



RESEARCH AGENDA **DRAMA THERAPY**



NEDERLANDSE
VERENIGING
DRAMA
THERAPIE



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INTRODUCTION

In 2017, a working group started in order of the *Nederlandse Vereniging voor Dramatherapie (NVDT)* with establishing a dramatherapy research agenda (*OaDt*). An *OaDt* is necessary to work on the goals that are formulated in the *Strategische Onderzoeksagenda voor de Vaktherapeutische Beroepen (FVB, 2016)*. In this agenda, it became clear that dramatherapy lacks high quality research literature and that the field of dramatherapy needs a research agenda to build systematically on evidence and evidence-based practice.

So, the *OaDt* is basically developed for the *NVDT* to make a short- and long-term agenda for knowledge innovation and research in the field of dramatherapy. *The NVDT* will and has to cooperate with dramatherapists in the field and the organisations where they work, research institutes (*KenVaK/ Open University*), etc. for the implementation of this agenda.

In this research agenda, an overview of dramatherapy in the Netherlands is given; where do Dutch dramatherapist work and what are the most important client groups they work with. Interventions are set out in form of products and modules, this as a first step to develop a developing research line. The international literature is published in a matrix and research, where possible is qualified following Grade norms. This overview leads to conclusions and recommendations, it gives an insight in the opportunities for dramatherapy where to develop further and it gathers evidence in relation to specific client groups and methods. It also becomes clear in which area support is needed, focussing on specific working area's and interventions to develop further on a professional level.

CHAPTER 1

Vaktherapie in the Netherlands and an overview of the international dramatherapy community

In this chapter, a brief overview is given of how dramatherapy is being organised in the Netherlands, followed by the Dutch definition of dramatherapy. An overview of the Dutch and international dramatherapy community is provided.

1.1 Vaktherapie

In the Netherlands, the arts therapies art-, dance-, drama- and music therapy are part of the *vaktherapeutische beroepen*. Psychomotor child therapists, psychomotor therapists and play therapists also belong to above named vaktherapeutische beroepen. Together, they are united as experiential therapies in the *Nederlandse Federatie van Vaktherapeutische Beroepen* (FVB). Each of these *Vaktherapie* disciplines has their own interventions and specialisations that define the sort of treatment which is given and how they work with specific client groups. Common in the way of working, is an experiential and hands-on approach. The treatment of the patient focusses on experiencing and learning to act. The problem of the patient and the arts discipline in which the therapist is trained, defines the therapy, how the therapist intervenes, the exercises used and the effect of the exercise on the patient (Landelijk Opleidingen Overleg Vaktherapeutische Beroepen, 2016, p. 8).

In the Netherlands, *Vaktherapie* is described as offering experiential treatment and support to people with physical, mental, psychiatric, social and/ or emotional problems. *Vaktherapie* uses a focussed and systematic way of working with different art forms, methods, movement and bodily experience. The problems of the client become visible in the way he or she expresses themselves. The *Vaktherapie* professionals lead their interventions straight to experiences that influences the client's problem. *Vaktherapie* has a signal function, it offers prevention, diagnostic, support, treatment and/ or training. Each of the *Vaktherapie* disciplines works from their own expertise, offering specialist or generalist treatment. *Vaktherapie* professionals use their expertise also in a wider context such as in coaching, community and family centres, training and treatment of specific medical problems (Landelijk Opleidingen Overleg Vaktherapeutische Beroepen, 2016, p. 8).

The FVB is the professional overall registration body for all *Vaktherapie* therapist in the Netherlands. Each of the seven disciplines of *Vaktherapie* also has their own registration body.

1.2 Dutch definition of dramatherapy

Dramatherapy works methodically with the fictional reality. This is done by using imagination so that more distance is created between the client and his personal problems, or by working with realistic scenes to create recognition between the play and the client's own themes. In dramatherapy the client becomes more aware of his own emotions and thoughts, he learns how this relates to their behaviour and general wellbeing. Dramatherapy stimulates self-expression and learning to control of own emotions, it develops reflective abilities and a positive self-image, expands role repertoire and interpersonal and communicative skills. (Landelijk Opleidingen Overleg Vaktherapeutische Beroepen, 2016, p. 72).

1.3 Overview of the Dutch dramatherapy community

The NVDT (*Nederlands Vereniging voor Dramatherapie*) is the organisational body for Dutch dramatherapist. In the Netherlands, dramatherapist work in different fields such as (special) education, forensics and various child-, adolescence- and adult mental health settings. In Figure 1 is shown how Dutch dramatherapists are divided across the different fields. About a quarter of all dramatherapists works within mental health care, child and youth psychiatry and special education. However, the majority of dramatherapists specify their work as 'other'. It is therefore important to specify further by members what 'other' means. The FVB and the various *Vaktherapie* organisations are encouraging their members to start researching their work. The NVDT has approximately 350 members. The majority, 55%, are registered members: members that have a bachelor's degree in dramatherapy and that meet the requirements for registration (work experience, followed courses, peer supervision). Thirty-two percent are members: members that are not yet registered as a dramatherapist or someone who has got an interest in the field. Eight percent of the NVDT members consist of student members that study dramatherapy and 5% are senior registered members: a person holding a master's degree in dramatherapy and who meets the requirements for senior registration (Figure 2).

WHERE DO DRAMATHERAPISTS WORK?



Figure 1 Overview of client groups of Dutch drama therapists.

SETTING UP MEMBERSHIP NVDT

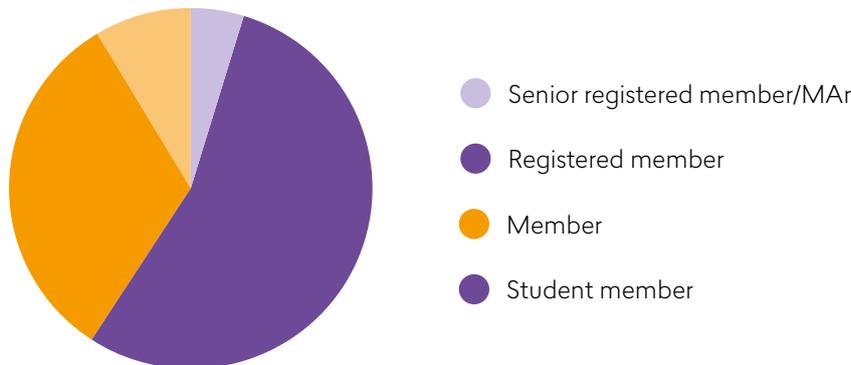


Figure 2 Membership status among the NVDT members.

1.4 Brief overview of the international dramatherapy community

America

The NADTA (North American Drama Therapy Association) defines dramatherapy as an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviours, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world. Currently the NADTA is working on a more sustained definition of dramatherapy, this will be finished in October this year. In America dramatherapists work in different fields like education. The NADTA currently works on getting their members to do research about their work, while they facilitate in the writing (North American Drama Therapy Association, 2019).

Australia, New Zealand and Asia

ANZACATA (Association for Arts Therapy in Australia, New Zealand and Asia) describes art therapy as a form of psychotherapy utilising creative modalities, including visual art-making, drama, and dance/movement, within a therapeutic relationship to improve and inform physical, mental and emotional well-being". ANZACATA is the professional registration body for all arts therapies in Australia, but not all drama therapists choose to register. Dramatherapy is a developing and emerging profession in Australia; dramatherapist work here in different fields such as clinical settings, education and within the community. Research is being done at the Creative Arts Therapies Research Unit by two doctoral dramatherapy students. Since 2016 there is a bachelor course for dramatherapy which is validated by the Australian Skills Quality Authority. It is foreseen that there will be a master's course in the near future (Association for Arts Therapy in Australia, New Zealand and Asia, 2019).

