

THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

DEPARTMENT OF RECREATION, PARK, AND TOURISM MANAGEMENT
THE PERCEPTION OF DRAMA THERAPY FOR INPATIENTS IN AN ACUTE INPATIENT
GERIATRIC PSYCHIATRY UNIT

NICOLE WELLS
May 2012

A thesis
submitted in partial fulfillment
of the requirements
for a baccalaureate degree
in Recreation, Park, and Tourism Management
with honors in Recreation, Park, and Tourism Management

Reviewed and approved* by the following:

Andrew J. Mowen
Associate Professor and Professor-in-Charge of Honors Programs, RPTM
Thesis Chair and Honors Advisor

Deborah L. Kerstetter
Professor and Professor-in-Charge of Graduate Studies, RPTM
Thesis Committee Member

* Signatures are on file in the Schreyer Honors College

ABSTRACT

Quality of life is a goal that geriatric care providers are striving for with their patients. Psychiatric illnesses such as dementia, mood disorders, and thought disorders can heavily affect a person's quality of life. Luckily, there are many ways that care providers can address these illnesses, including medications and different types of therapies. One therapy that is underutilized is drama therapy. There has been research on drama therapy and the effects it has on the different illnesses of elderly patients. However, there is little research being done on geriatric psychiatry patients in an acute care facility such as a hospital.

The purpose of this study was to address why drama therapy is not being used more often in acute care facilities. In my research I asked health care professionals (i.e. therapists, nurses, and social workers) who work with inpatient geriatric psychiatry patients what their opinions are of drama therapy for this specific population. Study findings will assist drama therapists and geriatric psych units to better understand the potential that drama therapy has in these settings and the potential barriers to incorporating drama therapy as a treatment. The results suggest that most health care professionals believe drama therapy would be a beneficial intervention for geriatric psych patients. They perceived the barriers to be lack of awareness, concern for how it would work given the population, and money. The results also suggest that using education such as in-services and drama therapists presenting at conferences will help to spread awareness of the benefits of drama therapy.

TABLE OF CONTENTS

LIST OF TABLES	iii
ACKNOWLEDGEMENTS	iv
CHAPTER 1. INTRODUCTION AND STUDY PURPOSE	1
CHAPTER 2. STUDY METHODS.....	7
Study Sample and Data Collection	7
Survey Instrument.....	8
Analysis.....	10
CHAPTER 3. RESULTS	12
Respondent Profile.....	12
Research Question #1	14
Research Question #2	15
Research Question #3	20
Research Question #4	22
CHAPTER 4. DISCUSSION AND CONCLUSION	24
REFERENCES	33
APPENDICES	35
Appendix A. List of Geriatric Psychiatry Units Contacted	35
Appendix B. Informed Consent Letter and Survey Instrument	38

LIST OF TABLES

Table 1. Respondent Profile:.....	13
Table 2. Awareness of Drama Therapy:	14
Table 3. Beliefs Regarding Drama Therapy:	14
Table 4. Perceptions of Drama Therapy as Beneficial Treatment:.....	15

ACKNOWLEDGEMENTS

I would like to first thank my Honors adviser, Dr. Andrew Mowen for all his hard work in teaching me all the steps of writing a thesis and helping me through each step. Next, I would like to thank my committee member, Dr. Deborah Kerstetter for also helping me through the thesis writing process, helping to edit, and for her guidance throughout my undergraduate career. I would also like to thank my father for encouraging me to apply to Penn State's Schreyer's Honors College and to my mother for her undying love and support.

CHAPTER 1

INTRODUCTION AND STUDY PURPOSE

Betty is a 75 year old woman who has been admitted to the geriatric psychiatry unit of the hospital for major depression. She is a danger to herself because she refuses to eat and she has stated that she would like to commit suicide. Betty spends most of her day sitting in her room alone and refuses to come out for group activities. Though Betty is complying with the doctor's orders to take medications, her expression remains flat and she has yet to present any positive coping skills or make any hopeful statements. Betty is one of the two million older adults diagnosed with a depressive illness. According to the National Institute of Mental Health, "people age 65 and older accounted for 16 percent of suicide deaths in 2004." (nimh.nih.gov).

While the medical world has been striving to increase quality of life for a growing older population, one major health issue it faces is psychiatric illness. Major depression is just one of the many disorders that persons in their later years of life may experience. Psychiatric illnesses or disorders may consist of, but are not limited to, dementia, major depression, schizophrenia, bipolar disorder, and psychosis.

When adults are over 65 years old are in need of a psychiatric evaluation they are sent to the hospital and often placed in an acute inpatient geriatric psychiatric care unit. This past summer I was privileged to have a 14-week recreation therapy internship on a geriatric psychiatry unit at Bridgeport Hospital in Bridgeport, CT. During my internship I observed the following evaluation and treatment process. At the beginning of their stay patients are evaluated for dosages of medication and provided with appropriate therapies. There may not be a cure for these illnesses, but there are numerous treatments that have proven to be effective. Aside from the medications that these geriatric patients receive at the hospital they may also receive

numerous therapy services such as physical therapy, occupational therapy, recreation therapy, and music therapy. But, are these treatments enough? Or, do they help all patients? In dealing with diseases/disorders that have to do with behavior, mood, and thought, I believe that patients need an outlet that allows them to express themselves freely in a way that they normally would not. With that in mind, I decided to find some kind of outlet I could use in a therapy session to allow this freedom of expression.

Drama therapy is a promising treatment that may be beneficial to this population. According to the National Association of Drama Therapy, drama therapy is “the intentional use of drama and/or theater processes to achieve therapeutic goals” (www.nadt.org). This can be done by using activities that allow the patients to tell their story, to express their feelings, practice problem solving, and experiment acting in different situations. For example, a drama therapy session may include an improvisational game where two patients are given a slip of paper of what they want. One participant may want the hat that the other one is wearing. Meanwhile the participant wearing the hat does not want to give it up. This improvisational scene is used to help with problem solving and promotes creativity in terms of how detailed and how long the scene is drawn out. It shows the therapist if patients with a behavior disorder can control their frustrations when trying different ways to get what they want. While a patient with a mood disorder works on participating and providing positive input to the session the patient with a thought disorder works on staying connected to the activity.

A large benefit for geriatric patients to participate in theatre is socialization. Bonnie L. Vorenberg, the ArtAge President, and a nationally recognized expert in Senior Theatre has much experience working with the geriatric population in theatre classes and in directing shows that consist of a senior cast. In a recent phone interview, Vorenberg was asked her opinion on the

benefits of theatre for the geriatric population. She listed numerous benefits with the largest benefit being socialization. Vorenberg spoke about how this population has to cope with many losses because they don't have the same bonds available to them. Vorenberg stated that theatre is "a place where you're accepted... it's a virtual family" (Vorenberg, 2012).

