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Drama and Autism

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Definition

> I regard the theatre as the greatest of all art forms, the most immediate way in which a human being can share with another the sense of what it is to be a human being.
> Oscar Wilde (as cited in Corbett et al. 2011)

Drama interventions attempt to provide creative, enjoyable, and engaging opportunities for people with autism spectrum disorders (ASD) to practice a wide range of social skills in the safety and protection of a workshop environment. Ranging from whole group to one-to-one settings, drama interventions operate on the basis of the creation of a fictional context (i.e., a pretend situation), which playfully captures the attention of the participants and encourages interaction and communication with others. Operating on a continuum, there are several different approaches to using drama as an intervention with people with ASD, varying from involvement in theater performance and working on play scripts at one end to improvisation and simulation at the other. Underpinning all forms of drama interventions is an intention to actively involve the participant in exploring and making sense of the world in which they live and working creatively with them to understand their place and their relationship with others in that environment. Drama interventions are structured, arts-based, educational mediations, involving a facilitator, teacher, or therapist who draws from a range of creative and fun teaching and learning strategies to actively involve the participant in learning for increased social awareness, communication, and understanding. Typically, both participants and facilitators take on roles ranging from simple two-dimensional roles, such as pretending to be a shopkeeper, dentist, or grandmother, to highly developed roles such as pretending to be a superhero going on a mission to defeat Lord Taylor and save the world.

"Going into role" is an important defining characteristic of drama interventions and often involves a facilitator "in role," improvising an everyday situation with the participants who may take on a different role and respond/react to the situation as it unfolds in a workshop setting (commonly referred to as role-playing; see O'Sullivan 2011). These roles can be swapped and developed, adding in new complications or changes each time a scene is replayed. Alternatively, if participants are socially and cognitively able for it and in particular if they are able to differentiate between fiction and reality, both facilitator and participants can "go into role" and engage in exciting, action-filled, improvised drama, which facilitates the practice and exploration of a wide range of personal and social skills. During such interventions, both participants and facilitator together try to unravel and solve various fictional mysteries and problems (this activity is typically referred to as drama in education or process drama; see Bowell and Heap 2013; Edmiston 2014). The former approach is often used in drama therapy settings on a one-to-one basis or with small groups with explicit therapeutic objectives in a clinical setting, and the latter is most often associated with inclusive classroom practice in schools or in extracurricular drama classes with specialist drama teachers working with groups of between 8 and 14 participants.

Theater as an intervention is typically associated with working from existing scripts or scripts which the group devise/create from their own experiences/interests and which participants rehearse and then perform in front of an audience. In contrast, drama in education places much less emphasis on the

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performance aspect and highlights the process and value of engaging with fictional scenarios, where there is no script but participants react to the fictional situation in an improvised manner. Drama in education is also commonly referred to as "process drama." Drama therapy (written as dramatherapy in the UK and several other European countries) is closely related to process drama but is defined as the use of drama as a therapeutic method. Similarly, psychodrama is active and experiential and encourages the spontaneity and creativity of clients for therapeutic purposes.

