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Playing in an Earthquake: Development of a Method Integrating TraumaPlay and Drama Therapy Core Processes

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Abstract

TraumaPlay is a specific play therapy model designed to meet the unique needs of children with exposure to traumatic and/or adverse experiences through clearly identified treatment components. With this, drama therapy has also been considered as a viable treatment option, particularly in the school setting, for children with exposure to traumatic and/or adverse experiences. Additional literature has identified overlaps between play therapy and drama therapy practices. As such, the aim of this thesis was to propose a method which explores whether the drama therapy core processes can be integrated with TraumaPlay's foundational treatment goals to augment the therapeutic process of a child with exposure to traumatic and/or adverse experiences. This method was implemented during two sessions of individual school-based counseling with one child who has a known trauma history. The results of this process showed promising outcomes for using the core processes of distancing, dramatic projection, embodiment, dramatic reality, and dramatic play to amplify positive coping skills, soothe the physiology, increase emotional literacy, address the thought life, and make positive meaning of the post-trauma self. This exploration suggests that the integration of drama therapy core processes with TraumaPlay components has the potential to augment the therapeutic process of children who have experienced trauma and/or adverse experiences.

Keywords: drama therapy, core processes, play therapy, TraumaPlay, trauma, children

Author Identity Statement: I acknowledge my experiences as a straight, White, middle-class woman from New England who has had few opportunities to work with marginalized communities until entering my graduate program. In developing and implementing this method, I consciously centered the experience of the diverse clients with whom I work and enlisted them as co-collaborators and experts in their treatment trajectory.

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Picture this. A child is sitting innocently on the couch of their home, watching television with their stuffed puppy sitting in their lap. Around them is a carefully crafted selection of picture frames on sturdy wooden shelves. In the next room over are four chairs perfectly tucked under a table set with another night's routine dinner when, suddenly, the ground beneath the child begins to shake. Their eyes dart from the television to the rattling shelves as the picture frames tumble and crack onto the wood below. The tipping of chairs in the kitchen creates an echoing, jarring thud, and all the child can do is cover their ears, close their eyes, and wait for the earthquake to pass. The next day, the child is sitting at a desk in a colorful classroom. As the teacher leans against the white board, a marker falls, and a dull, jarring thud echoes around the room. The child startles, ducks under the desk, and cries. *It's happening again.*

The initial experience of trauma is often unexpected (Cross et al., 2017) and has been referred to as an earthquake, a destructive force with immense power (Jaff et al., 2021). Through this event, children who have been exposed to trauma may experience feelings of helplessness, vulnerability, loss of safety, and loss of control which, in turn, continue to manifest through aftershocks (Goodyear-Brown, 2010). These aftershocks, or periods of dysregulation in which the child is attempting to regain a lost sense of safety or control, might be marked by somatic symptoms, such as headaches, dizziness, or shortness of breath, and behavioral indicators like hypervigilance, difficulties with attachment, increased risk-taking, and lack of impulse control (Cross et al., 2017; Goodyear-Brown, 2010; Ryan et al., 2017). Therefore, it is important to support the child to identify the warning signs of an aftershock and effectively prepare themselves before the world begins to shake.

To treat the effects of trauma on child development, Goodyear-Brown (2010) developed TraumaPlay, a components-based, flexibly sequential play therapy model which mirror a child's therapeutic needs following the experience of trauma and inform and guide the trajectory of treatment. Similarly, drama therapy's use of metaphor has been identified as a healing tool with its ability to facilitate communication of hard-to-express experiences from a safe distance away from the original trauma (Sajnani et al., 2019). Moreover, some of drama therapy's core processes have been shown to support a student's ability to self-regulate, ground, and focus, as well as affectively process and build resilience to other life stressors and adverse experiences (Mayor & Frydman, 2021). Together, the successful joining of play therapy and drama therapy is posited to lead to "a heightened form of communication, heightened coping, better problem-solving and social skills, and, ultimately, to problem resolution" (Harvey, 2015, p. 306). As such, this thesis builds on existing literature and capitalizes on the opportunity for logical scaffolding within the fields of play therapy and drama therapy by exploring the question: *can the drama therapy core processes be integrated with TraumaPlay's foundational treatment goals to augment the therapeutic process of children who have experienced trauma?*

In this thesis, I will review the existing literature on the effects of trauma on child development specific to emotion regulation, play therapy and its specific subsets, drama therapy and its core processes, as well as the use of play therapy and drama therapy as potentially effective treatment modalities for children in school settings. Subsequently, I will introduce a method which integrates TraumaPlay's foundational treatment goals (Goodyear-Brown, 2010) with drama therapy's core processes (Frydman et al., 2022) and report on the results of its implementation in a school setting across two individual sessions with a client for whom the method was clinically indicated. This report will consist of both arts-based and narrative

reflections of my own observations. Lastly, I will make recommendations for future clinical considerations and research trajectories. It is the hope that this thesis will initiate a discourse between play therapists and drama therapists on how to conceptualize trauma and its effects, as well as provide new insights on potential ways to structure treatment effectively and appropriately for children with exposure to traumatic and/or adverse experiences.

Literature Review

Trauma and Adverse Experiences in Childhood

The Substance Abuse and Mental Health Services Administration (2014) defines trauma as an individual's experience of an event, series of events, or set of circumstances that is physically or emotionally harmful or threatening, and that adversely impacts one's functioning and well-being in physical, social, emotional, or spiritual domains. Specifically regarding trauma in childhood, in their discussion of a multidisciplinary trauma treatment model, Ryan et al. (2017) highlight similar impacts of toxic stress, defined as "the outcome of prolonged and chronic stress and intense physiologic responses by the child *in the absence of a relationship and the presence of a caring adult*" (Ryan et al., 2017, p. 113, italics in original), on child development. Of note, toxic stress can contribute to maladaptive emotional, behavioral, and cognitive responses such as impulsivity, hypervigilance, and difficulties with emotion regulation. These definitions are supported by research on adverse childhood experiences (ACEs), or stressful or traumatic events that people experience in early life (Blodgett & Lanigan, 2018), such that several studies demonstrate a relationship between ACEs and adverse impacts on child development (Bethell et al., 2014; Blodgett & Lanigan, 2018).

A study by Bethell et al. (2014) utilized data from the 2011-2012 National Survey of Children's Health (NSCH) to evaluate associations between nine ACEs and chronic conditions,

health risks, and school performance in childhood. They also assessed the role of resilience in mitigating the adverse impacts of ACEs on child development. The nine ACEs explored in the survey included experiences of extreme economic hardship, having divorced or separated parents, living with someone with an alcohol or drug problem, or who was mentally ill or suicidal, witnessing or was victim of neighborhood violence, witnessing domestic violence, having a parent who served time in jail, being treated or judged unfairly due to race/ethnicity, or experiencing the death of a parent. Results indicated that, of the 95,677 children surveyed, those who reported ACEs were more likely to have a chronic health condition, such as attention deficit hyperactivity disorder, asthma, and obesity, than children who did not. These findings were supported by Blodgett and Lanigan (2018) in their analysis of the association between ACEs and school success in elementary school children. Specifically, they identified a negative correlation between exposure to ACEs and risk of poor school attendance, behavioral difficulties, and failure to meet grade-level standard expectations in reading, writing, and math. Together, these studies suggest that the impacts of ACEs begin in early childhood and provide a basis from which future interventions can be informed to ameliorate the long-term adverse impacts on development.