Germany

DGFT (*Deutsche Gesellschaft für Theatertherapie*) defines dramatherapy as a type of artistic therapy (such as music, art and dance therapy) which uses the transforming power of the theatre for psychotherapeutic purposes". The DGFT has 46 members with most of them running their own practice. Dramatherapy is applied in all psycho-social fields for individual, pair and group therapy, and has particularly proven itself with otherwise hard to reach clients and problems. The Institute for Theatre Therapy conducts a variety of research and performance projects together with different cooperation partner. The DGFT initiate and support research projects that reflect, adopt and generate new insight in therapeutic work and efficacy in the field of drama therapy. In 2017 a network of evidence-based researchers has formed to collect the results and to come to the exchange - also internationally. The research group meets once a year for the Summer Academy and several master's and doctoral theses are currently in progress. Recently the Scientific Association for Artistic Therapies in Germany was founded (European Federation of Dramatherapy, 2019a).

Greece

Greece outlines dramatherapy as a psychotherapeutic method which is based on the dynamics and the metaphor of the art and specific on the theatre practice. It is a method which involve body and mind aiming to develop communication, personal development and to change conflict resolution. There are about 140 drama therapists in Greece working in private and public clinical settings. About 15% of them are working in the drug addiction treatment and the other percentage works in rehabilitation centres, education, day centres etc. Greece currently works on evaluation and assessment of their work based on the Phil Jones system (European Federation of Dramatherapy, 2019b).

Switzerland

The VDT (*Verein Dramatherapy in Switzerland*) describes dramatherapy as the intentional use of drama and theatre concepts for therapeutic purposes, including prevention and education. Dramatherapist work in varies settings and fields such as private practice, psychiatric clinics, mental health support groups, young migrant groups in schools, structures for migrants/refugees, special needs schools and institutions, youth offending, institutions for the elderly (including dementia care), mother/child protected accommodation, couple's therapy practice, crisis intervention, reintegration into work. At the moment there is no research being done. The Swiss umbrella organisation which oversees the professional practice of arts therapies (ARTECURA) is on a project towards establishing a research orientated arts therapies masters at the university of Bern. Maybe this could open up possibilities for evidence-based research projects in future (Dramatherapie Bildungsinstitut, 2019).

Belgium

BVCT – ABAT (*Belgische Vereniging voor Creatieve Therapie – Association Belge d'arts Thérapies*) defines dramatherapy as an active and hands on therapy that uses art as a way of connecting on deeper and meaningful level. Dramatherapy focusses on assisting people to tell their personal story, to develop personal life goals, to express feelings and to help to solve problems, develop interpersonal skills and to develop relations with others. In Belgium dramatherapist work independently in private practice, mental health settings, education, with elderly, hospitals, prisons. Currently the BVCT- ABAT is creating a directory of all the members, it has approximately thirty members. A bachelor dramatherapy course is being thought at the University of Artevelde in Gent (European Federation of Dramatherapy, 2019c).

Latvia

In Latvia, art therapy can be on the whole characterized by the use of the arts (in terms of music, art, dance and movement as well as drama) in the context of a therapeutic environment and within a therapeutic relationship that aims to address a wide spectrum of health, psychological and social problems. Arts therapists are mostly employed in health and social care institutions - both state and privately owned, they are welcome in special education institutions. Founded in 2006, arts therapy is a relatively new health care profession in Latvia. It consists of four specializations: art, dance and movement, music and drama therapy. Dramatherapists in Latvia are holding Professional Masters' degree in Health care and qualification of arts therapist with specialization in art (or music, dance and movement or drama) therapy. They are stimulated for constant improvement of competencies and are provided with further education opportunities organized by professional associations of all four arts therapy specializations (European Federation of Dramatherapy, 2019d).

Norway

Dramatherapy in Norway has its main focus on the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth. Dramatherapist who work in Norway are often trained in the Netherlands, the UK or the US. The qualified dramatherapists work in pre-school education, higher education, in preventative and rehabilitation programmes and with the elderly. There are less than 10 qualified drama therapists working in Norway. However, there are several arts therapists, and expressive arts therapists, who use the arts as action methods to complement and support their approaches. Music therapy has strong research tradition in Norway. Dramatherapists do not have a formal organisation. Those who work clinically as therapists are registered with the formal bodies available (European Federation of Dramatherapy, 2019e).

France

In France, dramatherapy is defined as the intentional use and framework of dramatic processes including theatrical, physical and artistic expression which has therapeutic goals and objectives (projective play, improvisation, direction, real and imaginary scene work, mask, puppetry). Dramatherapy permits, among other reasons, the person to become aware of their behaviour, mental function, to find alternative solutions, to explore and reveal ones hidden self, to understand one's relationship to the world and with others. They are currently creating a directory of drama therapists working in each field but they have not completed this yet. In France drama therapists work in the social, educational and medical sectors. This can range from working with children, adolescents and adults in medical institutions like hospitals or clinics (psychiatry, paediatric psychiatry, oncology, terminal illness, nutrition etc....), to social sectors working with associations for immigrants, refugees or migrant populations, or educational in schools. At Paris 5 Descartes University a Masters in Dramatherapy is offered. Currently they are changing the education program, in 2018 they hope to have both first and second years up and running. The Master is split into professional and research. There is no PhD program in France for Dramatherapy (European Federation of Dramatherapy, 2019f).

Czech Republic

In the Czech Republic, dramatherapy is a professional therapeutic field based on a specific use of theatre for therapeutic purposes. Therapeutic purpose means an intentional healing and remedial action to improve mental and physical health, support of personality development and positive human relations. Dramatherapy offers a holistic approach in a context of bio-psycho-socio-spiritual model of care for individuals and groups. There is no directory list of trained dramatherapist but currently there are about twenty drama therapists who fulfil standards of their dramatherapy association and ten more who have been in a process to achieve it. In the Czech Republic, dramatherapist work in health care, education, social field and community work. All countries named above would like to collaborate in doing research together. There have been some efforts to investigate dramatherapy field in the Czech Republic. There has also been some thesis done at universities mostly focused on an application of dramatherapy in various fields, based on case studies (European Federation of Dramatherapy, 2019g).

Table 1 - Forms of international dramatherapy education available

	Bachelor	Master
Australia & New Zealand	X	X
Belgium	X (developing)	
France		X
Germany	X	
Great Britain	X	X
Greece	X	
Italy		
Latvia		X
The Netherlands	X	X (not specific drama)
Norway		
Switzerland		
USA	X	X

Note: In the Netherlands, there are five Universities of Applied Science where dramatherapy is taught in a 4-years' curriculum. There are full- time and part- time courses for dramatherapy. The acquired diploma leads up to a bachelor's degree by the UoAs. The two- year MA arts therapies focusses on research and innovation. An in-depth module dramatherapy is part of this Ma program (kenvak.nl/vakverdiependemodules).