Helga Noice, cognitive psychologist, and Tony Noice, professional actor, have been working on studies to see how drama and theatre affects older adults living in retirement homes or in the community. In one of their studies they found that the acting group scored higher on immediate word recall, problem solving, verbal fluency, delayed word recall, and on two tests: the delayed East Boston Memory Test and the immediate East Boston Memory Test (Noice & Noice, 2008). When asked what they are trying to accomplish and what their goals are in conducting these studies, Tony Noice said, "We're trying to get people's brains to function better. Because if you keep getting better at memory tasks and other cognitive tasks you're lowering your risk for Alzheimer's" (Noice, 2012). Drama therapy also has been shown to benefit patients with Alzheimer's and dementia. Paul Batson, a drama therapist, has found that in his drama therapy program patients with dementia are able to express themselves easier, bring alive memories from their past, express feelings, maintain focus, socialize and relate with others, and experience increased moments of well-being. He also found that drama therapy promotes socialization, provides a relief from tension, gives insight and integration, allows rehearsing for a future, teaches distance and empowerment, prevents suicide and self-harm, and decreases voices or makes them less aggressive/disturbing. Casson, (2004) studied how drama therapy affects patients with a disorder that causes them to hear voices such as Schizophrenia, Paranoid Schizophrenia, Depression, Paranoia, Psychosis, and experiences of trauma.

My personal experience as an intern for recreation therapy, at Bridgeport Hospital in Bridgeport, CT also informed this study. After researching different methods and interventions that would be most beneficial to use, with individuals on the geriatric psychiatry unit, I started running a session called “Dramatic Expressions” twice a week. I split the patients up into two groups to participate in two different sessions. Group A consisted of patients who scored 20-30 on their Mini-Mental Score and Group B consisted of patients who scored a 14-19. Any patient who scored below a 14 or was not ready for the session at the time was not asked to participate. I noticed many benefits of using drama therapy. Though many of the patients resisted this intervention due to bias and stigma of it being “childish,” the patients did benefit from it and the interventions helped. While participating in an improvisational scenario game with partners, the patient with major depression was able to show expression in her face and respond creatively to solving the imaginary problem. Similarly, patients who were diagnosed with mood disorders could be seen making different facial expressions on their faces and could even be heard laughing at times. A man who was admitted for having visual hallucinations was able to concentrate on the activity and did not express any delusions when participating.

Study Purpose

Based upon my personal experiences with this type of treatment and conversations with national experts on drama therapy, it appears that drama therapy works for geriatric psychiatry patients. However, there is little published evidence on the effects of drama therapy on inpatients in a geriatric psychiatry setting (e.g., hospitals). It is unclear whether this gap is due to lack of awareness, perceptions of drama therapy ineffectiveness for this population, or other barriers to implementation and evaluation. Sally Bailey, a drama therapy professor at Kansas State University, believes that the lack of drama therapy research is because:

“there’s a lot of descriptive things that people have written, but there’s not a lot of research actually in any area of drama therapy because drama therapists tend to be people who want to do drama therapy and not do research. And, that actually has been a real problem in pushing the field forward because the focus has become, if you can’t prove that it’s evidence-based then we won’t fund it, which doesn’t mean it doesn’t work, it just means there are no studies.” (Bailey, 2012).

Thus, the purpose of this study is to assess the awareness of drama therapy in geriatric psychiatry settings, perceived benefits or limitations of drama therapy, and potential barriers to implementing drama therapy. Having this information might assist therapists and health care providers in their decision to use drama therapy and may yield insights into the unique benefits and limitations of this treatment in geriatric psychiatry settings. Specific research questions addressed are as follows:

1. To what extent are therapists/staff who work in geriatric psychiatric hospital units aware of drama therapy?
 - a. Are they aware of what drama therapy is?
 - b. Are they aware that drama therapy has been used as a treatment for geriatric psychiatry patients?
 - c. Do they believe that drama therapy is well known in geriatric psychiatry settings?
 - d. Do they believe that drama therapy is under-utilized in geriatric psychiatry settings?
2. Do therapists/staff who work in geriatric psychiatric hospital units believe that drama therapy is a beneficial treatment for their patients?
 - a. Why do therapists/staff feel that drama therapy is a beneficial treatment for geriatric psychiatry patients?
 - b. Why do therapists/staff feel that drama therapy would not be a beneficial treatment for geriatric psychiatry patients?
3. What are the perceived barriers that prevent drama therapy from being used more in geriatric psychiatric settings?
4. What strategies could be used to increase the awareness of drama therapy in geriatric psychiatric settings?

Study findings may assist drama therapists and geriatric psychiatric units to better understand the potential that drama therapy has in these settings and the potential barriers to incorporating drama therapy as a treatment. Once this information is obtained, the results could be used to inform hospitals of the benefits of hiring a drama therapist for their geriatric psychiatry unit or at least incorporating drama therapy as a therapeutic intervention. It might also be a way to increase awareness of the benefits of drama therapy for patients and their families.

CHAPTER 2

STUDY METHODS

In this chapter I will describe the methods that were used in this study. The methods have been broken down by sections, including: study sample and data collection, survey instrument, and data analysis.

Study Sample and Data Collection

This study was a cross-sectional study in order to gather information from what is already known or believed by the participants. The data was collected from a convenience and snowball sample of health professionals who currently work with patients in inpatient geriatric psychiatry units at hospitals in the United States. The number of participants used in the study is the number of people who agreed to participate in the phone or e-mail survey and completed the study. Respondents included physician's assistants, nurses, director of therapies, occupational therapists, recreation therapists, drama therapists, and social workers. Respondents did not have to have any previous knowledge on drama therapy in order to participate.

I collected my data by asking staff members who work on geriatric psychiatry units what their opinions are of drama therapy and its effects on the geriatric psychiatry population. I began by finding geriatric psychiatry units around the United States using a search engine on the Internet. My list contained 39 hospitals randomly selected from numerous states all around the country. I also spoke with a retired drama therapist. Appendix A provides a listing of all the hospitals contacted through this research. I then contacted the geriatric psychiatric units by telephone and asked the person who answered the phone who the best person is to talk to about finding participants for this study. Once I was able to either speak to or leave a message for someone who could help me, I asked them if they would be interested in participating in my

study and then we set up time to complete the survey over the phone or we exchanged emails so I could just send the survey over email. I also asked them if they knew of any other staff members who would be interested in participating in the study and if they wouldn't mind contacting me or filling out the survey through email.

Survey Instrument

The goal of the overall study was to assess the opinions, awareness, and attitudes of health care professionals toward drama therapy.

When conducting the phone interview, respondents were first asked for permission to audio record the conversation so that I did not have to worry about missing anything that the respondent said. The respondents were then told the following before starting the survey: "The purpose of this study is to document the awareness and perceptions of health professionals toward drama therapy in a geriatric psych setting. This study is part of an undergraduate honors thesis being conducted in the College of Health and Human Development at The Pennsylvania State University. This survey is voluntary and your responses will be kept confidential. This survey is being done for research purposes and should take no longer than 10 minutes. Study findings will assist drama therapists and geriatric psych units to better understand the potential drama therapy has in these settings and potential barriers to incorporating drama therapy as a treatment. After informing them of their rights as a participant, they were asked if they would like to begin the survey interview. Alternatively, respondents who were sent the survey received an informed consent letter and the survey to complete on their own (see Appendix B).