Emotion Regulation

The relationship between exposure to adverse experiences in childhood and impacts on child development has been well researched (Bethell et al., 2014; Blodgett & Lanigan, 2018), and additional studies have looked specifically at the construct of emotion regulation in response to traumatic and/or adverse experiences (Cross et al., 2017; McLaughlin et al., 2015; Ryan et al., 2017). Cross et al. (2017) reviewed the neurobiological impact of interpersonal trauma in childhood on executive functioning, emotion regulation, and dissociation/interoceptive awareness due to its likelihood to persist across child development and present in multiple forms.

The authors operationalized interpersonal trauma as physical, verbal, and sexual abuse, physical and emotional neglect, and witnessed family violence. Furthermore, emotion regulation is understood as strategies, such as awareness, understanding, and acceptance of emotional experiences which help manage cognitive, behavioral, and physiological responses to emotion. The researchers note these strategies are typically developed in relation to a caregiver or other supportive adult where the adult models naming and expressing emotions, as well as behavior regulation. However, as interpersonal violence often involves a caregiver or domestic violence, the opportunities for modeling might be absent and the child subsequently experiences deficits in the domain of emotion regulation across the lifespan (Cross et al., 2017). These deficits may present as paying more attention to negative or threatening stimuli, impairments in emotion recognition in self and others, and difficulties regulating or reevaluating distress (Cross et al., 2017; McLaughlin et al., 2015; Ryan et al., 2017).

The impact of trauma in childhood on emotion regulation has been well-documented (Cross et al., 2017; McLaughlin et al., 2015; Ryan et al., 2017). With this, subsequent considerations for future interventions often focus on integrating protective factors in the environment, including supportive and responsive caregivers and peers, and using alternative treatment approaches which do not focus explicitly on the trauma but invite an attunement between mind and body (Cross et al., 2017; Ryan et al., 2017). Specifically, Ryan et al. (2017) introduced a multidisciplinary model for treating children who have experienced trauma with a clear basis in neurobiologically and developmentally appropriate perspectives. The Circle Preschool Program model "supports neural change by addressing positive responsivity in caregivers, the development of secure attachment systems, the regulation of physiological systems, and the regulation of affect and moods" (Ryan et al., 2017, p. 115). In this, fundamental

components include interventions that support sensory integration and processing through positive repetition, sensory-motor activities, and feelings of control and safety, as well as those that are grounded in play therapy (Goodyear-Brown, 2010; Kottman & Meany-Whalen, 2018).

Play Therapy

Kottman and Meany-Whalen (2018) conceptualize play therapy as "a relationship in which a trained therapist creates a safe space for clients to explore and express themselves" (p. 6). It is proposed that play is ideal for children as it bypasses the need for language and, in doing so, augments communication, emotional wellness, social relationships, and personal strengths (Goodyear-Brown, 2010; Kottman & Meany-Whalen, 2018). Within this, twenty therapeutic powers of play have been identified, including self-expression, access to the unconscious, stress management, resiliency, and self-regulation (Kottman & Meany-Whalen, 2018). By staying attuned to the child in the metaphor of the play, encouraging expansion of emotional content, and co-regulating, the child is offered a corrective experience where they learn to self-regulate, play, and relate to others in new ways (Goodyear-Brown, 2010; Kottman & Meany-Whalen, 2018; Ryan et al., 2017). This claim is further supported in the context of non-directive, child centered play therapy (CCPT) (Ahuja & Saha, 2016; Ewing et al., 2014), directive approaches (Boyer, 2010; Tucker et al., 2017), as well as a more flexible, integrative orientation (Goodyear-Brown, 2010; Goodyear-Brown, 2011).

Non-Directive

Ahuja and Saha (2016) considered the role of non-directive CCPT in building resilience, or adaptability and ability to rebound from stressful, demanding, and adverse situations, in childhood. A non-directive approach emphasizes the ability of the child to initiate, titrate, and direct their own self-healing process when in the presence of a benevolent, supportive other

(Ahuja & Saha, 2016). Specific therapist skills utilized in non-directive orientations include "tracking, restating content, reflecting feelings, returning the responsibility to the client, questioning, observing, and setting limits" (Kottman & Meany-Whalen, 2018, p. 14). These are all done in the service of establishing and maintaining a safe and therapeutic rapport with the client. Within this therapeutic relationship, it is believed that the therapist's demonstration of unconditional positive regard and empathy is sufficient and necessary to empower and equip the child with the skills needed to elicit change (Ahuja & Saha, 2016; Kottman & Meany-Whalen, 2018). As such, Ahuja and Saha (2016) conclude in their review that a non-directive approach might be an effective treatment modality for children with adverse experiences to gain a sense of mastery and work toward positive identity development.

While Ahuja and Saha (2016) broadly reviewed the role of non-directive play therapy in building resilience, a study by Ewing et al. (2014) focused more closely on the role of CCPT in the treatment of children presenting with internalizing and externalizing, or otherwise disruptive, behaviors. Ewing et al.'s (2014) research aimed to investigate alternative ways of providing therapeutic support to children on waiting lists for services. Under the supervision of play therapists, school personnel were trained in non-directive play therapy and they conducted sessions with 109 children ages three to 14 who presented with anxiety, stress, and depression, as well as difficulties in behavioral, conduct, cognitive, and social domains. Results indicated that non-directive play therapy might be an effective treatment for improving pro-social behavior and reducing internalizing and externalizing behaviors in children according to teacher, parent/caregiver, and child ratings on pre- and post-questionnaires.

Although ample research on non-directive CCPT indicates it is an effective treatment modality for children (Ajuja & Saha, 2016; Ewing et al., 2014; Kottman & Meany-Whalen,

2018), Gil (2016) emphasized that children who have experienced trauma have specific needs that must be considered. Specifically, as children with exposure to complex trauma commonly show signs of impairment in areas such as attachment, emotion regulation, behavioral control, and self-concept, Gil (2016) identified a need for the utilization of evidence-based practices to address these domains in treatment. For this reason, directive play therapy orientations (Boyer, 2010; Tucker et al., 2017), as well as one which takes an integrative approach are also considered (Goodyear-Brown, 2010; Goodyear-Brown, 2011).