NUMBER OF DRAMA THERAPISTS

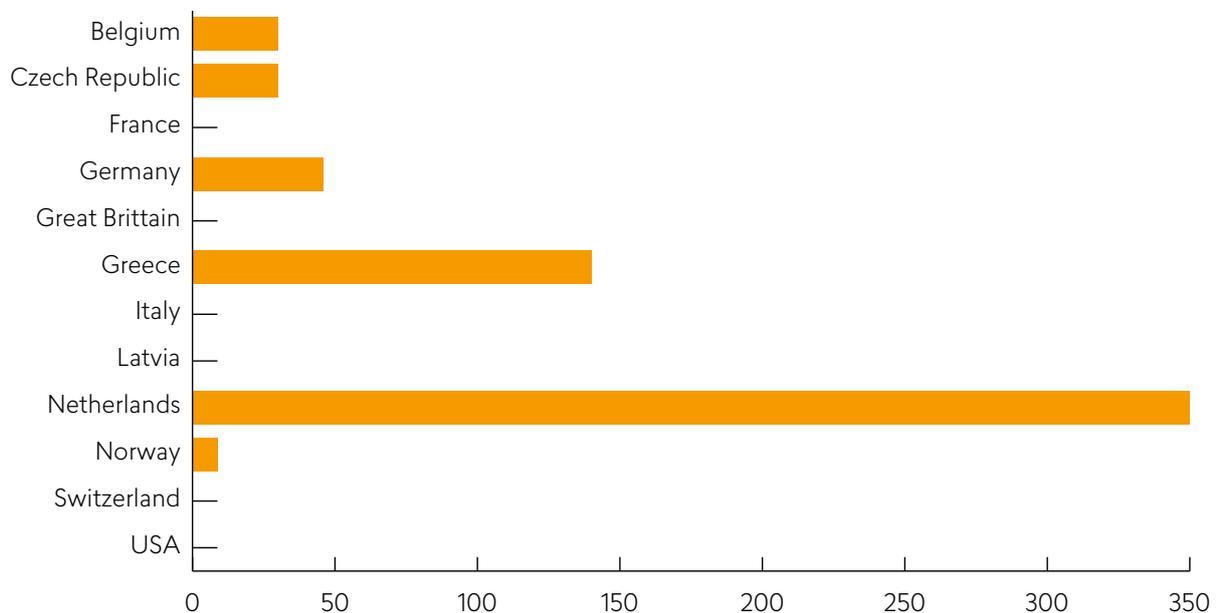


Figure 4 - Number of members of dramatherapy associations. Norway 9 members, the Netherlands 350 members, Greece 140 members, Germany 46 members, the Czech Republic 30 members and Belgium 30 members.

CHAPTER 2

Dramatherapy products and modules in the Netherlands; a brief overview

This chapter is a brief overview of drama therapeutic products and modules given.

2.1 Care Standards

In the recent years, different care standards and generic modules have been developed in the Netherlands, of which the *generieke module vaktherapie* is one.

The development of care standards en generic modules are under the responsibility of the *Netwerk Kwaliteitsontwikkeling GGZ*. In this network, which has been established in 2013, patients and their family, health care professionals, care givers and health insurance compaignies work together striving for a good, accessible and affordable psychic health care system. This happens primarily by developing, financing and supporting quality standards for the Dutch health care system. By health care standards the network means care-standards, generic modules and guidelines which are applicable to the whole health care process, and where good health care is been registered. The multi- disciplinary evidence-based guidelines need to be translated to modular evidence based and practise-based care standards.

Care standards are dysfunction specific; they are developed for the most to appear illnesses and dysfunctions in the GGZ. Care Standards are modular built (question of evidence, content and organisation of the health care system). They are in unison with the need of care of the patient and the phase of their illness. The care standards differ for each phase, each separate phase for individual treatment and care is been described, in respective of the condition and dysfunction.

Generic modules are applicable on the treatment and care of bigger groups patients irrespctive of condition or illness. From the perspective of the patient, the generic modules describe the care of the individual concerning a demand of health care that is relevant to more than one condition or illness and therefore generic. The demand of health care can focus on early recognition and prevention, treatment, but also support of health management, e- health, participation (Federatie Vaktherapeutische Beroepen, 2019).

For the most care standards and generic modules which have been developed so far there is a shortage of drama therapeutic evidence that meets the asked (EBRO/GRADE) requirements. In some of the care standards whereunder personality disorders, anxiety and depression dramatherapy has been good positioned. These positions can be further developed

in the next years. In the upcoming three years all care standards and general modules are going to be looked at, new insights and developments will be added. In three years' time they all going to be rewritten. Parallel to this process, the research agenda for the *vaktherapeutische beroepen (FVB)* has been written. This agenda now has been finished, published and implemented. The evidence of best practices of dramatherapy have to be evidenced based workable and achievable. (Notermans, 2017).

This means that: Dramatherapy products have to be developed further: a prototype treatment has to be designed on the basis of a description, via action-based research. This further has to be developed into a module. Process evaluation within minimal two institutions is needed to develop further modules and to proof that the intervention is workable. This requirement is needed to get the qualification theoretical effective. It is therefore important to continue to develop dramatherapy products and modules in order from the *NVDT*.

Two years ago, the board of the *NVDT* started a project to encourage their members to begin with research their work and write about methods used. Writing up from the used interventions with a specific client group is the first step to gather evidence and prove the effect of dramatherapy to the wider public. The *CPMO (Commissie Product- en Module Ontwikkeling)* is a separate commission of the *FVB*. The main task of the *CPMO* is to stimulate the development of intervention descriptions in the form of products and modules of the different *Vaktherapieën*. The main aim is that a description of intervention can lead to one of the possible ways to develop the quality of *vaktherapieën* en therefore can lead to a stronger position of Vaktherapie in the Netherlands. The *CPMO* facilitates the writing of products and modules and offers extensive training to writing groups.

2.2 Product

A product is a global description of a combination of a problem and a treatment program. It reflects a problem from a specific client group and a fitted treatment program from a vaktherapeut.

2.3 Module

A module is similar to a product because it also shows a combination between a problem and a treatment program. The difference is that a module has been more worked out in detail. The therapeutic interventions used and the type of process are more concrete and explicitly described, keeping in mind the setting or the organisation. A module is usually written for *vaktherapeuten*.

In the process of writing a module a difference is made between a basic module and a plus module. A plus module climbs up in the spiral of knowledge innovation asking a more solid based theoretical and scientifically underpinning from the writer. Each intervention part is clearly and accurate written. Within the description there is a logical connection between

the different intervention parts, all intervention parts are logical connected with each other. (Beek & Bos, 2017, p. 8).

Aims (SMART) and the course of intervention are in good unison written. There is a clear analysis of the problem with the factors that cause the problem, underbuilt with literature. There is clearly discussed which factors are treated with which intervention, this is underbuilt with literature. The working elements are clearly stated and based on qualitative and/ or quantitative research or with theoretical or empirical descriptions (Beek & Bos, 2017, p. 34).

2.4 Dramatherapy products and modules in the Netherlands (databank.vaktherapie.nl)

Trauma

“Tijd voor Toontje” (module)

For children from the ages of 0 to 10 who experienced domestic violence. The program aims to prevent-, and to decrease the effects of domestic violence and to stabilise and stimulate attachment between mother and child in woman’s rescue centres.

“Zachtjes balen met Toontje” (product)

For children from 3 to 5- and six to nine years old

“Herkennen, reguleren, verdragen” (product)

Complex posttraumatic stress disorder by women caused by sexual or mental abuse. The interventions used are based on trying to break the circle of dismissing own emotions by offering structured and controlled drama therapeutic exercises whereby exposure of own emotions takes place. This product was published in 2016

Anxiety

“Social Anxiety group dramatherapy” (module +)

A group dramatherapy program for adults to decrease social anxiety. This module consists of three steps: practising and rehearsing social situations through roleplay and home-work assignments; play- and improvisation exercises to strengthen interpersonal relations between group members and working on social trauma. Published in 2018. Karin Hilderink

“Dramatherapeutische zelfbeeldmodule” (product)

A brief therapy to enhance a positive self-image. The interventions focus on becoming aware of negative self- concept- and changing this into a positive self- concept. Learning to change of perspective by role reversal is seen as an important intervention. Published in 2016. Karin Hilderink.

Personality Disorders

“Schemagericht spelen” (module)

Schema- and dramatherapy for groups with cluster B patients. It focusses on emotion and impulse regulation, developing a healthy adult role repertoire seeking a balance between relaxing and straining activities. Currently in the 2nd appraisal round.

“Spelen met schema’s en modi’s” (module and product)

A program for groups with patients from 18 years and upwards with a cluster- C personality disorder.

Depression

“Interpersoonlijke Psychotherapie- Dramatherapie voor mensen met recidiverende depressie”.

A group for program elderly (60+) with chronic depression with aim to lessen the depressive symptoms and to expand self- esteem.

Regulation and acting- out/ behavioural problems

“Affect regulerende Vaktherapie drama ter vermindering van gedrags- en emotionele problemen bij kinderen van 4 t/m 12 jaar met problematische gehechtheid” (module)

For children from 4 to 12 years old with attachment problems, the program aims to decrease behaviour- and emotional problems.