The first question asked respondents about themselves and their workplace. I began with, "What is your role or position in your organization?" The respondent was able to choose from: unit head or administrator, therapist, nurse, staff member, or other. The way I measured this was

by coding each answer with a number that led to a total number for each of the positions listed. Then I asked, “How long have you worked in a geriatric psychiatry setting?” The respondent was able to choose from the following answers: less than 5 years, 6-10 years, 11-20 years, or 21 or more. The last question I asked was the name of the respondent’s hospital or organization.

Part Two of the survey addressed respondents’ awareness of and opinions about drama therapy being used as a treatment for geriatric psychiatry patients. First, respondents were asked whether they are aware of drama therapy. They responded, “yes” or “no.” The second “yes/no” question asked respondents if they were aware that drama therapy has been used as a treatment for geriatric psychiatric patients. After answering this question, respondents were provided a definition of drama therapy if they still were unsure of what it was. After hearing the definition, respondents were then asked if they felt drama therapy was a beneficial treatment for geriatric psychiatry patients. They were able to respond to this question with “yes,” “no,” or “unsure.”

The next couple of questions on the questionnaire were open-ended questions. The first open-ended question was, “In your own words, why do you feel that drama therapy is a beneficial treatment for geriatric psychiatry patients?” The second open-ended question was, “Why do you feel that drama therapy is not a beneficial treatment for geriatric psychiatry patients?” I asked both of these questions because I wanted to find out in detail not only the positive things people think about drama therapy, but also the negative thoughts or limitations to drama therapy. These responses are crucial to the purpose of this study in figuring out why drama therapy is not being utilized more in geriatric psychiatry settings.

A follow-up question was, “Do you feel that drama therapy is underutilized in geriatric psychiatry settings?” Respondents were able to answer this with “yes,” “no,” or “unsure.” If they responded “yes,” they were then told to move onto the next open-ended question which was,

“What do you feel are the barriers that prevent drama therapy from being used more in geriatric psychiatry settings?” However, if they responded, “No,” or “Unsure,” they were directed to skip that open-ended question and move onto the next question which was, “Do you feel that drama therapy is well known in geriatric psychiatry settings?” Respondents who answered “yes” to this question were then asked to respond to the following open-ended question, “What strategies do you think could be used to increase awareness of drama therapy in geriatric psychiatry settings?” If the respondent answered “No” or “Unsure” to the question they then were directed to skip to the last open ended question of the survey which was, “Is there anything else you would like to share regarding drama therapy in geriatric psychiatry settings?”

At the end of the survey respondents were asked to write down their email address if they are interested in seeing the results from this study. They were then thanked for completing the survey and told that they would be receiving an email with the informed consent letter attached for their records. A copy of the informed consent letter and the complete survey are provided in Appendix B.

Analysis

Frequencies and percentages were used to answer research questions 1 and 2, while a content analysis of open-ended responses was used to summarize major topics and themes provided through research questions 2a, 2b, 3 and 4. SPSS data management software was used to enter the data and conduct the descriptive analysis. Open-ended comments were transcribed from recorded interviews and a team of researchers reviewed and coded the content, independently summarized separate themes, and agreed on a final list of final topics/themes. The researchers looked for common statements and words and counted the number of times it was

said even if the same individual mentioned it more than once. The words with the highest number became themes.

CHAPTER 3

RESULTS

In this chapter I begin by reviewing respondent's characteristics. I also discuss the results associated with each of my research questions.

Respondent Profile

After contacting 39 hospitals from 31 different states across the U.S., a total of 24 individuals completed the survey. Out of the 39 hospitals contacted, I spoke with 22 representatives, but only 10 hospitals are represented in this study. Eleven people completed the survey through a phone interview while thirteen people completed the survey sent through email.

The phone interviews lasted up to 20 minutes based on how much the participant contributed and if they asked any questions during the survey. If the person initially contacted preferred I send them the survey over email, I did so. They were also asked to send out the survey to other staff members on their geriatric psychiatry unit who then sent their responses back to me as well. The actual number sent is unknown.

The majority of respondents (50%, N=12) were therapists of some kind: recreation, occupation, or drama. Other respondents (12.5%, N=3) were administrator/directors, nurses, staff members, or other. In terms of how long they've worked with geriatric psychiatry patients, (33.3%, N=8) had done so for less than 5 years and the same percentage had worked between 6-10 years. In sum, a majority of the people I spoke to had few years of experience with this population. However, I was able to speak with three respondents who had twenty-one or more years of experience with this population. Refer to Table 1 for a full profile of the respondents.

Table 1. Respondent Profile

Respondent Characteristic	%	N
<i>Respondents' positions within their organization</i>		
Administrator/Director	12.5	3
Therapist	50.0	12
Nurse	12.5	3
Staff Member	12.5	3
Other	12.5	3
<i>Length of time respondents have worked with geriatric psychiatry patients</i>		
Less than 5 years	33.3	8
6-10 years	33.3	8
11-20 years	20.8	5
21+ years	12.5	3
<i>Hospitals where respondents work</i>		
Barnabas Health	4.1	1
Bergen Regional Behavioral Health	4.1	1
Bridgeport Hospital	12.5	3
Linden Oaks, Edward Hospital	4.1	1
The Horsham Clinic	4.1	1
Parthenon Pavilion- Senior Services	4.1	1
Piedmont Geriatric Hospital	20.8	5
Non specific institutions on east and west side of U.S.	4.1	1
The Institute of Living- Hartford Hospital	4.1	1
The Ridge Behavioral Health System	4.1	1
Yale- New Haven Hospital	29.2	7
<i>State represented</i>		
Connecticut	37.5	3
Illinois	12.5	1
Kentucky	12.5	1
New Jersey	25.0	2
Pennsylvania	12.5	1
Tennessee	12.5	1
Virginia	12.5	1
Unknown	25.0	2

Research question #1: To what extent are therapists/staff who work in geriatric psychiatric hospital units aware of drama therapy?

Question #1a and #1b: Are they aware of what drama therapy is? Are they aware that drama therapy has been used as a treatment for geriatric psychiatry patients?

The study results in Table 2 indicate that respondents were generally aware of drama therapy (82.6%, N = 19). However, even though they were aware of drama therapy, only 54.2% (N=13) said they were aware of drama therapy as a treatment for geriatric psychiatry patients.

Question #1c and #1d: Do they believe that drama therapy is well known in geriatric psychiatry settings? Do they believe that drama therapy is under-utilized in geriatric psychiatry settings?

A large majority (83.3%, N=20) did not believe that drama therapy was well known in geriatric psychiatry settings and approximately 17% (N=4) were unsure (Table 3). When asked if they believed that drama therapy was underutilized in geriatric psychiatry settings 67% (N=16) said “yes,” 29.2% (N=7) were unsure, and only one person said “no.”

Table 2. Awareness of drama therapy

Awareness items...	% Yes	N
Awareness of what drama therapy is	82.6	19
Awareness of drama therapy as a treatment for geriatric psychiatry patients	54.2	13

Table 3. Beliefs regarding drama therapy

Belief items...	% Yes		% No		% Unsure	
	Yes	N	No	N	Unsure	N
Belief that drama therapy is well known in geriatric psychiatry settings	0	0	83.3	20	16.7	4
Belief that drama therapy is under-utilized in geriatric psychiatry settings	66.7	16	4.2	1	29.2	7

Research Question #2: Do therapists/staff who work in geriatric psychiatric hospital units believe that drama therapy is a beneficial treatment for their patients?