Historical Background

The use of drama as a social and educational intervention began in the nineteenth century, but drama has been valued for thousands of years for its ability to entertain, educate, and heal (Brockett and Hildy 2007). References to the cathartic and therapeutic effects of both observing and participating in drama and theater performances are replete in the literature, from Sophocles' *Antigone* in the fifth century BC to the dramatic works of Shakespeare, Middleton, Fletcher, and Ford in the seventeenth century and numerous references to the value of building theaters in psychiatric hospitals in countries such as Italy, France, Germany, and the USA in the eighteenth and nineteenth centuries (Casson 2007). Similarly, the use of drama in young people's education has long been documented, stretching back to Athenian education and reappearing again in the Renaissance period, when "By the late sixteenth century, almost all schools used drama" (Courtney 1968, p. 19). Harriet Finlay-Johnson (1912/2008) and Henry Caldwell Cook (1917) began using dramatic play in schools as a specific teaching and learning method in England at the turn of the twentieth century, with evidence of similar practices in use in schools in Croatia, Romania, Poland, and eastern Europe from the mid-1800s. The development of drama in education by pioneers such as Winifred Ward, Peter Slade, Viola Spolin, Brian Way, Nellie McCaslin, Dorothy Heathcote, Gavin Bolton, Betty Jane Wagner, Cecily O'Neill, David Davis, and Jonothan Neelands, throughout the twentieth century, firmly established the role of drama as an effective and creative approach to teaching and learning in formal and nonformal educational contexts. Recognizing that creativity and spontaneity are the propelling forces in human progress, Jacob Levy Moreno was similarly exploring the use of drama with children in Vienna [1908], before later developing its application in therapeutic procedures known as psychodrama and sociodrama (Moreno 1939). Peter Slade (1954), a pioneer in the field of theater for children and whose child drama philosophy was influential in the development of drama therapy, was also an expert in using drama as an intervention with children with special needs, which Winifred Ward had earlier started to develop in the USA in the 1920s.

From the 1960s onward, a parallel approach was developed to working with children and people with special educational needs (SEN). Some practitioners started to specialize in the emerging field of drama therapy, notably led by Sue Jennings (1982, 1987), and others began to work in this area using drama interventions developed by Dorothy Heathcote (Johnson and O'Neill 1984). Both traditions use similar techniques (dramatic play, improvisation, role-play, movement, mime, drama games, use of masks and puppets, and working with scripts, myths, and stories), often with similar equipment, such as dress-up materials, a box of clothes, art supplies, stories, books, and musical instruments. Both share interweaving influences from the areas of drama, theater, and psychology and aim to work on similar skills: expressing and exploring feelings, developing spontaneity, imagination and creativity, improving self-image and self-confidence, and developing social relationships. However, they have very distinct purposes. Drama therapists use elements of the performing arts in their work and apply it in a clinical setting. It has been defined by Sue Jennings (1982) as "the specific application of theatre structures and drama processes with a declared intention that it is therapy," while Moreno (1983) described its forerunner psychodrama as "the science which explores the truth by dramatic methods. It deals with inter-personal relations and private

worlds." An explicit emphasis on using drama as a therapeutic method in a clinical setting differentiates these practices from other forms of drama interventions, which focus on more general development and practice of personal and social skills and thus feature more prominently in the literature about interventions for people with ASD.

Despite the fact that Viktorine Zak, a nurse at the Vienna Children's Hospital where Hans Asperger worked, developed drama programs to teach social skills to children with ASD in the 1940s (Asperger, [1944], as cited in Attwood 2007), there has been little sustained attention to its use in the intervening period and even fewer published studies discussing the use of drama and theater interventions with people with ASD. Passing mention of drama is made when discussing functional or symbolic play as a social skills intervention. References to structured social and sociodramatic play (Conn 2007) and role-play (Nelson 2010) predominate in the field (the former particularly in early years settings), with limited reference to participants engaging in theater performance (Schneider 2007; Vickers 2005) or drama interventions (Sherratt and Peter 2002; O'Sullivan et al. 2009; 2010). However, despite its poor presence in the scholarly literature, online information is available about several recently established programs, associations, and professional publications and magazines dedicated to the use of theater and drama interventions with children and young people with ASD. Notable examples include Andrew Nelson and Parasuram Ramamoorthi's "Applied Theater Research and Autism Network" (ArTRAN) and its associated "Velvi Theater Heals" organization based in India; Stanley Greenspan's "Floortime," which inspired Elaine Hall to establish the well-known "Miracle Project" in California leading to the release of "Autism: The Musical"; the Autism Theater Network (part of the Applied Theater Center); "Social Drama" being developed by Carmel O'Sullivan in association with ASPIRE (the Asperger Syndrome Association Of Ireland) in Dublin, Ireland; Theater Horizon; Face Place Theater Project in Indiana; Social Emotional NeuroScience Endocrinology (SENSE) Theater in California; People's Light & Theater in Pennsylvania; and ArtStream in Washington, D.C. in addition, and several professional theater companies and playhouses have established programs involving what they describe as the use of occupational therapy and therapeutic interactive performances for and with young people with ASD, such as at the Florida Repertory Theater Company, Des Moines Playhouse in Iowa, and the Red Kite Project at Chicago Children's Theater. The first autism-friendly performance on Broadway took place in 2011 (*The Lion King*) and has become one of the fastest growing services for people with communication barriers (Mandell 2013).