“Dramatherapie gericht op volwassenen in de forensische psychiatrie t.b.v. het leren navragen om inadequaate emotie gestuurd gedrag te voorkomen door waarneming en interpretatie te onderscheiden” (module)

For forensic patients to learn to create more distance between their own emotions and the world around them. By taking time, concentrating and distancing themselves, patients practice with looking at facts separately from their self and the world around them.

Eating disorders

“Groepsdramatherapie gericht op het ontwikkelen van een genuanceerdere lichaamsbeleving en meer zelfwaardering bij cliënten met eetstoornissen” (module)

This product is developed for clients with eating disorders; this client group often have difficulties expressing themselves because often they have negative relationships with their bodies. This product aims to help patients to learn to cope with negative emotions. Getting reconnected with their own body is difficult but a necessary step to come to terms with accepting their own body. Currently in the 1st appraisal round.

Autism

“Ik Inzicht, een dramatherapeutische groepsbehandeling voor jongeren (12-18 jaar) met een autisme spectrum stoornis (ASS) ter bevordering van identiteitsontwikkeling” (product)

This product is developed for teenagers with autism in the age of 12 to 18. The group program helps to stimulate self-development, increases insight in relation to own body and own position in relation to others and own emotions. Currently in the 2nd appraisal round.

Vulnerable Groups

A self-esteem program for mentally disabled teenagers from 12 to 18 years old (product)

Playback theatre with mental disabled teenagers

“Individuele dramatherapie Developmental Transformations voor het empoweren van volwassenen met autonomieproblematiek en beperkt zelfvertrouwen” (product)

Through the used interventions new situations constantly arise wherein the patient relates. Within the safety of the playspace, the patient has the possibility to practice learning to deal with and react to everything that is new to him or her, without being carried away through fear. The patient can experiment with staying in the present. Currently in the 2nd appraisal round.

“Interpersoonlijke dramatherapie” (product)

This product uses the traditional format of interpersonal therapy. But instead of working verbally dramatherapy is being used. The central theme of the therapy is that patients need to work through their emotions and develop their interpersonal skills. Currently in the 2nd appraisal round.

CHAPTER 3

Literature

For this research agenda, a recent literature search has been conducted. There has been a search carried out for articles and publications on dramatherapy in different sources via internet (see appendix 1) using the following words: drama therapy, psychodrama, embodiment, (creative) drama, educational drama, role play, perspective taking. To limit the results the terms peer reviewed, 2000/7-2017, in title, have been used.

The literature found has been divided in three categories. In turn, each category has been divided in different headings and has been brought under six types of literature: experimental/ qualitative, theory and intervention, case study, meta analytic/ review and RCT. Underneath is given an overview of the three categories and their headings. The references per category are given in the appendixes 2 – 4.

1. Drama literature problem area's:

- Trauma
- Anxiety
- Personality disorders
- Depression
- Affect regulation
- Externalisation: behaviour disorders/ problems/ delinquent behaviour
- Health Care
- Addiction
- Stigmatisation
- Eating disorders
- Severe mental illness
- Neurocognitive disorder
- Cancer
- Schizophrenia / psychoses
- Attention Deficit Disorder
- Psychosomatic disorder
- Autism spectrum disorder
- Prevention/ vulnerable groups

2. Drama literature developmental support:

- Relational/ social competency
- Reflection/ awareness
- Language development
- Learning
- General Well- being
- Personal development

3. Drama literature and coping mechanisms:

- Cognitive therapy and Schematherapy
- Psychodrama
- Symbolisation
- Mentalisation
- Role- play
- Drama/ theatre
- Improvisation
- Sensory
- Embodiment
- Taking perspective

Table 2 - Overview of dramatherapeutic literature at april 2018

Research Problem/ goal	Review	RCT	Quasi Exp./ qualitative	Case study	Theory/ intervention	N.B	Total
Trauma	3		8		10		21
Anxiety			10	2	5		17
Personality disorder				1	6		7
Depression		1	10		2		13
Regulation			7		11		18
Externalisation			3	1	2		6
Health care	1		4 (+1?)			(1)	6
Addiction			3	2	5		10
Stigmatisation			1				1
Eating Disorders			2?	1	3		6
Severe mental illness			5		5		10
Neurocognitive disorder	1		7		4		12
Cancer	1						1
Schizophrenia/ psychoses	3		6		7		16
Attention Deficit Disorder	2		4		4		10
Psychosomatic disorder			5		2		7
Autism spectrum disorder	1	2	6	2	8		19
Prevention / vulnerable groups	1	3	12	1	18		35

Developmental support	Review	RCT	Quasi Exp./ qualitative	Case study	Theory/ intervention	N.B	Total
Social competency		1	10	1	16		28
Reflection/awareness			1 (+2)		3 (+2)	(2)	6
language development	1		4		2		7
Learning	1 (meta)		8		4		13
General well- being					2		2
Personal development			7		5		12

Coping mechanisms	Review	RCT	Quasi Exp./ qualitative	Case study/ Theory	Total
Cognitive therapy Schematherapy	2	0	4	2	6
Psychodrama	8, 1 (meta)	0	6		15
Symbolising	2	0	1		3
Mentalisation	5	0	2		7
Role- Play	19	0	11	1	31
Drama/ theatre	14	0	9		23
Improvisation	6	0	1		7
Sensory	1	0	1		2
Embodiment	19	0	2		21
Taking perspective	6	0	6		12

Note. Literature is shown from the named client groups and subjects found by a recent undertaken literature search in dramatherapy. The set-up of the figure is based on the titles of the articles, it gives therefore an indication. If numbers are between brackets, it means that it refers to the same articles in that category.

Conclusion

This *Onderzoeksagenda Dramatherapie (OaDt)* gives an insight where dramatherapists in the Netherlands work, which products and modules are developed, in which care standards drama therapy is adapted, and which drama (therapy) research literature is available.

These are the ingredients to create a *OaDt* based on strategic choices: how can the position of drama therapy be strengthened by knowledge innovation/ research and in which fields can we invest because of the available literature and the presents of drama therapists.

1. The existing products can be developed further: a prototype treatment has to be designed on the basis of the description in the product and via action-based research developed into a module. The existing modules and the new modules have to be executed within minimal two institutions (process evaluation) to proof that the intervention is workable. This is a prerequisite to become adapted in a care standard.
2. Research can be developed with the available literature: A review can be carried out when there are 5 (quasi) experimental researches available; Randomized Controlled Trials (RCT) can be carried out when there is a review available; Products and modules can be developed when there are at least theoretical/ intervention based publications. Table 3 gives an insight in which research can be worked out with the available research literature.
3. Figure 1. shows that most' dramatherapists in the Netherlands work in mental health care (adult and youth), youth care (including special education). A big amount is categorised as 'other'. An analysis of this category is required to get an insight with whom these drama therapists work.

Table 3 - Matrix of area's where dramatherapeutic research can be carried out

Research	Review	RTC	Product	Module
Problem/ goal				
Trauma	x	x	x	x
Anxiety	x		x	x
Depression	x		x	x
Affect regulation	x		x	x
Addiction	x		x	x
Severe mental illness	x		x	x
Neurocognitive disorder		x	x	x
Schizophrenia/Psychosis	x	x	x	x
Attention Deficit Disorder	x		x	x
Autism	x	x	x	x
Prevention vulnerable groups	x	x	x	x
Development				
Social competency	x		x	x
Learning	x		x	x
Personal development	x		x	x
Working mechanism				
Psychodrama	x	x		
Role play	x			
Drama/ theatre	x			
Embodiment	x			
Taking perspective	x			

Summary

In summary, we can conclude there is an overwhelming amount of literature that can be used to strengthen the position of dramatherapy in the field by knowledge innovation/ research. The research literature is not analysed. Presumed is that the quality of research articles is not high. The main task for the *NVDT* will be to use the literature to:

- develop modules and test them by a process evaluations for the care standards in which dramatherapy is not adapted: Schizophrenia/ psychosis; autism; attention deficit disorder.
- develop modules and test them by a process evaluations for the general modules: (affect) regulation; prevention; social competency; learning; personal development.
- write reviews (eventually parallel with the development of a module): based on problem/ disorder and or working mechanism.
- Randomised Clinical Trial (RCT): dramatherapy and trauma, based on products/ modules and research literature (reviews).

