

Is it really time to play?

A study of the use of drama therapy as a method of treatment in early psychological intervention after traumatic events of mass magnitude.



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Introduction

After events of mass trauma, there is often an emphasis placed on physical wellbeing and safety and little on psychological recovery. Early intervention could help in the prevention of developing chronic mental and comorbid illnesses. This qualitative study looked at the use of drama therapy as an early intervention modality to explore its benefits and/or disadvantages at this stage of intervention.

Review of the literature

Why is Early Intervention Important?

- To facilitate a smoother transition to normalcy (Hobfoll et al., 2007)
- To prevent development of chronic mental and physical illnesses

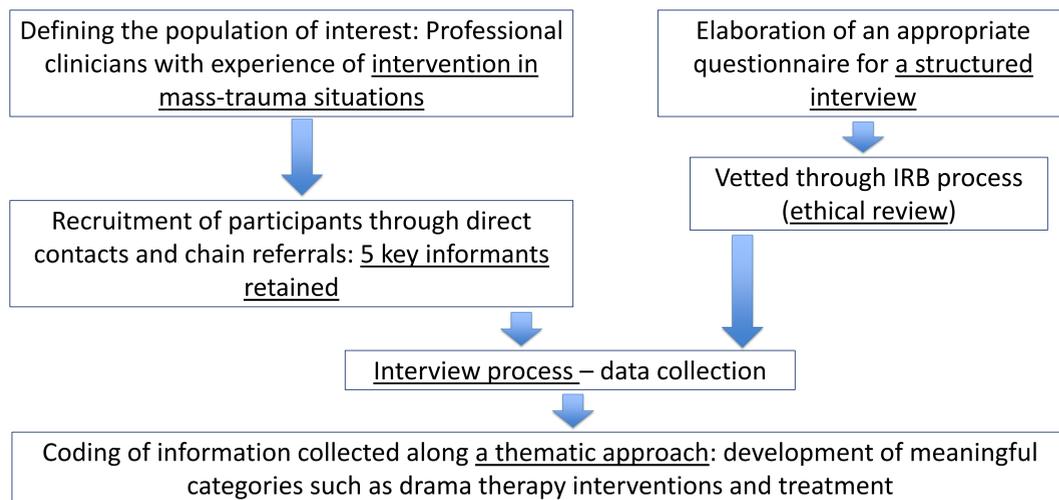
Early Intervention in Psychology

- 5 targeted elements: promoting a sense of safety, calming, a sense of self- and collective-efficacy, connectedness, and hope (Hobfoll et al., 2007)
- Allows for some cross-cultural flexibility (Ruzek et al., 2007)
- Psychological debriefing is the most evidence-based intervention documented, but it brings controversies.
- Attention paid to who delivers the care → risks of vicarious trauma and PTSD

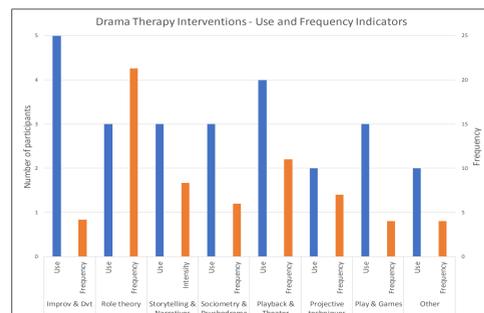
Early Intervention in Drama Therapy

- What best served the 5 targeted elements:
 - ✓ Play and the playspace
 - ✓ Roles and storytelling
 - ✓ Dramatic projection and projective techniques

Methodology: A pragmatic framework approach

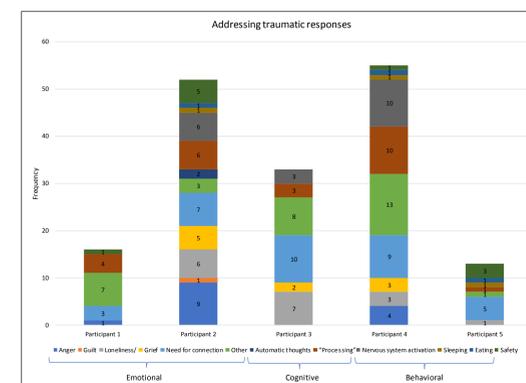


Results



Graph 1 - Drama therapy interventions use by number of participants based on theme coding

Graph 2 – Frequency of occurrences of traumatic responses addressed by clinicians in early intervention

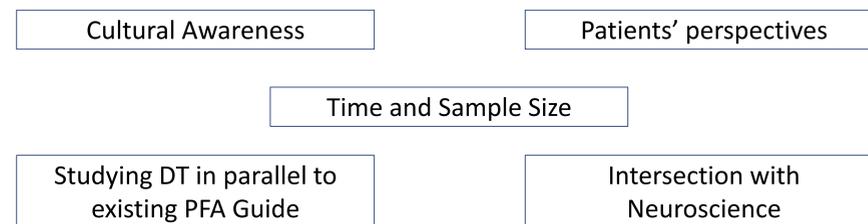


More results in areas related to cultural awareness, therapist's self-efficacy, and measures of effectiveness, and other elements of interventions.

Discussion

- Difficult to find a trend in which DT intervention was the most effective → similarities in underlying core qualities might participate to this difficulty.
- Clinicians' sense of self-efficacy seemed to be lower with fewer years of experience and/or presence of professional support and supervision at time of crisis.
- Need to think about how cultural differences, values or norms may impact treatment (Sue & Sue, 2008) → having a member of the community affected in the treatment team as the "bridge" could foster trust and connection (participant 3).
- Therapeutic alliance and how care is delivered showed as much importance, if not more, than techniques employed.
- Flexibility in practice is necessary to respond to unexpected and diverse responses.
- Psychoeducation is often given in acute intervention → how could drama therapy be used to disseminate this information?

Recommendations



Selected References

The summary information presented in this poster takes ground in an extensive review of the literature. Only a selected few are presented here.

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