Rationale or Underlying Theory

ASD is characterized by differences in social communication and restricted interests and repetitive behaviors. Although individuals with a diagnosis of ASD have uneven cognitive and social skills profiles, they are all likely to experience a degree of challenge in the areas of pragmatics (the social use of language) and social cognition (being able to see things from another person's perspective). It is acknowledged that teaching such skills should best be attempted using concrete materials and opportunities to make abstract concepts meaningful and tangible. However, they are often taught in isolation of real world, authentic contexts, which limits generalizability to other situations beyond the confines of the treatment room or classroom (O'Sullivan et al. 2010). In contrast, all drama interventions, whether theater, therapy, or process drama oriented, place participants in fictional roles and situations, many of which mirror or represent real life and which require social communication, problem-solving, working in pairs/small groups and in whole group activities, being flexible and receptive to other's ideas, constructively building on their suggestions, negotiating, collaborating, cooperating, and exercising global and social observation skills rather than local and physical processing (Russell-Smith et al. 2012; O'Sullivan

et al. 2012). Drama interventions engage participants experientially, introducing them to fictional situations and stories, and somewhat larger than life, colorful characters who attract their curiosity and attention on a number of levels: emotionally, cognitively, personally, and socially. The intention is to engage participants in an exploration of that character's life and to actively participate in following that journey, working collaboratively with peers and supporting teachers/facilitators to resolve various exciting and challenging situations as they arise (O'Sullivan et al. 2010).

As emotional education of people with ASD is an important component of their development (Sappok et al. 2014), drama interventions operate on the premise that emotions are rational and cognitive in kind and therefore can be educated (Best 1992). In drama interventions, the techniques used typically focus on communication skills and building social relationships rather than emphasizing only the dramatic or theatrical art form, as would be the case in professional actor training. Drama interventions are the medium through which people with ASD can encounter a range of human experiences and are offered the possibility of considering ideas from different angles and perspectives while expanding their conceptual horizons, deepening their understanding of human behavior, and, in so doing, appropriately educating their emotions and increasing their empathy with others.

Drama interventions draw from the traditions of dramatic play, process drama, theater, and developmental psychology, particularly:

- The "as-if" mode of thinking necessary for spontaneous make-believe play (Taylor and Warner 2006)
- Theater (Brook's *Empty Space*, 1968, and Boal's spect-actor, 2002)
- Education (Dewey's progressivism, 1938, and Vygotsky's social constructivism, 1978)
- Anthropology (ritual and myth, Schrader 2012)
- Social, developmental, and clinical psychology (object relations, symbolic interaction theories, and personal construct psychology, Langley 2006)

Drama theorists have developed strategies to create a safe and structured environment for participants. These include such techniques as a "drama contract" to diminish potential behavior management issues and distancing conventions so that participants are removed in time and space from the characters they are exploring or the roles they are playing (Jones 2007; Chasen 2011). This facilitates an important objective distancing from the participants' own lives, but experiences are gently resonated back to the individual through periods of planned reflection in each session. Techniques such as "protection into role" and "protection into emotion" (Davis 2014; O'Sullivan 2011) gently ease participants into role without placing social and communication demands on them for which they may not yet be ready.