The study results in Table 4 indicate that a majority of the respondents (83.3%, N=20) felt that drama therapy was a beneficial treatment for geriatric psychiatry patients. Two individuals were unsure if it would be beneficial and the same number said they did not believe drama therapy would be a beneficial treatment.

Table 4. Perceptions of drama therapy as a beneficial treatment

Perceived benefit item...	%		%		%	
	Yes	N	No	N	Unsure	N
Do you feel that drama therapy is a beneficial treatment for geriatric psychiatry patients?	83.3	20	8.3	2	8.3	2

Research Question #2a- Why do therapists/staff feel that drama therapy is a beneficial treatment for geriatric psychiatry patients?

Answers to the first open-ended question which addressed why respondents felt that drama therapy could be a beneficial treatment for geriatric psychiatry patients, were grouped into five themes. Specifically, drama therapy is perceived to provide freedom of expression, a better understanding of self, relationships, and life, a safe and comfortable space for expression, a creative outlet, and reminiscence in order to problem solve.

Freedom of Expression

The most popular answer for why drama therapy would benefit geriatric psychiatry patients was the idea of freedom of expression. On a locked psychiatry unit of a hospital, it is difficult for people to express themselves naturally especially when they are suffering from a mental illness. One respondent said drama therapy "...allows free expression of self and a different form of communication that individuals can use to relay a message." Drama therapy provides patients with an outlet that gives them the freedom to express themselves, their true

feelings, and their needs in a way that they may not know how to express on their own. Another respondent said that by “expressing themselves verbally and through drama and action often [patients] are able to express things that they can’t put into words alone.” This is useful for patients with dementia or expressive aphasia who may not be able to express themselves with words. Another respondent added that drama therapy “helps them express positive emotion, enjoyment, [and] success.” With patients who are suffering from a mood disorder, such as major depression, and are presenting a flat affect drama therapy increases mood and promotes facial/body expression.

Understanding of Self, Relationships, and Life

Drama therapy is also perceived to help patients “understand themselves, their relationships, and their roles in life.” One respondent said that after a drama therapy group he noticed that “patients were calmer and more interactive and social on the unit. Patients were less agitated.” For patients with a mood disorder, this intervention can increase patients’ interaction with each other on the unit because of the interactions made during the group sessions. Also, for patients with an illness such as dementia, this intervention “helps redirect them, and helps to keep them focused” so that there is less of a chance for sun-downing or agitation towards others.

A Safe and Comfortable Space for Expression

A third reason that drama therapy works for patients and allows them to express themselves is because of the perceived belief that drama therapy provides a safe and comfortable space for patients to express themselves. One respondent said, “In this population it is hard to get the patients to talk about their feelings,’ however, I feel that drama therapy may be a way to get them to open up and explore their feelings in a way that’s a little bit safer and more comfortable.” Another respondent said, “Drama therapy allows patients to express their feelings

and emotions in a way that they may feel uncomfortable talking about in front of a doctor in an interview session.” Therapists may find that a patient acts a certain way and talks about certain things during a therapy session that a doctor may never have noticed if they were basing their judgments on the interviews they have with them. One respondent added, “patients express themselves differently in creative arts therapies that doctors don’t see because they are in a safe environment and can let out their feelings, emotions and what they think.” drama therapy is a safe place for patients to feel comfortable to share and express their feelings. One respondent said that it “allows them to express those feelings. Even if they don’t realize that’s what they’re doing it’s a good tool to process those feelings.”

Problem Solving through Reminiscence

Another theme that people responded with was using drama therapy “allows for reminiscing and the potential for finding a sense of resolution of issues that may have been troubling.” One respondent said, “looking at your life experiences in a different way may provide some additional insight into who you are and what’s going on with your illness.” Another respondent said that drama therapy “helps [patients] to understand themselves and each other, reach goals, and express their thoughts, feelings, and needs.” Another respondent spoke highly of the drama therapist his hospital had and how he “did a great job of allowing the patients to explore parts of themselves that either they weren’t comfortable with or weren’t able to express or parts of themselves they didn’t realize could help them overcome whatever the situation was which is why they were admitted.”

A Creative Outlet for Expression

The last theme is built on the idea that drama therapy provides a creative outlet for patients to express themselves. One respondent said that drama therapy provides the “opportunity for people to engage in an activity that they may not have thought of before, creat[ing] a new interest in an outlet.” Another respondent tied this in with the therapeutic aspect of this by saying “it could help patients gain confidence and better understand themselves, their relationships, and their roles in life.”

Other Perceived Benefits

Other benefits of drama therapy included, but were not limited to keeping their minds working, providing an opportunity for patients to explore themselves, a different form of communication, gaining confidence, and celebrating success.

Research Question #2b - Why do therapists/staff feel that drama therapy would not be a beneficial treatment for geriatric psychiatry patients?

I also asked whether respondents thought that drama therapy would NOT be a beneficial treatment for geriatric psychiatry patients. After reviewing the content of participants’ responses they all narrowed down to the theme of how to integrate patients on different levels of functioning. There were also three responses that did not see any negative outcome to using drama therapy for geriatric psychiatry patients.

Level of Functioning

Many respondents spoke about how drama therapy may not be beneficial for every patient and that it depended on their level of functioning. Having a lower functioning patient in a group session would not only affect their own involvement but, also the other patients participating in the group therapy session. To further explain this, one respondent indicated “someone who is psychotic or overly aggressive and violent it’s not going to work. They can’t

process or sit still. Someone in the end stage of dementia will not be able to follow directions and will not know what is going on...[it] may [also] be challenging for people with expressive aphasia.” Drama therapy also may be seen by staff members as over-stimulating for this population of patients. Overstimulation is a factor that hospital staff members working with geriatric psychiatry patients pay special attention to. The reason for this is because “overstimulation may lead to agitation depending on level of functioning.” Considering that agitation is a common symptom that staff members are watching for in their patients, the last thing that a therapist wants to do is be the cause of a patient to become agitated or aggressive when the whole reason they are receiving treatment is to decrease agitation.

No Negative Outcome

There were three responses from a nurse, a social worker, and a physician’s assistant that did not express any negative outcome to using drama therapy for geriatric psychiatry patients stating, “I don’t see why it would be negative.” However, all of the therapists, especially those who were aware of drama therapy, were able to come up with a few reasons why they thought it might not be beneficial.

Other Concerns

Other responses include: “it could be more frustrating than anything else” and “sometimes people would go too deep too quickly” which is not something a psych patient can easily handle. Respondents were also worried that patients “could confuse reality with dramatic situations.” All of these responses are reasons that contribute to why many hospital staff members believe drama therapy may not be beneficial as a treatment for geriatric psychiatry patients.

Research Question #3 - What are the perceived barriers that prevent drama therapy from being used more in geriatric psychiatric settings?

Lastly, respondents were asked if they felt there were barriers that prevent drama therapy from being used more in geriatric psychiatry settings. The various answers to this question were consolidated into four themes. These themes for what respondents felt were the barriers that prevented drama therapy for being used more in geriatric psychiatry settings are awareness of benefits, lack of staff qualified to conduct therapy, and funding.

