxieties” (Brazier, 2016, *Releasing the Power*, para 1). All of this serves to prevent re-offense and creates greater safety for the community and the offenders themselves.

Through drama therapy, clients who have committed sexual offenses can gain an understanding of the impact of their offenses on victims and their families, a release of toxic shame, and a greater acceptance of the harm of which they were capable (e.g. Schwartz & Bergman, 2011). The safety of the drama therapy “playspace” and the relationship with the drama therapist helps provide clients with a sense of safety for the first time in their lives. Through mask work (e.g. Bain, Brookes, & Mountford, 2002), clients gain new insight into their personal grooming behaviors, greater self-control, and understanding of their victim’s perspective.



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DRAMA THERAPY AND TRAUMA/PTSD

Trauma, severe stressors, and adverse life experiences leave significant imprints on our bodies, minds, nervous systems, and relationships. Direct and indirect exposures to traumatic situations, including actual or threatened physical, emotional, or sexual violation/violence, or death (American Psychiatric Association, 2013) can overwhelm one's nervous system and leave people out of their capacity to cope. This typically leads to a survival response, which involves activation of the fight/flight/freeze/cry response (van der Kolk, 2014). Traumatic events are subjective experiences and one may have suffered from the accumulation of multiple and complex traumatic events or circumstances over their lifespan. A client could experience symptoms of trauma from systemic or political violence, war atrocities, racism, homophobia, or any form of discrimination or bullying. Developmental trauma can stem from primary attachment wounds such as separation from family, neglect, or misattunements (Harnden, 2015) such as if a caregiver was preoccupied or struggled with addictions or mental illness.

Different approaches are needed for clients who come to therapy to work on healing from a traumatic event, or for clients seeking healing from complex traumas woven throughout several aspects of their lives. Drama therapy offers a broad range of opportunities for clients to experience healing. Since the nature of the lived experience of trauma varies between clients, a drama therapist can draw on multiple theories and tools.

Drama therapy uses a range of interventions that allows the therapist to work with clients at a variety of emotional and cognitive distances from their presenting problems. Projective techniques or story making are available for clients who struggle to explore memories or share details, or who are flooded with symptoms. For the client who is comfortable to approach the trauma, the drama therapist can offer "under distanced" methods of to explore the traumatic event from a variety of angles. Drama therapy approaches such as Developmental Transformations (DvT) allow for the client to repeat and release rigid mind and body patterns through an embodied encounter in a safe and bounded playspace (Johnson, 2009, 2014). Embodiment practices allow clients to be present in their senses and self-regulate as they relate to the therapist, which helps to bring people out of the past and into the present, and to gain mastery of the situation that they could not control in the past (Johnson, 2014; Reynolds, 2011).

The main goal of healing from trauma is to help clients inhabit the present moment without responding to trauma schemas or bodily stress responses that are remnants of their traumatic past. The therapist reflects back to the client their internal resources, and draws on their strengths and courage which allowed them to survive the trauma. Trauma can create a sense of fragmentation, isolation or alienation; drama therapy encourages a re-connection to the body, senses, environment, and healing relationships.



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DRAMA THERAPY IN SCHOOLS

A school-based population may include children, adolescents, and/or adults of all ability levels enrolled in a public or private educational setting. Drama therapy in a school-based setting encompasses those individuals defined as students within a system of education where drama therapy is utilized with the intention to promote student development specific to academics but inclusive of social, emotional, and/or cognitive functioning.

Drama therapists practicing in schools support the tasks of social-emotional learning within the educational setting (Bailey, 2016; Benoit et al., 2017; Dyer, 2017). Individual, small group, classroom, or whole school activities offer a variety of intervention models for students to participate in creative and/or embodied exploration of skills, such as increasing self-regulation, building social awareness, fostering positive peer relationships, and developing responsible decision making. Practice, discussion, and reinforcement can lead to integration and proficiency in daily social-emotional functioning.

Furthermore, drama therapy promotes academic success within the school by addressing students' experiences of adverse life experiences. Exploration of challenging themes through performance and talkback creates containment to discuss difficult truths of student's everyday experiences (Feldman, Ward, & Handley, 2015). Therapeutic activities such as letter writing, storytelling, theatre games, improvisation, and embodied play offer creative methods to express and cope with stressors interfering with students' ability to focus, and supports integration of lived experiences with the academic curriculum (e.g. Sajnani et al., 2014). Underlining all of these activities is the use of metaphor as a change agent to process issues and/or experiences that students may have difficulty exploring through traditional verbal techniques.