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APPENDIX 1

Used databases

Deze literatuurlijst is samengesteld op basis van:

- In het verleden door mij (Huub Notermans) verzamelde artikelen (zoekcriteria opzoeken).
- Inventarisatie van artikelen die in het kader van zorgstandaarden en generieke modules verzameld zijn. www.dropbox.com/home/Producten%20en%20modulen%20dramatherapie
- Recent uitgevoerde searches met de volgende zoekwoorden: drama therapy, psychodrama, embodiment, (creative) drama, educational drama, role play, perspective taking. Om het zoekresultaat af te baken is gebruikt gemaakt van: peer reviewed, therapy, 2000/7-2017, in title.

De volgende databases zijn gebruikt:

- HUGO (Hogeschool Utrecht) de zoekmachine doorzoekt de volgende databases:
- LexisNexis Academic
- WorldCat.org
- Academic Search Complete
- ERIC
- Business Source Complete
- Directory of Open Access Journals
- Emerald Group Publishing Limited
- SAGE Journals
- ScienceDirect
- NARCIS
- ACM Digital Library
- Academia
- Kluwer
- HBO Kennisbank
- BioMed Central
- Education Research Complete
- Boom uitgevers Den Haag
- SPORTDiscus
- E-Journals
- CINAHL Plus with Full Text
- Communication and Mass Media Complete
- Cochrane Library
- Pubmed
- <http://psycnet.apa.org>
- Dramatherapie artikelen die gepubliceerd zijn in het Tijdschrift voor vaktherapie (tot en met 2018)

APPENDIX 2

Drama literature problem area's

In this appendix, an overview of the dramatherapy literature is given categorised by different problem areas. The setup is based on articles' titles and therefore is an indication and not a current state.

Trauma

Review

- Avinger, A. K., & Jones, R. A. (2007). Group treatment of sexual abused adolescent girls: A review of outcome studies. *The American Journal of Family Therapy*, 35, 315-326. doi:10.1080/01926180600969702
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Quasi experimental/ qualitative

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- Jarman, S. (2014). The effectiveness of drama therapy for children who have witnessed domestic abuse, *Mental Health Practice*, 18(2), p. 19-24.
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- Peleg, M., Lev-Wiesel, R., & Yaniv, D. (2014). Reconstruction of self-identity of holocaust child survivors who participated in "testimony theater". *Psychological Trauma: Theory, Research, Practice, and Policy*, 6, 411-419. doi:10.1037/a0033834
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Theory/ intervention

- Carlson, S. M., Tahiroglu, D., & Taylor, M. (2008). Links between dissociation and role play in a nonclinical sample of preschool children. *Journal of trauma & Dissociation*, 9, 149-171.
- Creevan, C. M. (2014). Trauma-informed drama therapy: Transforming clinics, classrooms, and communities. *Journal of Creativity in Mental Health*, 9, 523-526.
- Doomen, L. (2014). Trauma en psychodrama: De metafoor als brug tussen het onbewuste en het bewuste. *Tijdschrift voor Vaktherapie*, 14(4), 33-40.
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- Ensink, K., Berthelot, N., Biberdzic, M., & Normandin, L. (2016). The mirror paradigm: Assessing the embodied self in the context of abuse. *Psychoanalytic Psychology*, 33, 389-405.
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- Haen, C. (2017). Resuscitating bodies: On deadness, trauma, and intersubjectivity. *The Arts in Psychotherapy*, 55, 11-18.
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- Rutberg, E. (2016). Beyond words: Learning to use role-play to treat posttraumatic stress disorder. *The Journal of Psychodrama, Sociometry, and Group Psychotherapy*, 64, 25-39.
- Willemsen, M. (2014). In dramatherapie spelen met het onspeelbare: Developmental transformations voor het behandelen van chronisch getraumatiseerde kinderen. *Tijdschrift voor Vaktherapie*, 14(4), 10-17.

Anxiety

Quasi experimental/ qualitative

- Anari, A., Ddadsetan, P., & Saleh Sedghpour, B. (2009). The effectiveness of drama therapy on decreasing of the symptoms of social anxiety disorder in children. *European Psychiatry*, 24, S514.
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- Jang, M., & Kimb, Y. (2012). The effect of group sandplay therapy on the social anxiety, loneliness and self-expression of migrant women in international marriages in South Korea. *The Arts in Psychotherapy*, 39, 38-41.
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Case study

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Theory/ intervention

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Personality Disorders

Quasi experimental/ qualitative

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Case study

- Martín, I. B., Gómez, E. G., Itúbide, K. E., Conde, B. U., Besteiro, P. V., Franco, C. P., & Jorge, P. G. (2017). An expressive group approach to borderline personality disorder in patients with bulimia nervosa: A clinical case. *European Psychiatry*, 41, S547. doi:10.1016/j.eurpsy.2017.01.768

Theory/ intervention

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Depression

RCT

- Puspitasari, A. J., Kanter, J. W., Busch, A. M., Leonard, R., Dunsiger, S., Cahill, S., . . . Koerner, K. (2017). A randomized controlled trial of an online, modular, active learning training program for behavioral activation for depression. *Journal of Consulting and Clinical Psychology, 85*, 814-825.

Quasi experimental/ qualitative

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Theory/ intervention

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Regulation

Quasi experimental/ qualitative

- Blacker, J., Watson, A., & Beech, A. R. (2008). A combined drama-based and CBT approach to working with self-reported anger aggression. *Criminal Behaviour and Mental Health*, 18, 129-137.
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Theorie/ interventie

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Externalisation: behaviour disorders/ problems/ delinquent behaviour

Quasi experimental/ qualitative

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Case study

- Rabain, J. F., Franceschini-Mande, I. A., Tetre, I. C., Tyberg de Gunzburg, E. (2016). Apport du psychodrame psychanalytique dans le traitement d'une adolescente état-limite suivie en hôpital de jour. *Neuropsychiatrie de l'Enfance et de l'Adolescence*, 64, 529-538.

Theory/ intervention

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Health Care prevention

Review

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Quasi experimental/ qualitative

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Addiction

Quasi experimental/ qualitative

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Case study

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- Kozakai, S. (2014). Client's opinion: Drama therapy has re-created me. *Alcohol and Alcoholism*, 49, i25.

Theory/ intervention

- Lenssen, M., & Tuender, G. (2012). Ik gok erop... ; Inventariserend onderzoek naar dramatherapeutische interventies bij pathologisch gokken. *Tijdschrift voor Vaktherapie*, 12(1), 17-23.
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Stigmatisation

Quasi experimental/ qualitative

- Orkibi, H., Bar, N., & Eliakim, I. (2014). The effect of drama-based group therapy on aspects of mental illness stigma. *The Arts in Psychotherapy*, 41, 458-466.

Eating Disorders

Quasi experimental/ qualitative

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Case study

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Theory/ intervention

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Severe mental illness

Quasi experimental/ qualitative

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Theory/ intervention

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Neurocognitive disorder

Review

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Quasi experimental/ qualitative

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Theory/ intervention

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Cancer

Review

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Schizophrenia/ psychoses

Review

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Quasi experimental/ qualitative

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Theory/ intervention

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Attention Deficit Disorder

Review

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Quasi experimental/ qualitative

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Theory/ intervention

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Psychosomatic disorder

Quasi experimental/ qualitative

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Theory/ intervention

- Toyran, M., & Kocabas, C.N. (2014). Educational drama can be helpful in the management of asthmatic adolescents, *Pediatric Allergy and Immunology*, 25, 196-197.
- Weeks, R. E. (2009). Practical strategies for treating chronic migraine with medication overuse: Case examples and role play demonstrations. *Neurological Sciences*, 30, 95-99.

Autism spectrum disorder

Review

- Lee, K., Lambert, H., Wittich, W., Kehayia, E., & Park, M. (2016). The use of movement-based interventions with children diagnosed with autism for psychosocial outcome: A scoping review. *Research in Autism Spectrum Disorders*, 24, 52-67.