Awareness of Benefits

A large portion of the responses regarding the barriers were about the lack of awareness of the benefits that drama therapy had to offer for geriatric psychiatry patients. One respondent said, “I think that no one really knows about it,” a true statement considering many of the respondents had not heard of drama therapy before and asked to be read the definition before moving on with the survey. Even if staff members had heard of drama therapy they were still unaware of the benefits. For example, one respondent said, “I just think people are uneducated about it and don’t understand the usefulness of how helpful it could be. I think they are not exposed to it and exposed to seeing how helpful it can be.” Another respondent who used to have a drama therapist on the unit talked about how “once [staff members] experience an expressive therapist, I have found, the response is extremely positive and they want to keep that in their program.”

Lack of Staff Qualified to Conduct Therapy

Not just anyone is able to conduct a drama therapy session, let alone any therapy session. One must either be a trained drama therapist or a therapist (such as a certified recreation specialist) who has had training in drama therapy techniques in order to successfully run a drama therapy session. For example, one respondent mentioned how the “lack of trained staff who can

facilitate activities” was reason why drama therapy is not used more often with geriatric psychiatry. A nurse technician may be able to lead a group in an improv or acting game, which may be fun for the patients, however, only a therapist would know the evidence-based techniques needed to run the session so that the patients benefit from it in terms of their treatment plan.

Funding

When I asked the survey participants what they perceived the barriers were for why drama therapy was not used more often with geriatric psych patients, the first response many respondents had was “money.” One respondent said, “. . .the barriers to all adjunct therapies seem to be budget, billing and flexibility in treatment provided.” Another respondent added, “I don’t think units can afford it.” If a hospital is going to hire a therapist it makes more sense to hire what they believe is more necessary for the patients. Since there is not much evidence-based research to date on drama therapy being used as an intervention for specifically the geriatric psych population hospitals and insurance companies are less likely to pay for the funding necessary to hire a drama therapist especially when as one responded said, it is “seen as something a tech can do.”

Other Perceived Barriers

Other perceived barriers to incorporating drama therapy into geriatric psychiatry programs include the fact that “space might be an issue in therapy rooms.” Space does not only mean physical space, but also having the availability of a safe and therapeutic environment with no distractions or interruptions such as loud noises, talking, or doctors and nurses coming in to see a patient. Another perceived barrier is, as one respondent put it, the “willingness of staff to learn new techniques and interventions.” If the hospital chooses to have their therapy staff learn

drama therapy tools and techniques to use with patients they may not feel comfortable running this type of session and may not be interested in doing so. However, a very interesting response came from a drama therapist who left the field because of how hospitals had changed over to keeping patients for a shorter stay. His response was, “what I’m seeing now is that since the length of stay has become so short hospitals are focusing on just the basics to get you through your crisis and they don’t want to add extra modalities that are beneficial but would benefit a patient once they became more comfortable in the process and would be able to explore it and you can see short outcomes.” Another barrier is that there are not that many drama Therapists to go around. “NYU and San Francisco had the programs but there is a great gap in the mid-west and more training programs for other creative arts staff.” All of these perceived barriers are legitimate reasons to go along with the negative or unsure feelings towards drama therapy with geriatric psychiatry patient. So how do we raise awareness and change people’s minds?

Research Question #4 - What strategies could be used to increase the awareness of drama therapy in geriatric psychiatric settings?

The last research question in the survey asked that strategies could be used to increase the awareness of drama therapy in geriatric psychiatry settings. The numerous responses to this question were categorized into two themes. Hospital staff members felt that strategies to increase the awareness of drama therapy in geriatric psychiatric settings include, increasing the awareness of the discipline and presenting the results of research.

Increasing Awareness

Many hospital staff members believed that the best way to spread awareness of drama therapy was to hold seminars, workshops, and in-services that would educate people on the benefits and demonstrate the techniques. One respondent said that at these presentations the presenter should “have examples and demonstrations of groups that could use drama therapy,”

which would include the geriatric psychiatry population. It would be important to show how drama therapy would be used for each population and how, even though the interventions would change according to the population, the purpose of the use of drama therapy would remain the same. Another respondent added that the best way to make people more aware is by “doing more in-services, presenting at conferences, contacting hospital administrators and heads of units, getting out there with the Alzheimer’s Association; getting out there.” “Show people that it’s not something to be afraid of. Educating people on it and showing them the improvements it has on people.” Another respondent suggested to “have an outside source come in and explain more about it.” It is refreshing to have someone new come in and teach about a new technique that may be beneficial for the patients.

Present Research Findings

Presenting the results of research to hospitals and their staff is also a huge factor that affects the reasons why a hospital would hire a drama therapist or put money towards the budget to start a drama therapy program. For example, one respondent said, “presenting to clinical staff any research that shows the benefits is powerful because a lot of health care staff base much of their credibility on things that are researched based.” Writing an article, publishing study findings, or even using social media was also said to be strategies that could spread awareness about drama therapy being used as an intervention for geriatric psych patients. For example one respondent said that a great way to increase awareness would be to “write an article in a geriatric magazine/newsletter” while another respondent mentioned the use of “blogs [and] social media.”

CHAPTER 4

DISCUSSION AND CONCLUSION

The main purpose of this study was to assess the awareness of drama therapy in geriatric psychiatry settings, the perceived benefits or limitations of drama therapy, and the potential barriers to implementing drama therapy. I addressed this purpose by surveying hospital staff members about what they know about drama therapy, if they feel drama therapy will benefit their patients, what the barriers are from hiring a drama therapist onto the unit or incorporating drama therapy into their program, and what strategies they believe will help to spread awareness of the benefits of drama therapy for geriatric psychiatry patients.

Awareness

Most of the hospital staff members that I contacted had heard of drama therapy. However, only half of them were aware of it being used as a treatment for geriatric psych patients. The reason for this is that there is little to no research about drama therapy being done for this specific population. Also, the respondents who were aware of drama therapy were mostly therapists. Therefore, drama therapy is not well-known in the geriatric psych setting and, to clinical staff other than therapists, it may be something that they have never heard of.

Utilization

None of the respondents believed that drama therapy was well-known in geriatric psych settings. They either said it was not well-known or they were unsure. When it came to the question regarding utilization, respondents either said that drama therapy was under-utilized in geriatric psych settings or they were unsure. I believe that much of the reason people wrote they were unsure as opposed to a definite yes or no answer was because these were usually the

respondents who were not therapists and were not aware about drama therapy and its implications as a whole, let alone in the geriatric psych setting.

Perceived Benefits of Drama Therapy

Whether or not the respondents had heard of drama therapy before taking the survey, they were provided with a definition of drama therapy from the National Association for drama therapy that gave them a good idea of what drama therapy does. With their own previous knowledge of drama therapy, the knowledge they had from working with geriatric psychiatric patients, and now the knowledge from this definition, 83% of the respondents (i.e. 20 out of 24 people perceived drama therapy to be a beneficial treatment for geriatric psych patients. Two people) said they didn't think it would be and two other people said they still were not sure.