It is in the domain of what are traditionally called "soft skills" that the use of drama interventions can play a role, pushing the boundaries further than what can be achieved through social skills interventions alone. Drama's relevance as an intervention with people with ASD is through its ability to create stories in which participants come face to face with the world: recognizing their world and their relationship to it (Davis 2014). Heathcote (Johnson and O'Neill 1984) developed a series of drama conventions, which allow participants to engage with the world from different perspectives, to see things from different points of view. This approach fits well with the theory of mind. Taking on a role in drama in education allows the participant to "stand in the shoes" of another person and respond to the unfolding fictional story "as if" they were that person. The key difference between this approach to drama and more formal theater approaches is that in the latter, the participant often takes on the full set of attributes of a *character* (rather than a role), imitating how they walk, talk, and behave, which many people with ASD are good at and enjoy doing but which reduces the educational potential of the intervention, as the participant metaphorically "steps out of *character"* as soon as the activity is over and leaves much of the learning entailed in the experience behind in the rehearsal room or workshop. In drama education and drama therapy

approaches, the participant takes on only a few of the characteristics of the role they are playing, and thus they are able to self-spectate, i.e., observe themselves playing that role and learn from the experience through reflection both during the drama and afterward (O'Sullivan 2011). It increases the potential for transferability of social communication skills, imagination, and flexibility into other settings beyond the immediate drama context.

Goals and Objectives

Drama interventions are closely related to social, symbolic, cooperative, and pretend play, social interventions, and social skills interventions. However, in drama the work is generally developed more in the domain of exploration, experiential learning, and reflection rather than focusing on the teaching and practice of social communication skills out of context. Drama interventions are intended to facilitate the exploration of pragmatics, social cognition, social imagination, social interaction, social emotional reciprocity, and personal development in contextualized and enjoyable "as-if" situations. Participants are gently eased into a make-believe scenario through the use of character and role and occasionally using props and costume, where they are placed into positions which require them to behave "as if" they are someone else encountering that particular situation and interacting with others, drawing on their personal and social skills repertoire to address and/or resolve the fictional scenario. The overriding objective of using drama interventions with people with ASD is to assist in the development of theory of mind, perspective taking, and executive functioning [encoding, processing, and integrating social information] (Minne and Semrud-Clikeman 2012; Guli et al. 2013) while simultaneously using pragmatic language skills in a holistic experience where social skills are integrated in real-time experiences rather than being taught in isolation. Drama interventions contextualize social skills in incremental episodes according to the cognitive and social functioning abilities of participants and facilitate exploration and examination of identity (Hodermarska 2013; Goodley and Runswick-Cole 2011), autonomy (Carter et al. 2013), independence, empathy, emotional development, and developmentally appropriate relationships (see Goldstein and Naglieri 2013).

Treatment Participants

Drama interventions are used with children (typically aged 6 and older), with adolescents, and to a much lesser degree with adults, with a wide range of abilities and symptom severity across the autism spectrum. The most common participants are school-age children in extracurricular settings such as social skills and theater groups, although there is some evidence that process drama interventions are being increasingly used in mainstream inclusive educational settings and special schools (Schneider 2007; Sherratt and Peter 2002). Research has indicated that drama interventions are likely to be more successful for children with higher social interaction and communication skills which are often prerequisites for engagement in drama interventions (Chang et al. 2014).