RCT

- Corbett, B. A., Key, A. P., Qualls, L., Fecteau, S., Newsom, C., Coke, C., & Yoder, P. (2016). Improvement in social competence using a randomized trial of a theatre intervention for people with autism spectrum disorder. *Journal of Autism and Developmental Disorder*, 46, 658-672.
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Quasi experimental/ qualitative

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Case study

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Theory/ intervention

- Badone, E., Nicholas, D., Roberts, W., & Kien, P. (2016). Asperger's syndrome, subjectivity and the senses. *Culture, Medicine, and Psychiatry*, 40, 475-506.
- Belisle, J., Dixon, M. R., Stanley, C. R., Munoz, B., & Daar, J. H. (2016). Teaching foundational perspective-taking skills to children with autism using the PEAK-T curriculum: Single-reversal "I-you" deictic frames, *Journal of Applied Behavior Analysis*, 49, 965-969.
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Prevention/ Vulnerable groups

Review

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RCT

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- Smokowski, P. R., & Bacallao, M. (2009). Entre dos mundos/between two worlds youth violence prevention: Comparing psychodramatic and support group delivery formats. *Small Group Research*, 40, 3-27.

Quasi experimental/ qualitative

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- Famarzi, S., Moradi, M. R., & Motamedi, B. (2015). Effectiveness of psychodrama with pantomime on the social adjustment of deaf female students. *Audiology*, 23, 85-91.
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- McArdle, P., Young, R., Quibell, T., Moseley, D., Johnson, R., & LeCouteur, A. (2011). Early intervention for at risk children: 3-year follow-up. *European Child & Adolescent Psychiatry, 20*, 111–120.
- Özbaş, A. A., & Tel, H. (2016). The effect of a psychological empowerment program based on psychodrama on empowerment perception and burnout levels in oncology nurses: Psychological empowerment in oncology nurses. *Palliative & Supportive Care, 14*, 393-401.
- Perlini, A. H., & Ward, C. (2000). HIV prevention interventions: The effects of role-play and behavioural commitment on knowledge and attitudes. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement, 32*, 133-143.
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Case study:

- Smith, G. G., & Celano, M. (2000). Revenge of the mutant cockroach: Culturally adapted storytelling in the treatment of a low-income African American boy. *Cultural Diversity and Ethnic Minority Psychology, 6*, 220-227.

Theory/ intervention

- Beale, A. V. (2001). “Bullybusters”: Using drama to empower students to take a stand against bullying behavior. *Professional School Counseling, 4*, 300-305.
- Dieterich-Hartwell, R., & Koch S. C. (2017). Creative arts therapies as temporary home for refugees: Insights from literature and practice, *Behavioral Sciences, 7*, 69.
- Dillen, L., Siongers, M., Helskens, D., & Verhofstadt-Deneve, L. (2009). When puppets speak: Dialectical psychodrama within developmental child psychotherapy. *Journal of Constructivist Psychology, 22*, 55-82

- Folostina, R., Tudorache, L. A., Michel, T., Erzsebet B., & Duta, N. (2015). Using drama therapy and storytelling in developing social competences in adults with intellectual disabilities of residential centers. *Procedia - Social and Behavioral Sciences*, 186, 1268-1274.
- Gordon, T. (2012). Using role-play to foster transformational and social action multiculturalism in the ESL classroom, *TESOL Journal*, 3, 698-721.
- Gruijter, E., de. (2016) Oog voor vluchtelingen. *Tijdschrift voor Vaktherapie*, 16(4), 47-50.
- Haen, C. (2005). Rebuilding security: Group therapy with children affected by September 11. *International Journal of Group Psychotherapy*, 55, 391-414.
- Hell, M. (2013). Zachtjes balen met Toontje: Een dramatherapeutische methode ter bevordering van veilige hechting. *Tijdschrift voor Vaktherapie*, 13(2), 3-10.
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- Moller, L. (2013). Project "For Colored Girls:" Breaking the shackles of role deprivation through prison theatre. *The Arts in Psychotherapy*, 40, 61-70.
- Nelson, B. (2011). "I made myself": Playmaking as a pedagogy of change with urban youth, *Research in Drama Education: The Journal of Applied Theatre and Performance*, 16, 157-172.
- Reynolds, A. (2011). Developmental Transformations: Improvisational drama therapy with children in acute inpatient psychiatry. *Social Work with Groups*, 34, 296-309.
- Sas, C., & Coman, A. (2016). Designing personal grief rituals: An analysis of symbolic objects and actions. *Death Studies*, 40, 558-569.
- Somov, P. G. (2008). A psychodrama group for substance use relapse prevention training. *The Arts in Psychotherapy*, 35, 151-161.
- Varelas, M., Pappas, M. C., Tucker-Raymond, E., Kane, J., Hankes, J., Ortiz, I., & Keblawe-Shamah, N. (2009). Drama activities as ideational resources for primary-grade children in urban science classrooms. *Journal of Research in Science Teaching*, 46, 302-325.
- Walsh, R. T., Kosidoy, M., & Swanson, L. (1991). Promoting social-emotional development through creative drama for students with special needs. *Canadian Journal of Community Mental Health*, 10, 153-166.
- Yotis, L., Theocharopoulos, C., Fragiadaki, C., & Begioglou, D. (2017). Using playback theatre to address the stigma of mental disorders. *The Arts in Psychotherapy*, 55, 80-84.

APPENDIX 3

Developmental support

In this appendix, an overview of the dramatherapy literature is given categorised by developmental support areas.

The setup is based on articles' titles and therefore is an indication and not a current state.

Social competence

RCT

- Bosse, H. M., Schultz, J. H., Nickel, M., Lutz, T., Möltner, A., Jünger J., . . . Nikendei, C. (2012). The effect of using standardized patients or peer role play on ratings of undergraduate communication training: A randomized controlled trial. *Patient Education and Counselling*, 87, 300-306.

Quasi experimental/ qualitative

- Andres-Hyman, R. C., Strauss, J. S., & Davidson, L. (2007). Beyond parallel play: Science befriending the art of method acting to advance healing relationships. *Psychotherapy: Theory, Research, Practice, Training*, 44, 78-89.
- Çetingöz, D., & Günhan, B. C. (2012). The effects of creative drama activities on social skills acquisition of children aged six. *Cukurova University Faculty of Education Journal*, 41, 54-66.
- Dogan, T. (2010). The effects of psychodrama on young adults' attachment styles. *The Arts in Psychotherapy*, 37, 112-119.
- Frey, S. (2009). Building self-esteem, coping skills, and changing cognitive distortions. In A.A. Drewes (Ed.), *Blending play therapy with cognitive behavioral therapy. Evidence-based and other effective treatments and techniques*. Hoboken, NJ: John Wiley & Sons.
- Grizenko, N., Zappitelli, M., Langevin, J-P., Hrychko, S., El-Messidi, A., Kaminester, D., Stepanian, M.T. (2000). Effectiveness of a social skills training program using self/other perspective-taking: A nine-month follow-up. *American Journal of Orthopsychiatry*, 70, 501-509.
- Hamamci, Z. (2002). The effect of integrating psychodrama and cognitive behavioral therapy on reducing cognitive distortions in interpersonal relationships. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 3-14.
- Todd, A. R., & Burgmer, P. (2013). Perspective taking and automatic intergroup evaluation change: Testing an associative self-anchoring account. *Journal of Personality and Social Psychology*, 104, 786-802.
- Treadwell, T. W., Reisch, E. E., Travaglini, L. E., & Kumar, V. K. (2011). The effectiveness of collaborative story building and telling in facilitating group cohesion in a college classroom setting. *International Journal of Group Psychotherapy*, 61, 502-517.

- Vorauer, J. D., Martens, V. & Sasaki, S. J. (2009). When trying to understand detracts from trying to behave: Effects of perspective taking in intergroup interaction. *Journal of Personality and Social Psychology*, 96, 811-827.