Directive

Directive play therapy is defined as approaches which are tailored to the individual needs of the client with a focus on relational, emotional, and cognitive mastery, and informed by evidence- and practice-based research (Gil, 2016). Ecosystemic play therapy (EPT) and theraplay are identified as the two most directive play therapy approaches (Kottman & Meany-Whalen, 2018). A study by Boyer (2010) utilized EPT, a model which considers the child within the context of their ecosystem to teach them how "to get their needs met without interfering with others' ability to get their needs met, to enhance attachment relationships, and to develop resources for reducing psychopathology and coping with interpersonal problems" (Kottman & Meany-Whalen, 2018, p. 61). With this, there is an emphasis on cultural adaptation in the selection of interventions that facilitates a therapeutic relationship between therapist and child. These interventions are often structured within the theraplay model's four components of structuring, challenging, intruding, and nurturing which lay the groundwork for future corrective experiences (Boyer, 2010; Tucker et al., 2017). This was seen in Boyer's (2010) case study on the use of EPT with an Urban First Nations youth and family, as well as in Tucker et al.'s (2017) use of theraplay, a model geared toward supporting attachment, with preschool children who

were identified as “at-risk” in a school setting. Both studies indicate these directive approaches to play therapy were effective in reducing problem behaviors associated with oppositional defiant disorder (Boyer, 2010) and anxious, aggressive/hostile, and hyperactive/distracted symptoms (Tucker et al., 2017).

Like CCPT and other non-directional orientations, although research demonstrates that directive approaches to play therapy are effective in reducing problem behaviors and increasing more pro-social behaviors, Kenney-Noziska et al. (2012) emphasize that one theoretical orientation of play therapy will not work for every child. Instead, they encourage clinicians to consider the specific needs of their client under their particular circumstances to determine what play therapy approach, either non-directive or directive, is most effective. With this, Gil (2016) posits that integrative approaches are uniquely suited to engage children in their mode of expression, and her stance is consistent with literature which espouses the use of single theoretical approaches. Instead, there has been a push in favor of “combining different theoretical models in a clinically grounded, integrated manner to address the needs of children, including those impacted by abuse and trauma” (Kenney-Noziska et al., 2012). As such, Gil (2016) and Kenny-Noziska et al. (2012) conclude that, in order to effectively treat children with exposure to traumatic and/or adverse experiences, it is necessary to integrate elements of both non-directive and directive interventions (Goodyear-Brown, 2010; Goodyear-Brown, 2011).

A Flexibly Sequential Approach: TraumaPlay

Gil’s (2016) recommendation that flexibly integrated non-directive and directive approaches to play therapy are ideal in the treatment of children who have experienced trauma is evident in Goodyear-Brown’s (2010) model. It is referred to as a components-based, flexibly sequential play therapy model, formerly known as Flexibly Sequential Play Therapy and now

referred to as TraumaPlay. In this model, the work is centered around seven foundational treatment goals, including (1) enhancing safety and security, (2) assessing and augmenting coping, (3) soothing the physiology which involves relaxation and stress management, and parents as soothing partners, (4) increasing emotional literacy, (5) play-based gradual exposure which encompasses continuum of disclosure, experiential mastery play, and trauma narrative, (6) addressing the thought life, and (7) making positive meaning of the post-trauma self (Goodyear-Brown, 2010). While the model is considered phase-based, the therapist is free to move flexibly along the framework with space to integrate directive, props-based interventions or to trust the child's ability to maneuver within the metaphor of play with little contribution or direction on the part of the therapist (Goodyear-Brown, 2010; Goodyear-Brown, 2011).

Drama Therapy

While research has demonstrated the effectiveness of play therapy in the treatment of children, existing literature has also considered the role of drama therapy as a viable treatment modality for children with exposure to traumatic and/or adverse experiences (Feldman et al., 2015; Harmer, 2022; Mayor & Frydman, 2021; Sajnani et al., 2019; Ventura, 2021). Drama therapy is defined by the North American Drama Therapy Association as "the intentional use of drama and/or theatre processes to achieve therapeutic goals" (2021, para. 1). Within this, concepts such as dramatic reality (Armstrong et al., 2016; de Witte et al., 2021), metaphor as healing tool (Sajnani et al., 2019), aesthetic distance (Armstrong et al., 2016; Cassidy et al., 2017, de Witte et al., 2021), and dramatic embodiment (Armstrong et al., 2016; de Witte et al., 2021; Mayor & Frydman, 2021) are identified as core factors to drama therapy and its ability to incite change. However, underlining these factors are the core processes, defined as common and

consistent factors across all approaches within the field of drama therapy (Frydman et al., 2022; Jones, 2007; Mayor & Frydman, 2021).

Drama Therapy Core Processes

The intention behind Jones' (2007) original core processes was to "try to distil and describe what might be at work within any dramatherapy" (p. 82) and how drama and/or theatre processes can be therapeutic across all drama therapy domains. The initial identification of these processes provided a platform from which additional movements could build, such that, over the past few decades, there has been an effort to increase empirical research in the field of drama therapy (Frydman et al., 2022). Subsequently, Frydman et al. (2022) began to build on and clarify Jones' work with Mayor and Frydman (2021) noting that the collection of literature pertaining to the core processes often contains overlapping or differing verbiage. Their recommendations for the future included more accurately conceptualizing and operationalizing the core processes to support a collective understanding of the common factors across drama therapy approaches.

In a Delphi study, Frydman et al. (2022) began the work of more accurately conceptualizing and operationalizing the core processes by developing a schematic which identified the core process, what it is, what it does, and what is observed during the session. The processes included in the schematic were active witnessing, distancing, dramatic play, dramatic projection, embodiment, engagement in dramatic reality, and multidimensional relationship. Of note, while there was some agreement between Jones (2007) and Frydman et al. (2022) related to the inclusion of core processes in the case of dramatic projection and embodiment, divergence also existed, such that role playing and personification, playing, life-drama connection, and transformation were omitted, while dramatherapeutic empathy and distancing, and interactive

audience and witnessing underwent name changes. The development of the method reviewed within this thesis utilizes the schematic created by Frydman et al. (2022) to align with a more communally conceptualized and operationalized framework and scaffold on newer research in the field of drama therapy. In Frydman et al.'s (2022) schematic, the following conceptualizations were provided for each core process.

Active Witnessing. Active witnessing pertains to the client being both witnessed by others and witness to others simultaneously. This can create a heightened experience where perspective is created for those who are witnessing, and those who are being witnessed have the felt sense of being supported, held, and validated while also being offered the opportunity to take on a new perspective or understanding.

Distancing. Distancing is the titration between emotion and cognition through dramatic engagement which supports the client in tolerating emotions, and facilitates the expansion of perspectives, awareness, and capacity for self-regulation.

Dramatic Play. Dramatic play involves engagement in a co-created relationship with reality which is improvised and utilizes imagination and spontaneity. New possibilities are generated through the development of interpersonal flexibility as the client explores aspects of reality in a contained, *as if* environment.

Dramatic Projection. Dramatic projection relates to the outward expression and representation of aspects of the self as well as external factors onto dramatic material such as puppets, text, or role, which is subsequently engaged with. Through this engagement, aesthetic distance is achieved as the client is invited to move toward and away from the dramatic material, and a dialogue is established between inner experiences and external expression which facilitates insight, perspective, and behavioral change.

Embodiment. Embodiment is an intentional inhabiting of the body where sensations, touch, and inner experiences are attended to, and a connection between mind, body, and emotion is nurtured. More broadly, embodiment invites considerations of societal impacts on bodily experience and can expand one's insight and perspective in kinesthetic domains.

Engagement in Dramatic Reality. Engagement in dramatic reality is marked by an intentional transition between external reality to an in-between place where the imaginal can be made real. Within this imaginal reality, the client is free to express their internal experience and rehearse new responses to familiar situations.