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Treatment Procedures

Individuals involved in drama interventions typically participate in one of three broad areas of treatment:

1. Theater and performance
2. Drama in education and process drama
3. Drama therapy and psychodrama

The first two categories do not require referral, and participants (often with support from parents, teachers, or other caregivers and professionals) self-select to attend such activities. In the case of attendance at drama therapy and psychodrama, referral is made to a specialist therapist who assesses the individual's needs and establishes treatment goals and objectives as part of an overall treatment plan, often working within a multidisciplinary team (Silverman 2006). Owing to its explicit therapeutic objectives, drama therapy and psychodrama adhere to strict regulatory guidelines relating to optimum group size, ranging from individual sessions to small group (3–5 people) and large group sessions (more than 6 people), and comply with formal requirements for evaluation and reporting mechanisms (Bailey 2010). Depending on the needs of individuals, the duration of drama therapy may range from 30 to 50 min sessions, one to three times weekly over a period of 10–16 weeks, although longer term therapy can be extended over a period of 2 or 3 years (Chasen 2011).

Participation in drama and theater in education activities typically involves groups of 8 or more subjects, in weekly sessions of 1–3 h duration, over a period of 6 months to a year. Where individuals enjoy participation in these drama interventions, their attendance may continue for a much longer period of time (O'Sullivan 2014). Formal and systematic assessment and evaluation methodologies are rarely used in such practices, where the emphasis is on participating in a highly charged social situation which requires participants to interact in a meaningful way and build social relationships with others in the group (Nelson 2010).

In all three treatment categories, social learning and experience is facilitated through active engagement with the art form of drama and theater which is used as a vehicle to explore:

- Psychosocial difficulties (including cognitive learning difficulties; difficulties related to defining and expressing feelings, interacting with others, planning and decision-making, and understanding the intentions of others; emotional and behavioral problems; and socially inappropriate behavior)
- Neurodevelopmental difficulties (including difficulties in concentrating, motor coordination, dyspraxia, hyperactivity)
- Mental health/psychological difficulties (including agitation, anxiety, mood swings, loneliness, depression, phobias)
- Behavioral difficulties (including aggressive physical and verbal behavior, conduct disorders, oppositional defiant behavior) (Andersen-Warren 2013)

Each drama intervention session typically involves an opening and a closing activity to mark the beginning and end of the class, where participants are seated in a circle and greet one another, share any stories or "news" they have, and play some warm-up games and drama exercises to nurture the group identity. Opportunities for reflection are usually built in to the structure of each session to allow participants to relate what they have experienced in the drama or theater workshop to their own lives.

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Efficacy Information

Despite the fact that social communication skills are core challenges associated with ASD, there is still relatively little attention paid to interventions in this area in the literature, and areas such as sociodramatic play, imaginative play, symbolic play, creative dramatics, arts therapy, play therapy, psychodrama, role-playing, and psychotherapy social skills training are significantly underrepresented in peer-reviewed publications. Not unexpectedly, drama interventions fare even worse and rarely feature in the scholarly literature. This may be related to challenges associated with accurately defining and delineating the scope of practice in this field but also possibly to the nature of engagement with the art form, which until relatively recently did not have a strong tradition in empirical research (Donovan 2011). However, drama interventions have recently begun to appear in the professional literature related to ASD (i.e., online websites, blogs, teaching manuals, magazines, and videos), which are designed to impact upon and disseminate practice.

Notwithstanding criticisms about research in the area of social skills interventions, which has been beset by a lack of randomized control tests and claims that many studies lack rigorous research designs to assess the effectiveness of interventions, generalization effects, and maintenance (Kaat and Lecavalier 2014), there has been a dearth of systematic research on drama interventions. Apart from a few small-scale case studies involving single subject or small-N design (Kempe and Tissot 2012; Corbett et al. 2011; Wilmer-Barbrook 2013; Pimpas 2013; Dunne 2009), the literature has been largely silent in this regard. This despite increased interest in drama-based treatment programs to ameliorate the symptoms of ASD in recent years and with them, the demand to use evidence-based interventions (EBI) (Livanis et al. 2013).