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DRAMA THERAPY IN CHILDREN & ADOLESCENTS

Children and adolescents who present with a variety of challenges may benefit from drama therapy. Frequently children come to drama therapy because they are experiencing difficulties in one or more areas of their lives. These could include home, school, peer and/or adult relationships, or a combination of the above. The difficulties may include anxiety, depression, learning challenges, trauma, grief, identity, migration, loss, and a host of other issues which can interfere with their ability to be fully present for learning and for life. Drama therapy, which can be offered individually or in a group, can provide a space in which children and adolescents can explore their concerns in a safe and supportive environment (Moneta & Rousseau, 2008; Savage, 2018; Weber & Haen, 2005). Drama therapy can help children and adolescents reduce stress and process trauma (e.g. Dix, 2015; Jarman, 2014). Drama therapy can also support those living with a variety of diagnoses (e.g. Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder).

Drama therapy, first and foremost, focuses on creativity and imagination (Pendzik, 2006). It offers each person a variety of ways in which to express themselves. Often, young people are not developmentally able to make the connections between life events and their present feelings through words. Drama therapy can provide an opportunity to explore feelings, experiences, and relationships (e.g. Dix, 2015; Weber & Haen, 2005).

As a specific example, drama therapy can help children to better cope with hospital situations, medical illnesses and treatments (Ilievová, Žitný, & Karabová, 2015; Omens, 2014). Parents typically strive to protect their children from harm, and this protection is fundamental to children's survival. However, often when faced with unthinkable medical situations, many parents attempt to protect the child by not telling them complete information about the circumstances the child is facing. Children can become more confused when the truth is not explained. When confronted, parents may couch their terms, speak euphemistically, or even spell out words, to shield them. Yet, they are not helping the child by keeping information from them.

When faced with such challenging situations, drama therapy can be used to talk to children about difficult medical circumstances. Drama therapists may explain the hospital situation using simple developmentally appropriate language and storytelling. For example, a drama therapist might work with a child to write a simple story about a character facing a medical procedure, draw pictures of the hospital or doctor's office, role play medical scenarios, or enact them with puppets or figurines.

By speaking the truth, emotional literacy is increased. Kids learn to accurately label the situation with the emotional complexity surrounding it. This improves communication and teaches children they can be honest, because the adults around them are being honest. Play in drama therapy can also allow children to experience a sense of mastery and control over their circumstances.

Drama therapists address the whole person through movement and voice, improvisation, role-development, and story creation. They use projective materials such as puppets, small figures, and art materials to create distance and safety. Drama therapists learn the language in which each client is most comfortable expressing themselves, and provide the space and materials for the child to be able to communicate.