Multidimensional Relationship. The multidimensional relationship exists between the client(s), drama therapist(s), and the dramatic reality where all relationships are both informed and shaped by real and imaginal dynamics.

School Settings

Although Frydman et al. (2022) developed a new schematic to more communally conceptualize and operationalize the drama therapy core processes, a previous study by Mayor and Frydman (2021) features considerable overlap between Jones (2007) and Frydman et al.'s (2022) core processes schematic. Specifically, they analyzed the presence and frequency of the drama therapy core processes identified by Jones (2007) in school-based drama therapy vignettes. In this, the authors found that dramatic projection in specific relation to role play might be a viable option for supporting students in processing and exploring social skills. Furthermore, the use of embodiment can nurture a student's ability to self-regulate, ground, and focus, while empathy and distancing, with specific emphasis on distancing, offered titration "to provide enough distance and emotional containment around difficult topics or to provide opportunities for affective and embodied co-regulation" (Mayor & Frydman, 2021, p. 6). Finally,

active witnessing was noted to function as a facilitator of affective processing pertaining to issues within socio-emotional domains and integration of one's self-understanding in relationship to others from a strengths-based perspective. These findings suggest that drama therapy is a viable treatment option for supporting the social and emotional development of children within schools; recent literature has identified a growing need for school-based, trauma-informed drama therapy interventions to treat children with exposure to traumatic and/or adverse experiences (Feldman et al., 2015; Sajnani et al., 2019; Ventura, 2021; Webb, 2019).

Trauma and Adverse Experiences. A literature review conducted by Ventura (2021) identified a dearth of research on the impact of adverse childhood experiences on children during their childhood and proposed a need for trauma-informed, social-emotional learning programs that are rooted in drama therapy practices at the school-age level. Feldman et al. (2015) and Sajnani et al. (2019) evaluated the use of one such drama therapy program, called ENACT, in school settings. ENACT acknowledges the prevalence and manifestation of trauma in relationships with others, behaviors, and one's ability to function, and, as such, employs a trauma-informed lens which utilizes the methods of role play, projection, and aesthetic distance (Feldman et al., 2015; Sajnani et al., 2019). These methods are enacted to support their philosophy which proposes that "when obstacles to self awareness are removed and attention is directed towards the actualization of the self, the result is an opportunity for lasting intra- and interpersonal transformation" (Feldman et al., 2015, p. 129). Through a collection of interviews and observations, the researchers concluded that ENACT workshops resulted in a positive impact on the observed social and emotional learning of students, including items such as verbal and non-verbal expression, responsiveness, tone, and posture indicative of trust, articulation of reflections, and taking ownership for one's behavior (Feldman et al., 2015).

In addition to the ENACT program, Sajnani et al. (2019) also explored the implementation of two other drama therapy programs in schools to address trauma-related anxiety and stress among students and staff, as well as to promote well-being. The authors write of Creative Alternatives of New York that the process is grounded in three guiding principles, one of which includes the use of metaphor as a tool for healing. Miller and Boe consider metaphor to facilitate communication of experiences that are hard to express and allow "for insight into, as well as safe distance from, the original trauma" (1990, p. 249, as cited in Sajnani et al., 2019, p. 33). Moreover, Sajnani et al. (2019) illustrate that Animating Learning by Integrating Experience (ALIVE) centers around prevention and aims to facilitate the students' ability to learn by circumventing their stresses before distressing behaviors and symptoms manifest. These conclusions are mirrored in Webb's (2019) exploration of ALIVE's use of pocket play, or a playful persona, as an approach to stress reduction in an elementary school program. Of particular significance to this thesis is the proposed ability of play to be used on an individual basis, such that "exuberant and embodied play with an enthusiastic counselor who will follow up with them on an ongoing, as-needed basis" (Webb, 2019, p. 270) can help the child identify their major stressors and decrease their stress.

Integration of Play Therapy and Drama Therapy

Based on the literature reviewed, both play therapy and drama therapy are demonstrated to be plausible treatment modalities for children who have experienced trauma, including in school settings. With this, Harvey (2015), Rudel (2020), and Sapienza (1997) identified overlaps between play therapy and drama therapy. Specifically, Rudel's (2020) literature review evaluated the relationship between play therapy and projective techniques in drama therapy (p. 16). In this, she concluded that, while differences do exist in the prominence and utilization of projective

techniques in play therapy and drama therapy, they predominantly support individuals to access emotions in a safe context across modalities. This conclusion extends to Harvey's (2015) analysis of the use of drama in play therapy where he posited that the integration of the two facilitates the expansion and deepening of communication, the development of one's capacity for emotion regulation, and the ability to form intimate relationships.

Sapienza's (1997) dissertation directly compared play therapy and drama therapy, and, from this comparison, fifteen shared variables were identified, including the therapeutic relationship, goals, types of play, the use of metaphor/symbol, and verbalization. Additional components were noted to share both similarities and differences, such as the materials, phases of therapy, and role of the therapist. Lastly, differences consisted of assessment, interventions, techniques, interpretation, directiveness, structure, and distance. Overall, Sapienza (1997) highlighted an existing overlap between drama therapy and play therapy that invites future exploration, such that they "are neither the same, nor are they completely different. Each modality is in itself a complete and separate entity. In their separateness, one does not supersede the other, but both share many of the same qualities" (p. 92). To that end, the current state of the literature, as well as these reviews, demonstrate a foundation from which school-based interventions can be developed to treat children who have experienced trauma, and, accordingly, this thesis aims to logically capitalize on the opportunity for scaffolding within the play therapy and drama therapy fields.

Methods

For this method, I sought to address the growing need for school-based, trauma-informed drama therapy interventions (Feldman et al., 2015; Sajnani et al., 2019; Ventura, 2021; Webb, 2019) and explore whether the drama therapy core processes (Frydman et al., 2022) can be

integrated with TraumaPlay's foundational treatment goals (Goodyear-Brown, 2010) to augment the therapeutic process of children who have experienced trauma. The initial development of my method was derived from working directly with children, henceforth referred to as clients, at my internship site as it was common for those who were referred for school-based counseling to have a history of trauma or adversity where the impacts were prevalent within the play. Across sessions, I observed children to have impairments in their ability to regulate their emotions and identify the somatic warning signs which would allow them time to utilize coping skills, ask for help, and achieve emotional containment without the potential re-traumatization.

To personally make sense of these experiences and provide some distance from a series of otherwise emotionally-flooding events, I conceptualized them within the framework of dramatic metaphor, such that my clients' sudden, unexpected episodes of dysregulation resembled an earthquake, and all I could do was wait for it to pass. Over time, I began to feel like I was walking on fault lines, and, without warning, the earthquake would happen again. Subsequent engagement with this metaphor elicited a new perspective where I recognized that the child's periods of dysregulation were not the earthquake, but the aftershocks, and the real earthquake was whatever traumatic or adverse experience brought them to therapy. Therefore, it felt necessary to explore with my clients their experience of these aftershocks, and support them in identifying the warning signs, as though consulting a seismograph, to prepare themselves before the world begins to shake and feelings of helplessness, vulnerability, loss of safety, and loss of control are re-experienced (Goodyear-Brown, 2010). More concisely, this earthquake intervention aims to invite the child to play with their traumatic experiences through engagement with the drama therapy core processes and, consequently, supports movement toward the TraumaPlay components from an aesthetically distanced, embodied place.