Case study

- Snodgrass, L., & Blunt, R. (2009). The value of play for conflict management: A case study. *South African Journal of Education*, 29, 53-67.

Theory/ intervention

- Baile, W., Neuendorf, K., & Walters, R. (2015). Using “action methods” to enhance role-play simulations in teaching communication skills. *Journal of Pain & Symptom Management*, 49, 325.
- Boorsma, E. (2015). In contact raken. *Tijdschrift voor Vaktherapie*, 15(2), 38-40.
- Deans, C. E., McIlwain, D., & Geeves, A. (2015). The interpersonal development of an embodied sense of agency. *Psychology of Consciousness: Theory, Research, and Practice*, 2, 315-325.
- Goldstein, T.R. (2011). Correlations among social-cognitive skills in adolescents involved in acting or arts classes. *Mind, Brain, and Education*, 5, 97-103.
- Graves, K. N., Frabutt, J. M., & Vigliano, D. (2007). Teaching conflict resolution skills to middle and high school students through interactive drama and role play. *Journal of School Violence*, 6(4), 57-79.
- Gutenbrunner, L., & Wagner, U. (2016). Perspective-taking techniques in the mediation of intergroup conflict. *Peace and Conflict: Journal of Peace Psychology*, 22, 298-305.
- Heagle, A., & Rehfeldt, R-A. (2006). Teaching perspective-taking skills to typically developing children through derived relational responding. *Journal of Early and Intensive Behavior Intervention*, 3, 1-34.
- Hasselt, V. B., van, Romano, S. J., & Vecchi, G. M. (2008). Role playing: Applications in hostage and crisis negotiation skills training. *Behavior Modification*, 32, 248-263.
- Lenz, A. S., Holman, R., & Dominguez, D. (2010). Encouraging connections: Integrating expressive art and drama into therapeutic social skills training with adolescents. *Journal of Creativity in Mental Health*, 5, 142-157.
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Reflection/awareness

Quasi experimental/ qualitative

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Theory/ intervention

- Linds, W. (2008). Performing responsibility: Ethical 'know-how' through drama facilitation. *Reflective Practice*, 9, 101-110.
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Language development

Review

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Theorie/ interventie

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Learning

Review/ Meta-analysis

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Quasi experimental/ qualitative

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Theory/ intervention

- Braund, M. (2015). Drama and learning science: An empty space? *British Educational Research Journal*, 41, 102-121.
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General well- being

Theory/ intervention

- Hankir, A., Kirkcaldy, B., Carrick, F. R., Sadiq, A., & Zaman, R. (2017). The performing arts and psychological well-being. *Psychiatria Danubia*, 29, 196-202.
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Personal development

Quasi experimental/ qualitative

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- Lambert, K., Wright, P., Currie, J., & Pascoe, R. (2014). Embodiment and becoming in secondary drama classrooms: The effects of neoliberal education cultures on performances of self and of drama texts. *Critical Studies in Education*, 1, 1-19.
- Larson, R. W., & Brown, J.R. (2007). Emotional development in adolescence: What can be learned from a high school theatre program? *Child development*, 78, 1083-1099.
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Theory/ intervention

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- Keisari, S. & Palgi, Y. (2017). Life-crossroads on stage: Integrating life review and drama therapy for older adults. *Aging & Mental Health, 21*, 1079-1089.

APPENDIX 4

Dramaliterature and working mechanism

This appendix provides an overview of articles based on their titles that possibly comment on the coping mechanisms in dramatherapy.

The setup is based on articles' titles and therefore is an indication and not a current state.

Cognitive therapy/ Schematherapy

Quasi experimental/ qualitative

- Blacker, J., Watson, A., & Beech, A.R. (2008). A combined drama-based and CBT approach to working with self-reported anger aggression. *Criminal Behaviour and Mental Health*, 18, 129-137.
- Broek, E., van den, Keulen-de Vos, M., & Bernstein, D. P. (2011). Arts therapies and schema focused therapy: A pilot study. *The Arts in Psychotherapy*, 38, 325-332.
- Florussen, R. (2012). Spelenderwijs bewust: De meerwaarde van dramatherapie volgens cliënten in de dialectische gedragstherapie. *Tijdschrift voor Vaktherapie*, 12(2), 3-9.
- Keulen-de Vos, M. (2013). *Emotional states, crime and violence. A schema therapy approach to the understanding and treatment of forensic patients with personality disorders*. Maastricht: Universitaire Press.

Theory/ intervention

- Hilderink, K. (2008). De gordijnen kunnen open!: Dramatherapie begrepen vanuit de cognitieve gedragstherapie. *Tijdschrift voor Vaktherapie*, 8(1), 13-19.
- Wilson, J. (2012). Dancing in the sun: The creative combination of Cognitive Behavioural Therapy (CBT) and psychodrama. *Australian and Aotearoa New Zealand Psychodrama Association Journal*, 21, 21-30.

Psychodrama

Meta-analysis

- Kipper, D., & Ritchie, T. (2003) The effectiveness of psychodramatic techniques: A meta-analysis. *Group Dynamics: Theory, Research and Practice*, 7(1), 13-25.

Quasi experimental/ qualitative

- McVea, C., Gow, K., & Lowe, R. (2011). Corrective interpersonal experience in psychodrama group therapy: A comprehensive process analysis of significant therapeutic events. *Psychotherapy Research, 21*, 416-429.
- Orkibi, H., Azoulay, B., Regev, D., & Snir, S. (2017). Adolescents' engagement predicts their in-session productive behaviors: A psychodrama change process study. *The Arts in Psychotherapy, 55*, 46-53.
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- Tschuschke, V. (2011). Wirksamkeit psychodramatischer Gruppenpsychotherapie: Ergebnisse der PAGE-Studie. *Zeitschrift für Psychodrama und Soziometrie, 10*, 45-56.
- Yaniv, D. (2012). Dynamics of creativity and empathy in role reversal: Contributions from neuroscience. *Review of General Psychology, 16*, 70-77.

Theory/ intervention

- Braun, T. (2011). Nasrallah und IDF - die Helden des Friedens - Pädagogisches Psychodrama und Interkulturelle Konfliktarbeit. *Zeitschrift für Psychodrama und Soziometrie, 10*, 309-323.
- Dillen, L., Siongers, M., Helskens, D., & Verhofstadt-Deneve, L. (2009). When puppets speak: Dialectical psychodrama within developmental child psychotherapy. *Journal of Constructivist Psychology, 22*, 55-82.
- Fisher, J. A. (2007). Congenial alliance: Synergies in cognitive and psychodramatic therapies. *Psychology of Aesthetics, Creativity, and the Arts, 1*, 237-242.
- Klein, U. (2015). Zur Neurophysiologie des psychodramatischen Spiegeln: „Rin in die Kartoffeln - raus aus die Kartoffeln“ oder vom Pendeln zwischen Involviertheit und Distanziertheit. *Zeitschrift für Psychodrama und Soziometrie, 14*, 201-211.
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- Rakemann, A. (2012). Fenna en haar gitaar: Bevorderen van het mentaliserend vermogen via psychodramatechnieken. *Tijdschrift voor Vaktherapie, 12*(2), 19-24.
- Tonkin, T., & Michell, D. (2010). The reverse role play: An innovative way of confronting men. *Australian Social Work, 63*, 460-465.

Symbolising

Theory/ intervention

- Nilson, D., & Wadsby, M. (2010). Symbol drama, a psychotherapeutic method for adolescents with dissociative and PTSD symptoms: A pilot study. *Journal of Trauma & Dissociation*, 11, 308-321.
- Park, M. (2008). Making scenes imaginative practices of a child with autism in a sensory integration-based therapy session. *Medical Anthropology Quarterly*, 22, 234-256.
- Pendzik, S. (2008). Using the 6-Key model as an intervention tool in drama therapy. *The Arts in Psychotherapy*, 35, 349-354.