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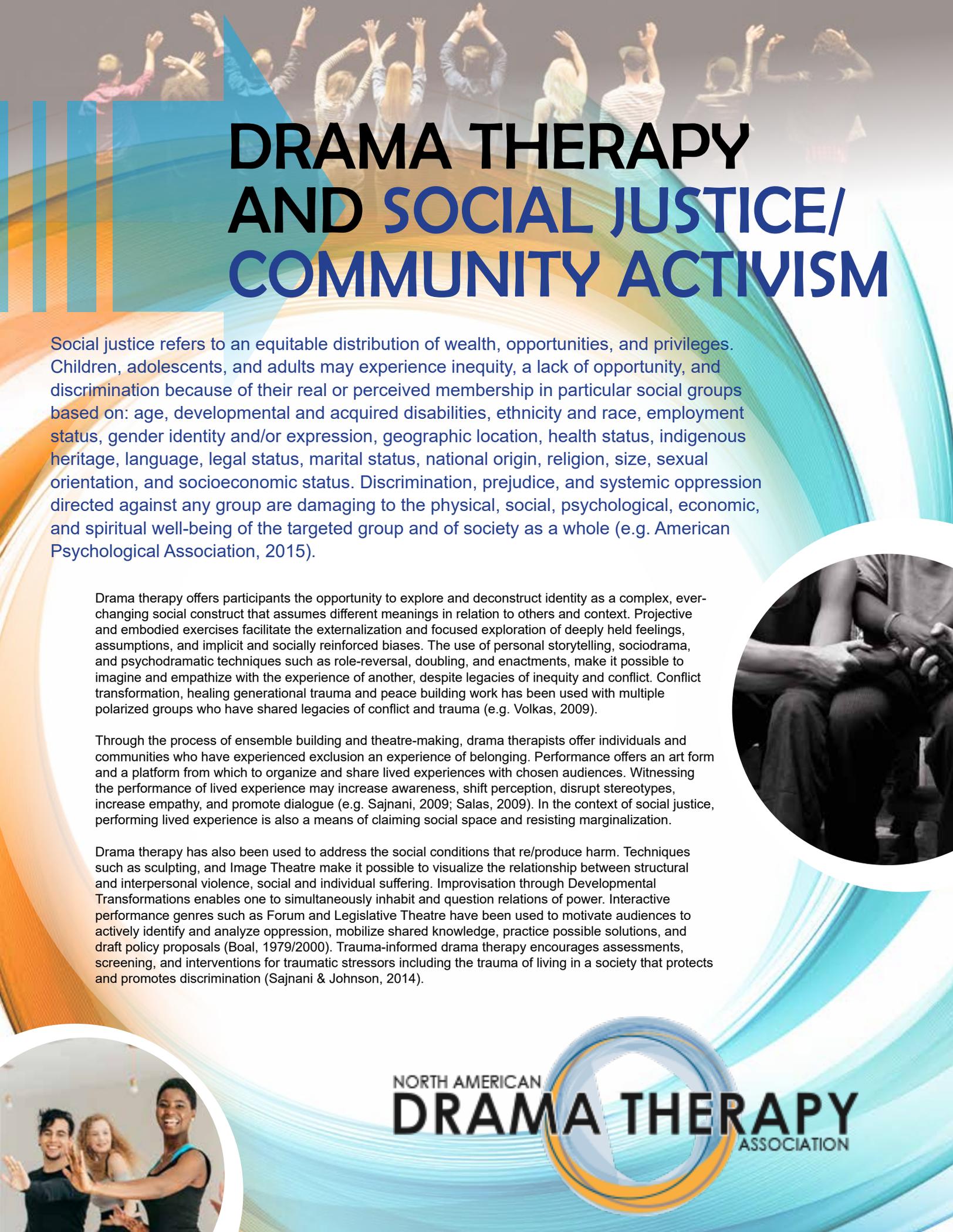
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DRAMA THERAPY AND SOCIAL JUSTICE/ COMMUNITY ACTIVISM

Social justice refers to an equitable distribution of wealth, opportunities, and privileges. Children, adolescents, and adults may experience inequity, a lack of opportunity, and discrimination because of their real or perceived membership in particular social groups based on: age, developmental and acquired disabilities, ethnicity and race, employment status, gender identity and/or expression, geographic location, health status, indigenous heritage, language, legal status, marital status, national origin, religion, size, sexual orientation, and socioeconomic status. Discrimination, prejudice, and systemic oppression directed against any group are damaging to the physical, social, psychological, economic, and spiritual well-being of the targeted group and of society as a whole (e.g. American Psychological Association, 2015).

Drama therapy offers participants the opportunity to explore and deconstruct identity as a complex, ever-changing social construct that assumes different meanings in relation to others and context. Projective and embodied exercises facilitate the externalization and focused exploration of deeply held feelings, assumptions, and implicit and socially reinforced biases. The use of personal storytelling, sociodrama, and psychodramatic techniques such as role-reversal, doubling, and enactments, make it possible to imagine and empathize with the experience of another, despite legacies of inequity and conflict. Conflict transformation, healing generational trauma and peace building work has been used with multiple polarized groups who have shared legacies of conflict and trauma (e.g. Volkas, 2009).

Through the process of ensemble building and theatre-making, drama therapists offer individuals and communities who have experienced exclusion an experience of belonging. Performance offers an art form and a platform from which to organize and share lived experiences with chosen audiences. Witnessing the performance of lived experience may increase awareness, shift perception, disrupt stereotypes, increase empathy, and promote dialogue (e.g. Sajjani, 2009; Salas, 2009). In the context of social justice, performing lived experience is also a means of claiming social space and resisting marginalization.