The open ended follow up questions gave more insight to why these respondents felt that way. The themes that emerged from the open-ended question of why respondents felt that drama therapy could be beneficial for geriatric psychiatric patients include freedom of expression, a better understanding of self, relationships, and life, a safe and comfortable space for expression, a creative outlet, and reminiscence in order to problem solve. Although I had anticipated these answers, it was interesting to hear these responses from numerous clinical staff members. They recognized the benefits of drama therapy for their patients and were enthusiastic about it because it is an intervention unlike any other. The reason for this is because theatre and drama techniques are all about the freedom of expression whether it be physical body language, the voice, using words and text, or even just using your mind and memory. It requires no talent or skill and it reaches patients at whatever level they are on (as long as they are appropriate for that given intervention.) It also benefits patients in terms of problem solving and working through how to handle everyday situations through role play. One example of this is giving two patients a

conflict and having them act out the situation and talk to each other in order to come up with a compromise of how to deal with the problem. This technique could help patients who are easily agitated to learn to work through their problems and communicate better with others. It also gives them a space where they are free to express how they truly feel. Patients may also find drama therapy to be a positive outlet for them. It's a creative way for patients to not only have fun but also express themselves in a creative way. Patients can also use drama therapy to reminisce in order to solve the issues they are currently dealing with by using exercises such as role play to act out situations in their past that they may be struggling with as well as situations that may be current or may happen every day. These exercises provide patients with a place to practice handling situations as well as giving them a place to express how they actually feel when put in these circumstances.

Perceived Non-Benefits of Drama Therapy

Although I want to use the results of this study to spread awareness of the benefits of drama therapy, I also must recognize the non-benefits and what respondents' perceptions on what they believed would not be beneficial for geriatric psych patients when using drama therapy as an intervention.

I noticed that the respondents who either were not practicing therapists or were unaware of drama therapy and were hearing about it for the first time, were often the respondents who could not come up with reasons for why it would NOT be a beneficial treatment for geriatric psychiatry patients. However, people who knew a little more about this topic or were therapists who were experienced in running creative arts therapy groups knew what kinds of negative factors might align with drama therapy. For example, a big response to why drama therapy may not be beneficial for geriatric psych patients was due to their level of functioning. Respondents

were worried that drama therapy may not be a beneficial treatment for all patients. Any therapist who studies evidence-based practice will agree with this in any intervention they do. However, this is true not just for drama therapy, but for any type of therapy. As my Recreation Therapist internship supervisor told me, “a therapeutic intervention is like medication, why would you give a patient a pill that they do not need?” If a patient qualifies for a certain drama therapy intervention a good therapist will meet him/her at their level. However, if a bunch of patients (whether high functioning or low functioning) are put into a drama therapy group and the therapist is doing a drama therapy intervention with them, it will only work if the therapist has specifically chosen those patients to be there because the therapist is looking for certain reactions and responses with these patients. Patients who are not appropriate for that group would require constant redirection, may become agitated, would distract the group from receiving quality therapy and, in turn, they would not obtain any of the benefits.

Therefore, I agree with the respondents who said that drama therapy is not for every patient because it may not be. On the other hand, a drama therapist would be experienced on what types of drama therapy interventions work best with higher functioning patients as opposed to lower functioning patients. This same argument could go along with any other creative arts therapy. The intervention will not work if it is inappropriate for that patient. This idea directly correlates with the next theme of the potential for overstimulation. The therapist must be careful to use interventions that will not over-stimulate them. Not only are they psychiatric patients but they are also geriatric patients. Therefore the level of activity needs to be reviewed and decreased mentally and physically from the normal techniques used. Geriatric psychiatry patients are not only dealing with their psychiatric disability, but also the mental and physical disabilities that come with old age. Many respondents also agreed that drama therapy may not benefit this

population because of the additional needs of this population. My argument to that is if other creative therapies are altered and used for this population why can't drama therapy do the same?

Barriers to Using Drama Therapy in Geriatric Psychiatry Settings

According to the respondents, drama therapy is not being used more in geriatric psychiatry due to a lack of awareness, lack of staff qualified to conduct therapy, and a lack of funding. Many of the respondents spoke about how they thought drama therapy was not being used for the geriatric psychiatric population because of the lack of awareness clinical staff and human resources had regarding its benefits. Without an awareness of drama therapy there is no desire or need to incorporate it into the therapy program. This barrier can be fixed by spreading awareness. The lack of staff qualified to conduct this therapy is also a barrier. There are only about 500 registered drama therapists in the country since the first training program started in 1981 and there are only a few training programs just in big cities around the United States (Bailey, 2012). If another kind of therapist were to incorporate drama therapy techniques into their program they would have to be willing to learn it and be qualified to use it as an intervention. Not just anyone can run a drama therapy group and expect to see results. Money also seemed to be a huge barrier. As mentioned before, without awareness of benefits there is no need to hire a drama therapist or provide funding to start a program. Also, hospitals and insurance companies can be very stingy with how they spend their money and if there is not a real reason to hire a drama therapist, they won't. Spreading awareness about the benefits of drama therapy might be one avenue to convey the financial cost savings possible for these institutions through this new type of therapy. Another perceived barrier that respondents mentioned was the lack of space to perform drama therapy. Not only might a drama therapist need the physical space to perform a therapy session, but more importantly, they probably would

require a quiet and comfortable space where the patients will not be easily distracted or disturbed. These kinds of spaces are not always available in a hospital setting especially if the creative arts therapies are not respected by the clinical staff as a serious evidence based intervention.

Strategies to Increase Awareness of Drama Therapy

After asking the question addressing the perceived barriers that hospital staff members think are preventing drama therapy from being used more in a geriatric psychiatry setting, the next question addresses the strategies to increase the awareness of drama therapy for this population. The themes for this include increasing the awareness of the discipline and presenting the results of research. There are numerous seminars and workshops that take place throughout the year for recreation therapists, nurses, occupation therapists. There also are geriatric conferences that have a lot of people who attend and are there for the sole purpose of learning new techniques and ideas from presenters. These conferences are a great place for drama therapists to present their research in order to spread awareness about the benefits that drama therapy has for this population.

Presenting research of the benefits of drama therapy to clinical staff is also highly important especially since many hospitals today are only practicing evidence-based therapies and interventions. Because of this, publishing an article on the research that has been done and resulting benefits would also be a great way to spread awareness. Drama therapists and /or people who are studying drama therapy with this population of geriatric psychiatry patients should write an article or even use social media and blogging to post about their experiences, what interventions they used, and what they saw as the outcome. Another way to spread awareness is by physically showing people the benefits by bringing them into a drama therapy

group session. This way they can witness for themselves how drama therapy works, they can see how the patients benefit from it, and then they can spread the word about what they saw. Once the person has witnessed firsthand the benefits of drama therapy they will more likely be willing to acquire a drama therapy program for their own unit.

There is a great opportunity to increase awareness of drama therapy. As long as there are drama therapists or researchers around to publish and present their findings more and more hospitals will become aware of this intervention and hopefully lead to funding for programs and drama therapists.

Suggestions for Future Research

This study represents the first step in spreading awareness of the benefits of drama therapy for geriatric psychiatry patients. Much more research needs to be conducted in order to make this an actual reality.