Mentalisation

Quasi experimental/ qualitative

- Falconer, C. J., Cutting, P., Bethan Davies, E., Hollis, C., Stallard, P., & Moran, P. (2017). Adjunctive avatar therapy for mentalization-based treatment of borderline personality disorder: A mixed-methods feasibility study. *Evidence Based Mental Health*, 20, 123-127.
- Wölwer, W., & Frommann, N. (2011). Social-cognitive remediation in schizophrenia: Generalization of effects of the Training of Affect Recognition (TAR). *Schizophrenia Bulletin*, 37, 63-70.

Theory/ intervention

- Conway, J. R., Lee, D., Ojaghi, M., Catmur, C., & Bird, G. (2017). Submentalizing or mentalizing in a Level 1 perspective-taking task: A cloak and goggles test. *Journal of Experimental Psychology: Human Perception and Performance*, 43, 454-465.
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- Michael, J., Christensen, W., & Overgaard, S. (2014). Mindreading as social expertise, Synthese, *An International Journal for Epistemology, Methodology and Philosophy of Science*, 191, 817-840.
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Role-play

Quasi experimental/ qualitative

- Alfes, C. M. (2015). Standardized patient versus role-play strategies: A comparative study measuring patient-centered care and safety in psychiatric mental health nursing. *Nursing Education Perspectives*, 36, 403-405.

- Dingli, S., Khalfey, S., & Leston-Bandeira, C. (2013). The effectiveness of incentive-driven role-play. *European Political Science*, 12, 384-398.
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- Jouriles, E. N., Simpson, R. L., McDonald, R. P. C. G., & Gomez, G. S. (2011). Assessing women's responses to sexual threat: Validity of a virtual role-play procedure. *Behavior Therapy*, 42, 475-484.
- Kalkman, K., & Clark, A. (2017). Here we like playing princesses – newcomer migrant children's transitions within day care: Exploring role play as an indication of suitability and home and belonging. *European Early Childhood Education Research Journal*, 25, 292-304.
- Leising, D., Rehbein, D., & Sporberg, D. (2007). Validity of the Inventory of Interpersonal Problems (IIP-64) for predicting assertiveness in role-play situations. *Journal of Personality Assessment*, 89, 116-125.
- Moriguchi, Y., Ban, M., Uchiyama, I., & Osanai, H. (2017). Relationship between implicit false belief understanding and role play: Longitudinal study. *European Journal of Developmental Psychology*, 1, 172-183.
- Mottweiler, C. M., & Taylor, M. Elaborated role play and creativity in preschool age children. *Psychology of Aesthetics, Creativity, and the Arts*, Vol 8, 277-286.
- Ratto, A. B., Turner-Brown, L., Rupp, B. M., Mesibov, G. B., & Penn, D. L. (2011). Development of the Contextual Assessment of Social Skills (CASS): A role play measure of social skill for individuals with high-functioning autism. *Journal of Autism and Developmental Disorders*, 41, 1277-1286.
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Case Study

- Dracup, M. (2008). Role play in blended learning: a case study exploring the impact of story and other elements. *Australasian Journal of Educational Technology*, 24, 294-310.

Theory/ intervention

- Blanchard, O., & Buchs, A. (2015). Clarifying sustainable development concepts through role-play. *Simulation & Gaming*, 46, 697-712.
- Brom, C., Šisler, V. T., Slussareff, M., Selmbacherová, T., & Hlávka Z. K. (2016). You like it, you learn it: Affectivity and learning in competitive social role play gaming. *International Journal of Computer-Supported Collaborative Learning*, 11, 313-348.
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- Chen, J. C., & Martin, A. R. (2015). Role-play simulations as a transformative methodology in environmental education. *Journal of Transformative Education*, 13, 85-102.
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- Fryer, N., & Boot, M. (2016). Beyond you and I: Role play and reflection-in-action in communication training. *Reflective Practice*, 18, 112-122.
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- Rivers, A., Wickramasekera, I. E., Pekala, R.J., & Rivers, J.A. (2016). Empathic features and absorption in fantasy role-playing. *American Journal of Clinical Hypnosis*, 58, 286-294.
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Drama/ theatre

Quasi experimental/ qualitative

- Cassidy, S. Gumley, A., & Turnbull, S. (2017). Safety, play, enablement, and active involvement: Themes from a grounded theory study of practioner and client experiences of change processes in dramatherapy. *The Arts in Psychotherapy*, 55, 174-185.
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- Goldstein, T. R. (2015). Predictors of engagement in and transfer from acting training. *Psychology of Aesthetics, Creativity, and the Arts*, 9, 266-273
- Jones, P. (2008). Research into the core processes of drama therapy: Vignettes and conversations. *The Arts in Psychotherapy*, 35, 271-279.
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- Sancar, F., Şahin, S., Şahin, G., & Eren, N. (2017). The assessment of a drama therapy process for patients with severe psychiatric patients, *European Psychiatry*, 41, S615.
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Theory/ intervention

- Armstrong, C. R., Rozenberg, M., Powell, M. A., Honce, J., Bronstein, L., Gingras, G., & Han, E. (2016). A step toward empirical evidence: Operationalizing and uncovering drama therapy change processes. *The Arts in Psychotherapy*, 49, 27-33.
- Arpin, J. (2014). Masters of their Conditions III: Clinical applications of theater anthropology in cultural psychiatry. *Transcultural psychiatry*, 51, 461-478.
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- Duffy, P. B. (2014). The blended space between third and first person learning: Drama, cognition and transfer. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 19, 89-97.
- Faranda, F. (2014). Working with images in psychotherapy: An embodied experience of play and metaphor. *Journal of Psychotherapy Integration*, 24, 65-77.
- Marjanovic-Shane, A., & Beljanski-Ristic, L. (2008). From play to art - from experience to insight. *Mind, Culture, and Activity*, 15, 93-114.
- Novy, C. (2003). Drama therapy with pre-adolescents: a narrative perspective. *The Arts in Psychotherapy*, 30, 201-207.
- Omasta, M., & Snyder-Young, D. (2014). Gaps, silences and comfort zones: Dominant paradigms in educational drama and applied theatre discourse. *Research in Drama Education*, 19(1), 7-22.
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Improvisation

Quasi experimental/ qualitative

- Hansen, P., & Oxoby, R.J. (2017). An earned presence: Studying the effect of multi-task improvisation systems on cognitive and learning capacity. *Connection Science*, 29, 77-93.

Theory/ intervention

- Bossche, D., van den, & Baars, M. (2008). Developmental Transformations: Kennismaking met en implementatie van een dramatherapiemethode. *Tijdschrift voor Vaktherapie*, 8(2), 3-9.
- Knijn, S. (2008). Ontwapening: een improvisatietechniek binnen dramatherapie. *Tijdschrift voor Vaktherapie*, 8(4), 9-15.
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- Ruby, J., & Ruby, N.C. (2019). Improvisational acting exercises and their potential use in family counseling. *Journal of Creativity in Mental Health*, 4, 152-160.
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- Frydman, J. S. (2017). Select models of cognition in developmental transformations: A theoretical integration. *The Arts in Psychotherapy*, 56, 111-116.

Sensory

Theory/ intervention

- Badone, E., Nicholas, D., Roberts, W., & Kien, P. (2016). Asperger's syndrome, subjectivity and the senses. culture, medicine, and psychiatry. *An International Journal of Cross-Cultural Health Research*, 40, 475-506.
- Cascio, C. J., Moana-Filho, E. J., Guest, S., Nebel, M. B., Weisner, J., Baranek, G. T., & Essick, G. K. (2012). Perceptual and neural response to affective tactile texture stimulation in adults with autism spectrum disorders. *Autism Research*, 5, 231-244.

Embodiment

Quasi

- Jospe, K., Flöel, A., & Lavidor, M. (2017). The role of embodiment and individual empathy levels in gesture comprehension. *Experimental Psychology*, 64, 56-64.
- Sukalla, F., Bilandzic, H. Bolls, P. D., & Busselle, R. W. (2016). Embodiment of narrative engagement: Connecting self-reported narrative engagement to psychophysiological measures. *Journal of Media Psychology: Theories, Methods, and Applications*, 28, 175-186

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