However, what has emerged positively from those studies undertaken in recent years is the degree of enjoyment, empowerment, and independence, which participants and their parents/carers have reported as a result of being part of social skills and drama interventions (Mandelberg et al. 2014; Loyd 2013a; Guli et al. 2013; Ramamoorthi and Nelson 2011). Notwithstanding the challenges associated with accurately validating changes and progress and indeed accessing experiences of this nature (Shaughnessy 2013), participants themselves have self-reported such changes and developments in their engagement with peers, their self-confidence, and self-esteem, reduction in anxiety, etc. (Trimingham 2013). Participant voice is not a new area in the field of inclusive education (Oliver 1992), and first-person perspectives of people with ASD are beginning to bring fresh insights to this area of research (Kirby et al. 2014). For example, Loyd's (2013b) study of 10 young people with autism in a drama education intervention program argues for the active involvement of people with autism in research about them.

In a study involving a drama in education intervention with two girls with ASD in a special school setting with other students with moderate intellectual disabilities, Kempe and Tissot (2012) reported positive gains in participation in group work, language use, development of imagination and humor, and sustained engagement with a fictional character which led the participants into the practice of social skills that had relevance beyond the confines of the classroom. Trowsdale and Hayhow (2013) report similar progress in their case study of one boy with ASD (in a larger sample of participants with learning disabilities) who demonstrated marked improvements in identifying and regulating his emotions, developing a playful relationship with another child, and enhancing his imaginative and creative abilities. Using mimetics and theater methodology, they record reductions in ritualized activities and positive developments of the case study on the child's personal and social identity. Employing a similar methodology, researchers from Butler University (Loer 2012) engaged in a 10-week collaborative study with the Pathway School and People's Light & Theater Company, involving eight adolescents in rehearsals of Mark Twain's *The Adventures of Tom Sawyer*, in which repetition and learning lines, mimicry, and exploration of emotions were key elements. Further eight students from the same school served as a control group. Participating students exhibited significant improvement in four behaviors: displaying

appropriate emotions, offering help without prompting, controlling temper, and acknowledging the perspective of others.

Corbett et al. (2011) identify close links between theater and modeling techniques, and in a 3-month pilot project involving the pairing of peer actors with participants with ASD, researchers noted some promising potential for social skills training in a nurturing and fun environment. Using a unique performance-based social skills curriculum called SDARI (Sociodramatic Affective-Relational Intervention) and employing affectively engaging improvisation games and dramatic training adapted for people with ASD, Lerner et al. (2011) suggest that increased social assertion, improved ability to detect emotions in adult voices, and decreased social problems may be encouraged by participating in this drama-based intervention. In a recent meta-analysis of social skills interventions, Kaat and Lecavalier (2014) refer to the potential of further investigating performance-based (specifically drama-based) interventions, such as those described above by Corbett et al. (2011) and Lerner's SDARI (Lerner and Mikami 2012; Lerner et al. 2011).

In a counterpoint approach to mimesis, Shaughnessy (2013) describes a research project with 22 children called "Imagining Autism" which explored the potential of drama as an intervention to challenge the stereotypes surrounding ASD. The approach adopts a nonmimetic scenography requiring new modes of theatrical perception and demanding an active form of participatory spectatorship. In "Imagining Autism" (www.imaginingautism.org), participants recognized that they were performers and authors and at liberty to improvise and play within a process-based contemporary performance.

The studies cited above all relate to a work carried out with children and adolescents, but similar gains have been reported in projects with adults. In a study of 18 adults with ASD, participants referred to their attraction to theater-based interventions, such as improvisational theater classes, the writing of dramatic scripts, participation in role-playing games and voice workshops, which most respondents described as allowing them an opportunity to practice social skills and reduce social anxiety. In the words of one respondent, "by doing [improvisational theater], you realize that it's actually possible to be spontaneous, to just go with an impulse (laugh)" (Müller et al. 2008).

Preliminary evidence exists to support some degree of generalization of skills to settings outside of the drama intervention group, but a major limitation of the studies conducted is the small number of participants, which limits the generalizability of results.