Drama therapy has also been used to address the social conditions that re/produce harm. Techniques such as sculpting, and Image Theatre make it possible to visualize the relationship between structural and interpersonal violence, social and individual suffering. Improvisation through Developmental Transformations enables one to simultaneously inhabit and question relations of power. Interactive performance genres such as Forum and Legislative Theatre have been used to motivate audiences to actively identify and analyze oppression, mobilize shared knowledge, practice possible solutions, and draft policy proposals (Boal, 1979/2000). Trauma-informed drama therapy encourages assessments, screening, and interventions for traumatic stressors including the trauma of living in a society that protects and promotes discrimination (Sajjani & Johnson, 2014).



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DRAMA THERAPY AND SEVERE AND PERSISTENT MENTAL ILLNESS (SPMI)

Severe and persistent mental illness is a serious and lasting form of mental illness that debilitates quality of life, impairs functioning, and limits major life activities. In order for a mental illness to be designated severe and persistent, the clinical presentation of the individual involves three components: a non-organic psychosis or personality disorder, extended treatment of two or more years, and significant impairment in functioning (social, occupational, and educational) (Ruggeri, Leese, Thornicroft, Bisoffi, & Tansella, 2000). Given the complex nature of SPMI, treatment for these individuals is multifaceted, requiring engagement across multiple sectors, including primary psychiatric and medical care, the incorporation of family and community supports, as well as coordination with financial supports, education, employment, and housing. Drama therapy offers a valid approach to treatment for persons who live with SPMI.

Drama therapists engage patients through role, story, and play, and view participants as full and complex people who are comprised of a multitude of roles (Landy, 2008) and are more than a diagnosis or set of symptoms (McMullian & Burch, 2017). Through creativity and play, drama therapy allows for multiple forms of communication to be accessed and expressed. Verbal language is not privileged as the norm or expectation (Reynolds, 2011), and insight is not a prerequisite for meaningful participation in drama therapy groups (Butler, 2012). These aspects of drama therapy are important for those who may need to express themselves in varied ways to feel seen, heard, and understood within the therapeutic process and community at large.

Drama therapy groups foster a sense of connection and community (Eminah, 1983; Moran & Alon, 2011), which is important for patients who may be reluctant to socially engage (Orkibi, Bar, & Eliakim, 2014) and may be isolative due to symptomatology and/or fear of rejection. The action-based approach of drama therapy has been shown effective in the treatment of SPMI as it can be utilized to evoke and process emotional states (Keulen-de Vos, et al., 2017), enhance self-knowledge, create a sense of connectedness, and support empathy development (Moran & Alon, 2011). Drama-based therapy groups have been found to increase self-esteem, decrease internalized stigma (Orkibi, Bar & Eliakim, 2014), and mitigate social stigma (Yotis, Theocharopoulos, & Begioglou, 2017).

Patients with SPMI who participate in drama therapy groups have been found to experience symptom reduction (Sancar et al., 2017). Furthermore, for those experiencing disorganized thoughts, dramatic play may serve as a container (Ruddy & Dent-Brown, 2007); roles and metaphor in drama therapy may be utilized to organize the internal experience of patients, contribute to relief, and offer a sense of control over presenting symptoms (Klees, 2016). For patients living with SPMI, drama therapy has shown to enhance quality of life and support transformation from the role of sick to survivor (Butler, 2012).

The active and engaging approaches utilized by drama therapists have been found to increase engagement in treatment (Butler, 2012; Bornmann & Jagatic, 2018) and reduce recidivism (Smeijsters & Cleven, 2006). Working drama therapeutically and implementing spontaneous play in the therapeutic process allows people to experience levity and serenity (Forrester & Johnson, 1995) as well as increased possibility and agency (Butler, 2012). Ultimately, treatment that incorporates drama therapy, and other creative arts methods, as a primary treatment approach has shown to support patients with SPMI in achieving their treatment objectives and building necessary life skills (Bornmann & Jagatic, 2018) to improve community functioning and quality of life.



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DRAMA THERAPY WITH FIRST RESPONDERS

All first responders are exposed to trauma, and most experience repeated trauma exposure throughout their careers. First responder populations consist of firefighters and fire officers, emergency medical technicians (EMTs), paramedics, dispatch officers, police officers, and various others working within these community agencies. First responders often exist in group clusters and are collectively exposed to critical incidents including acts of terrorism, violence and abuse, actual or perceived life-threatening incidents, natural disasters, work-related illness, injury, and traumatic grief. Due in part to repeated trauma exposure first responder populations are at risk for developing posttraumatic stress disorder (PTSD) and other trauma- and stressor-related disorders, substance abuse, interpersonal and marital discord, and physical injury and/or illness (Christ et al., 2006).