Setting

This intervention took place in the playroom of a charter public school located in a large metropolitan area in the Northeastern United States which serves kindergarten through eighth grade. The playroom is stocked with toys and materials which align with Kottman and Meany-Whalen's (2018) recommended categories, including family/nurturing, scary, aggressive, expressive, and pretend/fantasy. These objects invite the client to develop, express, and explore relational dynamics and experiences, deal with and overcome fears, express and process anger, aggression, protection, or issues of control, enhance feelings of mastery and encourage creativity, and practice trying on new roles, behaviors, and attitudes, respectively. Specific toys available in the playroom include blankets, sand trays, a doll house, doctor kits, stuffed animals, pillows, and arts-and-crafts materials.

Population

The school's population is 99% students and families of color and 90% are low-income. Within the lower school, which encompasses kindergarten through eighth grade, approximately 30 children receive individual school-based counseling per year. Sessions occur once a week for 45 minutes on the same day and at the same time during the school year and are conducted by expressive therapy clinical interns under the supervision of a licensed mental health counselor and registered play therapy supervisor through the social emotional learning department. Potential reasons for referral include observed and reported behaviors within the classroom such as difficulties with aggression, frequent and intense periods of dysregulation, interpersonal conflicts with peers, or safety concerns. Additional referrals are brought in by the students' families in response to known exposure to ACEs (Bethell et al., 2014; Blodgett & Lanigan, 2018), such as the loss of a parent or caregiver, witnessing or was victim of neighborhood or

domestic violence, having a parent who served time in jail, or living with someone with an alcohol or drug problem or mental illness. Implementation of this method occurred during two individual school-based therapy sessions with one nine-year-old female, Latina client of Puerto Rican and Dominican descent with whom I've been working for six months. Inclusion of this intervention in the client's treatment trajectory was clinically indicated based on known history of trauma exposure, as well as observed and reported behaviors within the classroom and home settings consistent with well-documented responses to traumatic and/or adverse experiences.

Process

The implementation of this intervention was grounded in TraumaPlay's therapeutic and facilitative powers of play specific to using props as an anchor for therapeutic learning and empowerment through the manipulation of playthings (Goodyear-Brown, 2010). Moreover, the relational aspects of the intervention utilized TraumaPlay's identified role of the therapist as a co-collaborator where the client is empowered to titrate their own engagement with content that is too overwhelming for them (Goodyear-Brown, 2010). An additional emphasis was placed on integrating these powers of play with the drama therapy core processes of active witnessing, dramatic play, dramatic reality, embodiment, and distancing (Frydman et al., 2022). Ultimately, the goal was to augment movement toward the broader TraumaPlay components of enhancing a child's sense of safety, amplifying their positive coping strategies, soothing the physiology, and increasing their emotional literacy (Goodyear-Brown, 2010). Moreover, the structure of the intervention supported my client through play-based gradual exposure with experiential mastery play where they were encouraged to address their thought life and make positive meaning of the post-trauma self (Goodyear-Brown, 2010).

Warm-Up

The intervention began with an opening ritual which was previously established by the client and me, consisting of a snack, water, and music to both regulate her body and emotions, mark the shift from class to therapy, and more broadly enhance her sense of safety through engagement with familiar processes (Goodyear-Brown, 2010). Once the client expressed readiness to begin the warm-up, I started a conversation about earthquakes, invited collaborative brainstorming about how one might feel if they were experiencing an earthquake, and subsequently invited the client to tell a story about a time where she felt a similar way. The drama therapy core process of active witnessing was used during this aspect of the intervention. The conclusion of her story simultaneously served as a transition from warm-up to enactment where I used the core process of dramatic reality to guide her into externalization of her experience by asking, "Can you show me what that feeling looks like using the toys and materials in the room?" This component of the intervention was done in service of the TraumaPlay components of further enhancing her sense of safety and soothing her physiology (Goodyear-Brown, 2010).

Enactment

Within this dramatic reality, I led the client through an intentional exploration of her embodied sense of these feelings, augmented by the state of the room, by asking, "Can you show me what that feeling looks like in your body using sounds, words, colors, and/or movement?" At this point in the intervention, the client expressed a need for greater distance by spontaneously pretending to video call me using the toy phone available in the playroom, an act of dramatic play, with which I immediately engaged, and she continued with this play for a significant portion of the intervention. The drama therapy core process of distancing was also used to

facilitate somatic exploration in relation to difficult feelings, and in service of the TraumaPlay components of increasing emotional literacy and play-based gradual disclosure. In this, I asked her to give this feeling and accompanying somatic experience a representative color and place it on a scale from high to low volume, thus concretizing her exploration.

Once the client selected a color and volume level, I asked her to identify objects in the playroom that she would grab for protection and comfort in the event she experienced this feeling or, in the framework of the metaphor, the earthquake, and served as an active witness to her process by reflecting her choices without judgment. Thereafter, I guided the client to turn the volume level down and choose a new color to represent a feeling that one might feel when the ground is shaking, but not as severely as during the earthquake. Further engaging in dramatic projection, I invited her to externalize her internal experience by putting away the materials leftover from the initial earthquake until she felt this new feeling was represented and encouraged her to explore how it felt in her body through embodied engagement. This process continued until the client felt calm and regulated enough that turning the volume down was no longer possible, thus marking the end of her self-created seismograph which concretized the pattern of her experiences from regulation to earthquake.

Closure

The closure of the sessions consisted of three parts: a collaborative cleaning up of the leftover objects on the floor from our exploration through the earthquake, marking a departure from dramatic reality, the building of a protective blanket fort, and our previously established closing ritual of playing with tuning forks and listening to recordings of nature sounds. This familiar routine reinforced a sense of safety and supported the client to feel regulated and prepared to transition from the playroom back to class. Overall, the client was supported in

working toward the TraumaPlay components of play-based gradual exposure through experiential mastery play, addressing the thought life pertaining to her sense of self-empowerment, and making positive meaning of the post-trauma self.

Reflections

To keep track of my work and my progress with this intervention, I framed my personal exploration within the earthquake metaphor and developed a seismograph after each of the two sessions to externalize and concretize my reflections, interpretations, experiences, and feelings related to the intervention as it occurred. With this, I paid specific attention to the presence and frequency of the drama therapy core processes, my own observations of and perceptions about the client's movement toward the TraumaPlay components, and how these two constructs interacted within the sessions. I anticipated that this earthquake intervention would provide a more cohesive framework for the integration of TraumaPlay components and drama therapy core processes in the treatment of children who have experienced trauma. Of note, I speculated that the core processes of distancing, dramatic play and projection, embodiment, and engagement in dramatic reality would more noticeably facilitate the TraumaPlay components of emotional literacy, soothing the physiology, and gradual exposure to trauma content. The results will be presented using a combination of my personal artistic and narrative reflections.