In the future, more responses should be gathered from hospital staff. This will allow for more opinions about and perceptions of using drama therapy for geriatric psychiatry patients. I was only able to acquire 24 responses, but with more time I'm sure I would have been able to get a larger sample size. It would also be a good idea interview the people in charge of hiring a drama therapist or the people in charge of funding a drama therapy program in order to see what the process is to make that happen. Who needs to be convinced of the benefits? Would they even have money in the budget for this?

When surveying people I found that I received much more detailed responses from people who participated in a phone interview as opposed to filling out the survey on their own and emailing it back to me. In a phone survey, the respondent cannot skip questions, they provide great quotes, and the researcher can ask follow up questions to get a more elaborate

response to each of the questions. Therefore, in the future the researcher should try to emphasize with personal phone interviews to explore the depth and meaning of their responses.

The next step would then be to conduct rigorous, empirical studies that would actually measure the benefits that drama therapy has for geriatric psychiatry patients. This research will then be evidence-based practice that documents how drama therapy can benefit that specific psychiatric patients receive from a drama therapy intervention. These research studies are imperative for clinical staff to be able to use drama therapy. Evidence-based practice is crucial for clinical staff to work off of since most hospitals require it (as they should) when using therapy with patients. The results of these studies would also be good support when publishing or presenting the benefits of drama therapy for this population.

Once hospitals start using drama therapy as an intervention it would be a good idea to get the opinions of patients and their families to see what they think about this intervention and if they notice the benefits that it supposedly provides.

The unanswered questions from this study include: is drama therapy actually more beneficial for geriatric psychiatry patients? Which patients qualify to participate in the intervention? What information is needed to sway a hospital to pay for a drama therapist or incorporate drama therapy into their existing therapy program? How can insurance companies be convinced that drama therapy is a valid therapy? After all, like other therapies, it could actually end up cutting costs for them by having that patient react positively to therapy instead of taking medication. Another question to address is whether an actual certified drama therapist is needed on the inpatient geriatric psychiatry unit *or* if it would be acceptable to have a recreation therapist include drama therapy techniques into their own program?

Conclusion

After conducting this study, the responses show that there is definitely an interest among clinical staff for drama therapy and there is even potential for it in geriatric psychiatry settings. The battle, however, is the dearth of information on drama therapy in clinical settings and the strategies to overcome that. However, once this information is readily available, most importantly evidence of benefits accrued by patients' health providers may be in a better position to include drama therapy in their settings. The whole reason for conducting this research was to contribute to increasing quality of life for inpatient geriatric psychiatry patients. I believe drama therapy is one mechanism for doing that.

REFERENCES

Bailey, S. Phone Interview, March 31, 2012

Bailey, S., MFA, MSW, RDT/BCT. (2011, December 27). Acting for fun: drama with older adults [Web log post]. Retrieved from
http://www.dramatherapycentral.com/index.php?option=com_content&view=article&id=127:amelia&catid=56:articles&Itemid=195

Batson, P. (1998) 'drama as therapy: bringing memories to life.' *Journal of Dementia Care* 6, 4, 19-21.

Casson, John. (2004) drama, Psychotherapy and Psychosis (*dramatherapy and Psychodrama with People Who Hear Voices*). Brunner-Routledge. ISBN 1-583-98805-1.

Cohen, G. D. (2006, Spring). Research on Creativity and Aging: The Positive Impact of the Arts on Health and Illness. *Generations*, 30(1), 7-15.

Jones, P. (2010). drama as therapy: Volume 2. London: Routledge. p.178

How common is suicide among older adults? (2007, April). *Older adults: depression and suicide facts* [Fact sheet]. Retrieved April 6, 2012, from National Institute of Mental Health website:
<http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts-fact-sheet/index.shtml>

Killick, J. (2010, November/December). The funshops: improvised drama and humor. *Journal of Dementia care*, 18(6), 14-15.

Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: final data for 2002. *National Vital Statistics Reports*. 2004 Oct 12;53 (5):1-115.

Sondag, N., RDT/BCT., & Weisberg, N., RDT/BCT. (n.d.). *drama therapy for a geriatric population* [Fact Sheet]. Retrieved from National Association for drama therapy website:
<http://www.nadt.org/assets/documents/geriatric-fact-sheet.pdf>

Noice, T. Phone Interview, March 31, 2012.

Noice, Helga and Noice, Tony(2008)'An Arts Intervention for Older Adults Living in Subsidized Retirement Homes', *Aging, Neuropsychology, and Cognition*,16:1, 56 -79

Noice, H., Noice, T., & Staines, G. (2004). A short-term intervention to enhance cognitive and affective functioning in older adults. *J Aging Health, 16*(4), 562-585

Vorenberg, B. Phone Interview, April 6, 2012

APPENDIX A.**LIST OF GERIATRIC PSYCHIATRY UNITS CONTACTED**

Alabama

- **Grove Hill Memorial Hospital**

California

- **UCLA Health System**

Connecticut

- **Bridgeport Hospital**
- **Hartford Hospital**
- **Yale-New Haven Psychiatric Hospital**

Delaware

- **Rockford Center**

Florida

- **Springbrook Hospital**

Georgia

- **Emory Healthcare**

Idaho

- **Intermountain Hospital**

Illinois

- **Edward Hospital & Health Services**

Indiana

- **Daviess Community Hospital**
- **St. Mary's Warrick Serenity Unit -**

Iowa

- **Mahaska Health Partnership**

Kansas

- **Prairie View**

Kentucky

- **The Ridge Behavioral Health System**

Louisiana

- **Jennings Senior Care Hospital**

Maine

- **Maine Medical Center**

Maryland

- **The Johns Hopkins Hospital**

Maine

- **McLean Hospital**

Michigan

- **Sparrow Behavioral Health**

Missouri

- **Truman Medical Center Lakewood location**

Nevada

- **Spring Mountain Sahara**

New Hampshire

- **West Central Behavioral Health**

New Jersey

- **Barnabas Health**
- **Bergen Regional**
- **Hampton Behavioral Health Center**

New York

- **Beth Israel Medical Center**
- **Gracie Square Hospital: Inpatient Geriatric Psychiatry**
- **The Mount Sinai Medical Center**
- **Kingsbrook Jewish Medical Center**

Ohio

- **Alliance Health Center**

Oklahoma

- **Laureate- St Francis Health Systems**

Pennsylvania

- **The Horsham Clinic**

Rhode Island

- **Jane Brown Building at Rhode Island Hospital**

South Carolina

- **MUSC Health**

Tennessee

- **Parthenon Pavilion**

Texas

- **Titus Regional Medical Center**

Virginia

- **Piedmont Geriatric Hospital**

Wisconsin

- **Stoughton Hospital**

APPENDIX B

INFORMED CONSENT LETTER AND SURVEY INSTRUMENT

Subject: Penn State Honors Student Researching the Perceptions of Drama Therapy

March 21, 2012,

Dear Staff Member working on Inpatient Geriatric Psych Unit,

I am a senior at Penn State University writing my honors thesis about the perceptions of drama therapy used as an intervention for inpatients admitted to the geriatric psych unit of a hospital. I am working with The College of Health and Human Development at Penn State to conduct a survey of your opinions regarding drama therapy as an intervention for this specific population. As a way of saying thanks, those who participate in the survey will be entered in a drawing for a \$20 gift card to Starbucks. Two winners will be randomly selected by April 9th, 2012. This survey is being conducted for research purposes and results will help to increase awareness about drama therapy in order to perform research on how drama therapy will benefit patients admitted to geriatric psych units.