Drama therapy has been implemented with the first responder community to provide trauma-informed care with active and retired service members and their adult families in individual, couples, and group treatment. As drama therapy utilizes aesthetic frames to further process traumatic events and provide alternatives to direct verbal processing, this modality can prove effective for individuals with repeated trauma exposure and single incident traumas (Sajnani & Johnson, 2014). The fortitude found in first responders can be problematic when it comes to asking for help (McKay, 2018; Substance Abuse and Mental Health Services Administration, 2018). In their roles, active first responders are required to maintain emotional stability and cope with internal and external stressors effectively in critical situations. Drama therapy is a strength-based treatment that builds upon already functioning roles, while providing a structured container to process and rehearse desired changes for the individual first responder (Landy, 2009). Further, drama therapy serves as an invaluable treatment to re-integrate the body and imagination after trauma exposure (Sajnani & Johnson, 2014). The use of text, storytelling, purposeful improvisation, role, and embodiment in drama therapy treatment offers first responders a means to facilitate expression and containment of affect, regulate the nervous system through embodied grounding techniques, expand creativity, and building and strengthening relationships.

Group drama therapy mirrors innate structures found within the first responder culture. Group treatment structures provide survivors of trauma with a community in which to process individual and group experiences, share stories, and combat isolation (Herman, 1992). As Eve Leveton (2010) notes, group drama therapy treatment has been successful in "reducing pain, improving communication, and suggesting solutions" in the healing of collective trauma (p. xviii). Drama therapy can also be beneficial for families of first responders as they similarly combat situational stress, real or imagined threat of injury and/or illness for their loved ones, and traumatic grief (Christ et al., 2006). Drama therapy addresses the needs of family members within the first responder community by providing tools for self-expression and embodied processing in both individual and group treatment.



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DRAMA THERAPY AND DEVELOPMENTAL DISABILITIES

Drama therapy can be an empowering and accessible form of support for individuals with developmental disabilities. Developmental disabilities broadly describe a range of conditions that typically manifest before the age of 18, often early in development, and may include challenges in physical, intellectual, social, and emotional functioning, sensory processing, communication skills, and adaptive behaviors and life skills (National Institute of Child Health and Human Development, 2016). Individuals with developmental disabilities experience a range of differences in expressive and receptive language, physical movement, and cognitive, processing, reasoning, and problem-solving abilities. For people with developmental disabilities, drama therapy is inherently flexible and offers participants a variety of ways of expressing themselves and reaching their goals.

Drama therapy utilizes an array of creative arts interventions that aid in self-exploration, self-expression, and skills development for individuals with developmental disabilities (Crimmens, 2006). These approaches include role method, storytelling, role-play, Theatre of the Oppressed, theatre games and improvisation, as well as therapeutic theatre. The use of masks, puppets, and other projective techniques are also helpful in the treatment of individuals with developmental disabilities (Bailey, 2010; Crimmens, 2006).

Drama therapy can support participants in working towards a number of treatment goals, including:

- Developing teamwork skills, responsibility, leadership and self-advocacy
- Building empathy and compassion
- Social-emotional development (Feniger-Schaal, 2016; Jindal-Snape & Vettrai, 2007)
- Progression of verbal and non-verbal communication skills (Foloștină et al., 2015; Snow, D'Amico, & Tanguay, 2003)
- Improving confidence and self-esteem (Snow, D'Amico, & Tanguay, 2003)

Drama therapists working with individuals with developmental disabilities use both process and performance-oriented methods. The myriad of inter- and intra-personal skills addressed through drama, as described by Bailey (2010), includes: listening, eye contact, awareness of body in space, physical coordination, physical expressiveness, facial expressiveness, verbal expressiveness, identification and naming of emotions, focus and concentration, memory enhancement, stress release, self-control and patience, flexibility, problem solving, and risk taking, social interaction, self-esteem and self-confidence, and optimism and positive outlook on life (pp. 38-53). Overall, drama therapy can be an empowering experience for people living with developmental disabilities (e.g. Snow et al., 2017).



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