Results

From the combination of my post-session arts-based reflections (see Appendices A1 and A2) and narrative processing, each color identified by my client through her embodied exploration of the earthquake, consisting of green, yellow, orange, red, and purple, mirrored my own process of implementing the intervention in unique ways. With this, main themes emerged which parallel the TraumaPlay components of enhancing safety, amplifying positive coping

strategies, soothing the physiology, increasing emotional literacy, play-based gradual exposure through experiential mastery play, addressing the thought life, and making positive meaning of the post-trauma self (Goodyear-Brown, 2010).

Purple

For the client, across both sessions, purple was the first color to be identified and represented through engagement with the core process of dramatic reality (Frydman et al., 2022) in relation to manipulation of the external objects in the room. This color purple was indicative of the client's experience of an earthquake, and was placed on the far right side of her metaphorical seismograph to represent its intensity at volume level 100. As I guided her through an embodied exploration of her feelings at this stage, identified as powerlessness, helplessness, and destruction, with a goal of increasing her emotional literacy (Goodyear-Brown, 2010), I observed an escalation of her intensity. Specifically, her movements became larger and more dramatic, she moved quickly and intentionally around the playroom, her volume amplified, and she more readily utilized the toys and materials available to her. With this, her initial representation of what an earthquake might look like using the objects within the room appeared to deepen and expand as I witnessed the growing number of plastic figures, balls, and puppets hitting the ground in the center of the carpet in tandem with her embodied exploration. From my role as active witness to her experience, I validated her expression and concluded that this invitation to engage in the metaphor of an earthquake provided her distance (Frydman et al., 2022) from a traumatic experience which flooded her emotionally. By allowing her the opportunity to externalize and project her internal reality onto external objects, this intervention further enhanced her perception of the playroom as safe and provided her a space to exercise a sense of power over the configuration of her own personal earthquake (Goodyear-Brown, 2010).

Red

The client identified red as the color preceding the earthquake where the ground was shaking but not quite as intensely, placing it at volume level 75. The exploration of this color only began in the second session. Like her embodied exploration of purple, the client moved intentionally about the room, putting objects back on their shelves until she felt the room was representative of her experience of red, identified as hurt, scared, uncomfortable, and on the verge of being out of control. Within her exploration of this color, her energy was of a similar intensity, and upon the invitation to identify objects she would reach for to help her feel safe and comfortable, she grabbed the play phone off the shelf and pretended to video call me. This initiation of dramatic play appeared to be multifaceted. First, I interpreted it to simply mean a need for connection when she was feeling red. However, as she continued to look only at the phone and not at me, I realized it was also a need for more self-initiated distance from the activity. Despite my intentional use of the drama therapy core process of distancing (Frydman et al., 2022) by staying within the metaphor of the earthquake to enhance her feeling of safety (Goodyear-Brown, 2010), the invitation still appeared to feel too close. Her own self-titration of her level and manner of engagement, in addition to my enthusiastic acceptance of her offer for dramatic play, supported her in soothing her own physiology (Goodyear-Brown, 2010). This, in turn, allowed her to engage more readily with my invitation to attune to and explore her somatic experience in relation to difficult feelings, and increase her emotional literacy through identifying in action her own emotional state (Goodyear-Brown, 2010). The remainder of the intervention was spent speaking to each other through the play phone as she showed me around the playroom, pinpointing objects she would reach for if she were feeling red and responding affirmatively to my attempts to deepen her experience by encouraging her to surround herself

with the objects in real time. This supported her in the TraumaPlay components of enhancing her sense of safety, soothing her physiology, and addressing her thought life where she was able to feel competent in her ability to facilitate regulation (Goodyear-Brown, 2010).

Orange

Preceding red was orange, noted to be volume level 50, and marked by a shift in the intensity of the client's embodied exploration during the second session. Rather than embodying orange in ways resembling red and purple, such as intense and frequent movements around the room, large movements of the arms and torso, and loud volume, she appeared to slow and deepen her movements. Her responses to my inquiries about how she would describe the color using sounds or words seemed to be more thoughtful as she took time to process my question and decide that orange signified mad and sensitive. Moreover, she intermittently put our video call on hold throughout her exploration to speak to me directly which she had not done during her embodiment of red. My interpretations of her sudden shift in presentation were informed by my awareness of her reasons for referral, as well as her baseline emotional state, and I posited that the deepening and slowing of her movements and more thoughtful approach to my questions signified a familiarity and comfort with orange. She was able to engage with the material while titrating her own level of participation through pausing and resuming our video call at her own discretion, thus enhancing her sense of safety, and soothing her physiology as needed (Goodyear-Brown, 2010). Furthermore, she became more spontaneously playful in this color as she introduced me to the stuffed animals she had identified as helping her feel safe and calm, and cheekily hanging up our video call to answer another from a person with whom she had a positive relationship before calling me back. In this, she amplified and rehearsed her positive coping strategies using dramatic play (Frydman et al., 2022, Goodyear-Brown, 2010).

Yellow

Yellow, or volume 25, was observable during the second session as a transitional phase between orange and the final exploration of green. She no longer engaged in active movement, but instead represented her experience of yellow through a sedentary exploration. She placed herself in a squeezy-seat to provide sensory containment, wrapped herself in a blanket, and interacted with the stuffed animals in a basket to her right. She placed some of the toys remaining in the center of the room back on their shelves, and spoke to me about what yellow means to her, where she notices its presence most in her life, and her familiarity with the feelings of disappointed, left out, and sad. As I was aware of her experience with these emotions given her reasons for referral, the progression of this intervention was a purposeful dance of titration between emotional, embodied, and cognitive exploration (Frydman et al., 2022). Moreover, purposefully inviting her to select objects which elicit a feeling of safety and calm was an intentional augmentation of her existing, positive coping skills to support her in experiencing a sense of mastery over her emotions rather than the other way around (Goodyear-Brown, 2010).

Green

For the client, green was the final color to be identified and represented, placed at volume level 10. This phase of the intervention was most notable for the TraumaPlay components of enhancing safety, soothing the physiology, experiential mastery play, addressing the thought life, and making positive meaning of the post-trauma self (Goodyear-Brown, 2010). Over the progression of the client's exploration from purple to green, I observed her contain herself in a squeezy-seat, wrap herself in a soft blue blanket, and surround herself with stuffed animals. In green, she requested the addition of nature sounds and the integration of tuning forks. This process appeared to return her to a sense of baseline safety within the playroom as she identified

her need for sensory containment and was empowered to advocate for her needs (Goodyear-Brown, 2010). Moreover, she was provided the opportunity to manipulate the room one last time to represent her current experience of green and its real-life connections to her feelings of curious, kind, and optimistic. In this, the inclusion of the collaborative returning of objects back to their respective shelves served as a reminder of her capacity for healing after the experience of a metaphorical earthquake and through its subsequent aftershocks. Furthermore, it addressed aspects of her thought life where she no longer felt helpless, but instead was empowered to make a change (Goodyear-Brown, 2010). This also denoted a departure from dramatic reality as we transitioned into our previously established closure and out of the playroom (Frydman et al., 2022) where she left with a mental picture of a room which had gone through an earthquake and its aftershocks that she helped put back together.