Your opinions are important, since you are one of a small group of staff members working with inpatients on geriatric psych units randomly selected to give us your opinions about using drama therapy as an intervention. It will take approximately 10 minutes to complete this voluntary survey. Only overall results will be reported and you will not be identified in anyway with your responses. There are no penalties for not answering some or all of the questions, but since each randomly selected person will represent many other staff members working on inpatient geriatric psych units, your cooperation is extremely important. You may terminate your participation in this survey at anytime. There are no risks in participating in this research beyond those experienced in everyday life.

Questions about this survey may be forwarded to me, Nicole Wells, by phone: (201) 575-3020 or by email: new5037@psu.edu. Completion of this survey implies that you have read the information in this form and consent to participate in this research. Please keep this form for your records or future reference.

I greatly appreciate your participation and input.

Sincerely,

Nicole Wells
(Honors Student)

Andrew J. Mowen, Ph.D.
(Thesis Chair)

Deborah Kerstetter, Ph.D.
(Thesis Committee Member)

**Your Awareness and Opinions about drama therapy in a Geriatric Psychiatry Setting
A Brief Questionnaire**

The purpose of this study is to document the awareness and perceptions of health professionals toward drama therapy in a geriatric psych setting. This study is part of an undergraduate honors thesis being conducted in the College of Health and Human Development at The Pennsylvania State University. This survey is voluntary and your responses will be kept confidential. This survey is being done for research purposes and should take no longer than 10 minutes. Study findings will assist drama therapists and geriatric psych units to better understand the potential drama therapy has in these settings and potential barriers to incorporating drama therapy as a treatment. Questions about this survey may be directed to Nicole Wells at new5037@psu.edu - Thank you in advance for your participation!

Part One – Information about You and your Psychiatric Unit

1. What is your role or position in your organization? (check one)
 - Unit Head or Administrator
 - Therapist
 - Nurse
 - Staff Member
 - Other – Please describe _____

2. How long have you worked in a geriatric psychiatry setting? (check one)
 - Less than 5 years
 - 6 – 10 years
 - 11-20 years
 - 21 or more years

3. What is the name of your hospital or organization? _____

Part Two – Your Awareness and Opinions Concerning drama therapy

The following questions are about drama therapy and its use as a treatment in geriatric psychiatry settings.

4. Are you aware of what drama therapy is?
 - Yes (Go to Question 5)
 - No (Skip to Question 6)

5. Are you aware that drama therapy has been used a treatment for geriatric psychiatry patients?
 - Yes
 - No (Please read a brief definition below before completing the rest of the questionnaire)

“drama therapy is the systematic and intentional use of drama/theatre processes and products to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. drama therapy is an active, experiential approach that facilitates the client's ability to tell his/her story, solve problems, set goals, express feelings appropriately, achieve catharsis, extend the depth and breadth of inner experience, improve interpersonal skills and relationships, and strengthen the ability to perform personal life roles while increasing flexibility between roles.”

- The National Association for drama therapy.

6. After reading the definition above do you feel that drama therapy is a beneficial treatment for geriatric psychiatry patients?
 - Yes (please complete Question 7 on next page, then go to Question 9)
 - No (please complete Question 8 on next page, then go to Question 9)
 - Unsure (skip to question 9 on next page)

7. In your own words, why do you feel that drama therapy is a beneficial treatment for geriatric psychiatry patients?

8. Why do you feel that drama therapy is not a beneficial treatment for geriatric psychiatry patients?

9. Do you feel that drama therapy is underutilized in geriatric psychiatry settings?

Yes (Complete Question 10, then go to Question 11)

No (Skip to Question 11)

Unsure (Skip to Question 11)

10. What do you feel are the barriers that prevent drama therapy from being used more in geriatric psychiatry settings?

11. Do you feel that drama therapy is well known in geriatric psychiatry settings?

Yes (Complete Question 12)

No (Skip to Question 13)

Unsure

12. What strategies do you think could be used to increase awareness of drama therapy in geriatric psychiatry settings?

13. Is there anything else you would like to share regarding drama therapy in geriatric psychiatry settings?

You are finished! Thank you very much for participating in this survey. Please check yes below if you would be interested in hearing the results of this study.

Yes, send me the results at the following e-mail address _____

No, thank you

Nicole Wells

new5037@psu.edu
(201)-575-3020

Penn State Address

604 Geary Hall
University Park, PA 16802

Home Address

23 Sherwood Drive
Hillsdale, NJ 07642

Objective: To obtain a career as a Recreational Therapist or Drama Therapist in a hospital or other clinical setting.

Education: **The Pennsylvania State University- University Park, PA**
B.S. Recreation, Parks, and Tourism Management- Therapeutic Recreation
Minor: Theatre
Expected Graduation: May 2012, with honors
Schreyer Honors College

Internship: Bridgeport Hospital- Bridgeport, CT (May 2011-August 2011)

Geriatric Psychology Unit

Recreation Therapy Intern

- Assess, set goals, create interventions
- Evidence-based individual and group interventions
- Written and computer based documentation
- Report to treatment team
- Research, develop, and implement new therapy session

Other Experiences:

Residence Life at Penn State, University Park, PA (Aug 2010-May 2012)

Resident Assistant

Campbell and Pine Orthodontics, State College, PA (Jan 2012-May 2012)

Orthodontic Assistant

The State Theatre, State College, PA (Jan 2012-March 2012)

Concessions/Usher/Merchandise

Foxdale Village, State College, PA (Oct 2010- May 2011)

Therapeutic Recreation Volunteer

Easter Seals, Port Matilda, PA (Sept-Oct 2010)

Therapeutic Horseback Riding Volunteer

Second Mile the Challenge Program, Downingtown, PA (August 2010)

Camp counselor for youth at risk

Hackensack University Medical Center, Hackensack, NJ- (June-July 2010)

Child Life Volunteer

Shaver's Creek- Outdoor School, Petersburg, PA (May 17-21, 2010)

Cabin Counselor/Teaching Assistant

The Gardens Assisted Living Home, Emerson, NJ- (Sept.- Nov. 2007)

Activities Volunteer

University Activities:

Women's Leadership Initiative
Penn State's "No Refund Theatre," President, Actor, Director
School of Theatre/School of Film's sitcom *304*
Penn State Thespians
"None of The Above," an a Capella group
School of Music's Oriana Singers
Circle in the Square Theatre School- Summer Musical Theatre Workshop

Honors/Awards:

Edward and Helen Hintz Trustee Scholarship 2010 & 2011
Anna Belle Beier Scholarship 2010 & 2011
Fred M. Coombs Scholarship 2010
Tewksbury Trustee Scholarship 2009
University Scholar, Schreyer Honors College 2009-2012