Outcome Measurement

Increasingly, drama therapists and drama facilitators are being asked to demonstrate the effectiveness of their work through evidence-based practice (EBP) and practiced-based evidence (PBE) (Dokter and Winn 2010) and to produce outcome measurements for their practice. Descriptive measures are no longer considered satisfactory on their own, and Jennings (2011) advocates the use of such assessment and evaluation measures as the PASAA technique (Play and Story Attachment Assessment), among others. The big challenge facing those who engage in drama interventions is to consolidate the relationship between research, impact, and evidence (Jones 2012). Despite the wider debate about the efficacy of double-blind randomized controlled trials (RCTs) which are regarded as the gold standard in the generation of knowledge, Zeisel (2011) argues that they are only one way of representing knowledge and that there are other methodologies which contribute substantially to our knowledge of non-pharmacological interventions which need to be taken seriously. He includes in this list music, visual arts, film, drama, counseling, and storytelling and advocates that the most appropriate methodology is the one which best fits the research question. The challenge then for the field of drama interventions is to grow

its practice-based research and increase capacity in different ways, as is occurring in other creative interventions, such as music, arts, and dance therapy (Jones 2012).

A significant stumbling block may be the lack of assessment instruments capable of adequately measuring social skills across a variety of contexts. Standardized tests are typically inadequate in sensitivity measures to assess these skills. Casson (2004) notes that while clients and participants may evaluate a session as being fun or enjoyable, clinical effectiveness demands measurement in terms of behavioral change and adjustments to societal norms (Jones 2012). While it is undeniable that more rigorous research designs and targeted evaluation of social skills are needed to determine the efficacy of drama interventions, a number of studies have relied on qualitative methodologies from the field of social sciences, which have yielded satisfactory results (Kempe and Tissot 2012; Trowsdale and Hayhow 2013). Most use instruments from play therapy and social communication interventions (Wolfberg et al. 2012; Lerner et al. 2011; Corbett et al. 2011), with the most popular measures in drama therapy being the Strengths and Difficulties Questionnaire (SDQs), the CORE system (Clinical Outcomes for Routine Evaluation), Behavioral Summarized Evaluation, and Therapy Outcomes. More recently, PSYCHLOPS and PSYCHLOPS Kids have been successfully used with children with ASD as a reliable and highly sensitive measure of change during psychotherapeutic drama interventions (Godfrey and Haythorne 2013).

Qualifications of Treatment Providers

While there is currently no requirement for people who use drama interventions with people with ASD to be certified, the available evidence suggests that most are either trained actors or qualified elementary or high school teachers with experience of working in inclusive educational settings. Many have graduate qualifications in developmental psychology, drama, or theater in education, special education, autism studies, film and media studies, occupational therapy, speech and language therapy, and music and arts therapy. Guli et al. (2008) advocate for training not only in working with youth with ASD but also in understanding the specialized skills needed to facilitate drama interventions to achieve specific group and individual goals.

In contrast, drama therapy is a registered and licensed profession in the USA and UK. However, there is no state regulation currently in respect of drama or other arts therapies in many countries (see http://www.dramatherapy.net and http://www.ecarte.info). Drama therapy is a masters-level profession, with applicants having successfully pursued a bachelors degree in drama or a psychological health-related subject, with appropriate experience of working, paid or voluntarily, with people with specific needs, for example, mental ill health, learning disabilities, nursing assistant, support worker, and drama or theater work with people with specific needs. Course content typically covers such areas as psychology; drama, theater, and performance work; knowledge of related therapies such as art, music, dance/movement, and play; supervised drama therapy practice; personal therapy parallel with training; supervised internship; and work experience. Registered drama therapists follow a code of ethics and abide by the professional body's regulations on fitness to practice, continuing professional development, and standards of proficiency.

See Also

- ▶ Dramatic Play
- ▶ Integrated Play Groups (IPG) Model
- ▶ Music Therapy
- ▶ Play Therapy
- ▶ Social Skill Interventions

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