Arts-Based Reflection (Appendices A1 and A2)

In my arts-based reflection of these sessions, the meaning of the colors initially appeared to be similar. However, through deeper exploration of my own process and experience with implementing this intervention, I recognized a unique difference. Of note, the location of purple on my own seismograph mirrored that of the client's, meaning it was on the far right, paired with lines which aggressively and repeatedly moved up and down the page. Within the specific context of the delivery of my method, I perceived purple to be indicative of its action phase, such that movement toward TraumaPlay components (Goodyear-Brown, 2010) and integration of drama therapy core processes (Frydman et al., 2022) were most able to be witnessed here. With this, however, the action phase appeared to be different between the two sessions.

In the first session (see Appendix A1), most of the time was spent building up to the client's active and embodied exploration which I interpreted to be the action phase. This

embodied aspect of the intervention allowed me to make better sense of how she perceived the earthquake related to her own experiences with trauma and adversity, identify her sore spots, or triggers, and inspired new ways that I could adapt this method to better serve the needs of the client. In the second session (see Appendix A2), noticing the presence of the action phase was unique. While it took place at the end like it did the first session, it was not observed to be the moments with the highest energy. Instead, the action phase manifested at the point of the lowest physical, but the most intense cognitive energy, the part of the seismograph that the client had identified to be green. It is at this point of the intervention that the client and I were able to put into words the lasting impact of her experience with trauma and adversity as evidenced by a lone baby doll figure left sitting in the middle of the floor, even at a time of apparent regulation and calm. To conclude, these two action phases within the intervention allowed the client the opportunity to begin making positive meaning of the post-trauma self in ways that previously felt inaccessible (Goodyear-Brown, 2010).

Discussion

Research has shown that children who have been exposed to traumatic and/or adverse experiences demonstrate difficulties with executive functioning and emotion regulation (Cross et al., 2017; McLaughlin et al., 2015; Ryan et al., 2017). TraumaPlay (Goodyear-Brown, 2010) has been identified as a viable treatment option for this population (Goodyear-Brown, 2011) with its particular focus on integrating non-directive (Ahuja & Saha, 2014; Ewing et al., 2014) and directive approaches (Boyer, 2010; Tucker et al., 2017) to best meet their complex needs in the areas of attachment, emotion regulation, behavioral control, and self-concept (Gil, 2016; Goodyear-Brown, 2010; Goodyear-Brown, 2011). Moreover, research indicates that drama therapy might also be an effective treatment modality for children who have been exposed to

traumatic and/or adverse experiences, especially in the school setting (Feldman et al., 2015; Mayor & Frydman, 2021; Sajnani et al., 2019; Ventura, 2021; Webb, 2019). Of note, drama therapy's core processes (Frydman et al., 2022) can nurture a student's ability to self-regulate, ground, and focus, as well as create enough distance and emotional containment in which difficult topics can be explored (Mayor & Frydman, 2021). With this, however, recent literature identified a growing need for school-based, trauma-informed drama therapy interventions to treat children with exposure to traumatic and/or adverse experiences (Ventura, 2021).

This thesis aimed to address this identified need (Ventura, 2021) by exploring whether the integration of drama therapy core processes (Frydman et al., 2022) and TraumaPlay foundational treatment goals (Goodyear-Brown, 2010) could augment the therapeutic process of a child who has been exposed to traumatic and/or adverse experiences. Prior to its implementation, I anticipated that the core processes of distancing, dramatic play, dramatic projection, embodiment, and engagement in dramatic reality (Frydman et al., 2022) would facilitate the TraumaPlay components of emotional literacy, soothing the physiology, and gradual exposure to trauma content (Goodyear-Brown, 2010). Subsequent delivery of this method supported these speculations and yielded new discoveries. Specifically, the intentional use of distancing, dramatic projection, embodiment, and dramatic reality, as well as the improvised use of dramatic play was observed to deepen and enhance the client's experience, thus increasing emotional literacy, soothing the physiology, and gradually exposing the client to trauma content (Goodyear-Brown, 2010). However, the client was also supported in enhancing safety, amplifying her positive coping strategies, participating in experiential mastery play, addressing the thought life, and making positive meaning of the post-trauma self (Goodyear-Brown, 2010). Through this process, I concluded that the integration of drama therapy core

processes with TraumaPlay components did augment the treatment process of a child who has experienced trauma.

Limitations

Although I was able to conclude that the integration of play therapy and drama therapy had a positive impact on the client's therapeutic process, there are a few limitations within the delivery of this method. A key one is that the intervention was only implemented with one client who demonstrated a level of insight into her periods of dysregulation that was uncommon for her age group. Had I conducted this intervention with a younger student or a client with less insight into their experience, the observed impact may have been different. Moreover, the first session of the implementation ended early due to the client getting dismissed from school. It is unknown how the client's presentation and exploration of the earthquake, as well as the identified relationships between drama therapy core processes and TraumaPlay components would have shifted if she stayed for the full 45-minute session. Lastly, I am not yet a registered drama therapist or play therapist. How I decided to approach the choice points presented to me by the client are representative of my personal exploration in consultation with my supervisor on how to balance creative arts identities. Drama therapists and play therapists might emphasize different components of the intervention and, in turn, elicit varying responses from the client that I was not privy to in my implementation.

Future Clinical Considerations and Research

The decision to pursue this thesis was informed by an awareness of the current state of play therapy and drama therapy literature, as well as the dearth of research looking at the existing overlaps and divergence between the two fields. As such, this thesis aimed to logically capitalize on the opportunity for scaffolding and uniquely contributed to the fields of play therapy and

drama therapy by initiating discourse on how to integrate these approaches to effectively treat children who have been exposed to traumatic and/or adverse experiences. Clinical considerations include carrying the metaphor of the earthquake throughout treatment to provide a consistent framework from which the clinician and the client can build, play, and progress. Moreover, referring to the metaphor throughout treatment reminds the client of their experience of empowerment, strength, and capacity for change that was previously explored during the initial intervention. Future research considerations pertain to assessing the applicability of this intervention with other age groups and presenting problems in which the concerns might consist of feelings of helplessness, vulnerability, and loss of control, lack of impulse control, and increased risk-taking (Cross et al., 2017; Goodyear-Brown, 2010; Ryan et al., 2017). Overall, it is the hope that continued exploration of this intervention will allow clinicians to more fully address the range of experiences of children who have been exposed to trauma and/or adversity.

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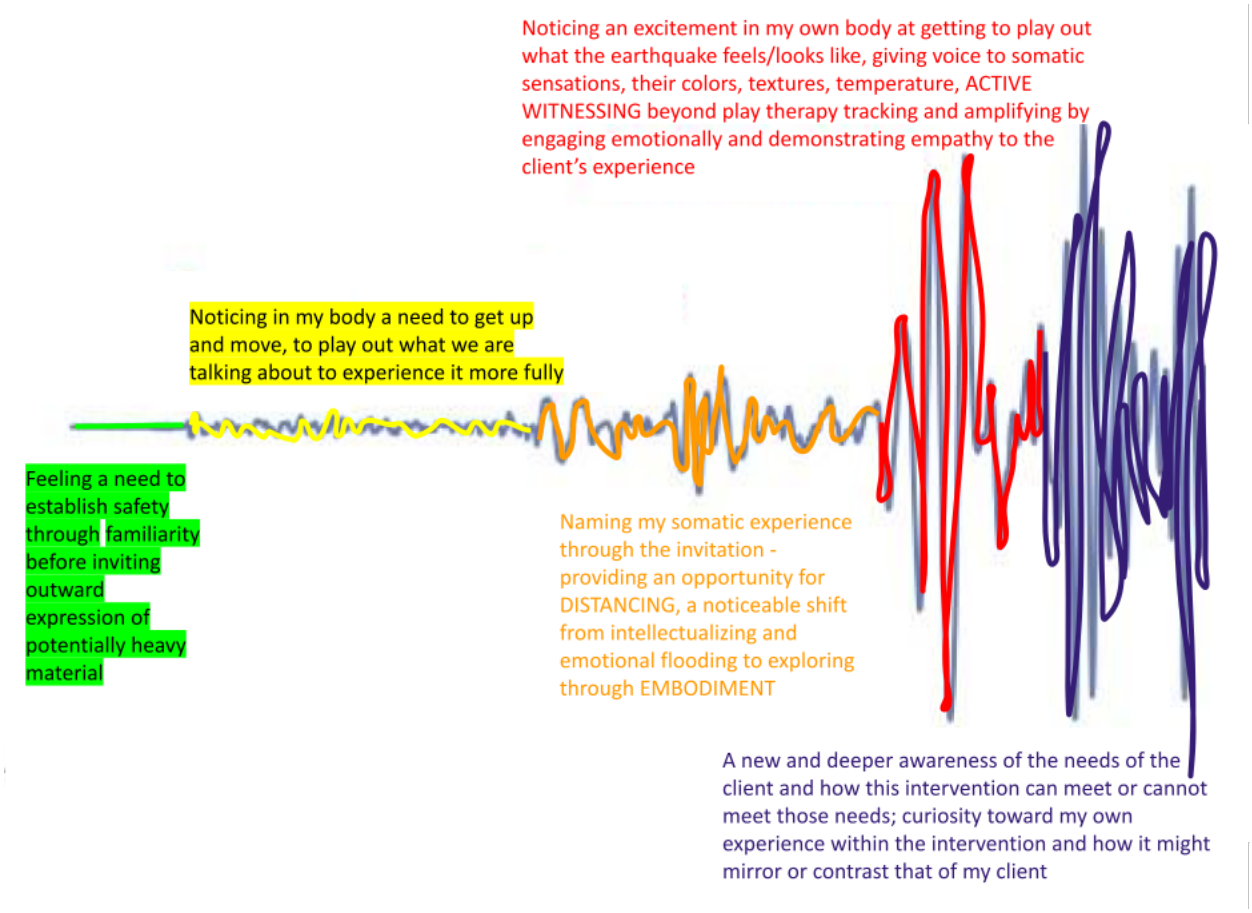
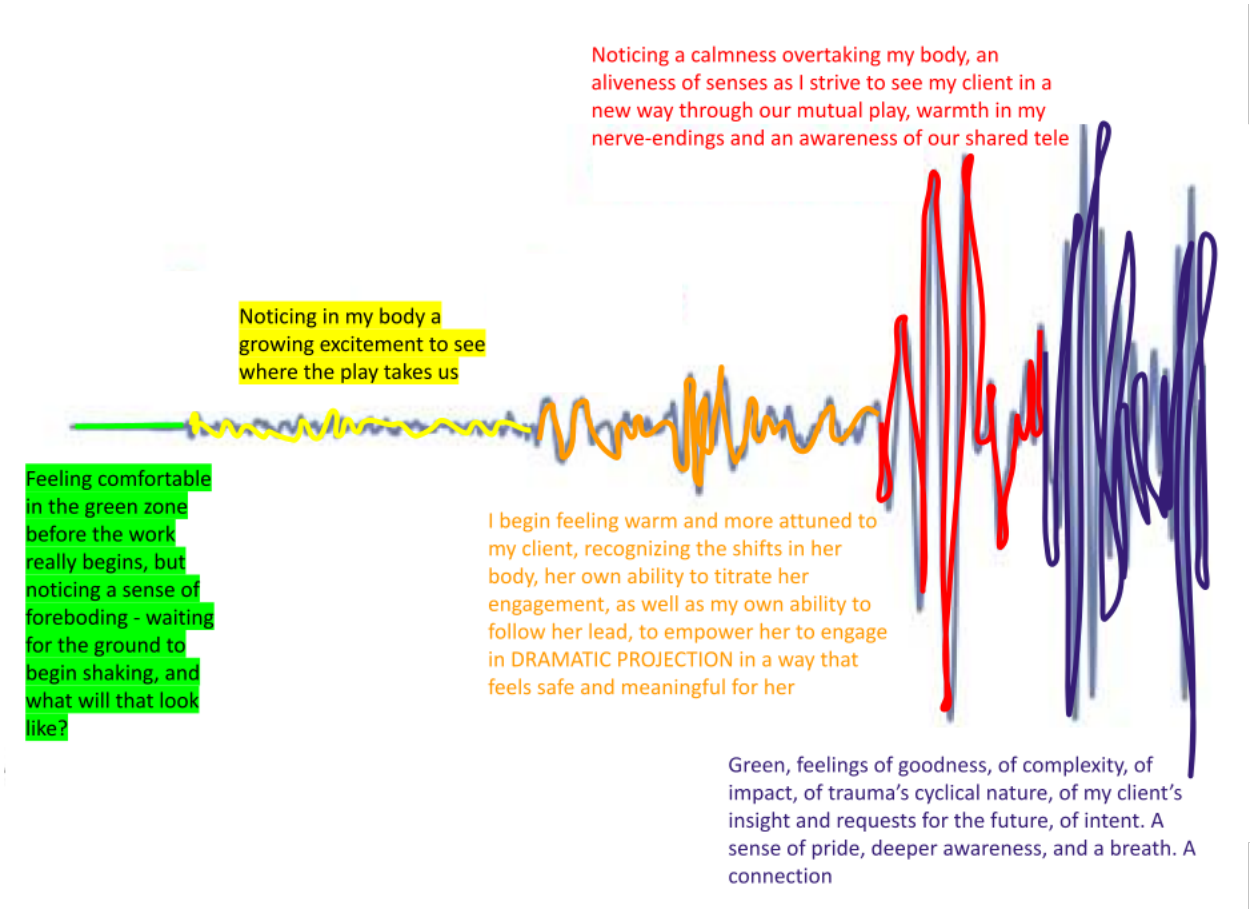
Appendix A1

Arts-Based Reflection of First Earthquake Intervention Implementation



Appendix A2

Arts-Based Reflection of Second Earthquake Intervention Implementation



THESIS APPROVAL FORM

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

Student's Name: Lisa Bumpus

Type of Project: Thesis

Title: *Playing in an Earthquake: Development of a Method Integrating TraumaPlay and Drama Therapy Core Processes*

Date of Graduation: May 2023

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

Thesis Advisor:____Jason S. Frydman, PhD, RDT/BCT, NCSP_____