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The Use of Psychodramatic and Sociometric Techniques in the In-Service Training of Residential Treatment Child Care Staff

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Residential treatment staff function as the temporary family of the child in care. This article describes a sophisticated model of training child care staff, which fully mobilizes this temporary family to consistent nurturant behavior. Through group action techniques the staff is developed in three crucial areas: Therapeutic skills, self-awareness, and network cohesion. With role play and sociodrama, skills are developed sequentially beginning with survival skills, then theory and finally further therapeutic skills. Self-awareness is developed by the action and differential use of psychodramatic techniques. The network gradually develops through the sharing process and other psychodramatic and sociometric techniques.

References in the literature indicate that a consensual, consistent, supportive, and cooperative child care staff network is the necessary foundation for building a therapeutic milieu (Bettelheim, 1966; Binder, 1978; Szurek, 1947). Traditionally, supervision, in-service training, staff meetings, team meetings, and treatment conferences are used for the development of this staff network. In my opinion, a more sophisticated model of in-service training is needed to fully mobilize the child care staff as a helping unit.

This model utilizes psychodramatic and sociometric techniques to train staff in three crucial areas: (1) The development of basic child care skills; (2) The development of self-awareness in the child care staff; and (3) The understanding and development of a supportive staff network. When using this model, the above order should be followed, but in pursuing the first area, one will simultaneously see development in the other two. Thus, in this paper, the separate presentations are for conceptualizing purposes only and do not reflect sequential processes.

The Development of Basic Child Care Skills

Ideally, professional child care interventions come from a diagnostic assessment of the client situation according to a theoretical child care knowledge base. In actuality, most child care workers do not come to the field with this knowledge base and are immediately required to make a multitude of interventions in many difficult situations. Consequently, child care workers are looking for specific skills in handling the "here and now," both externally (with the children) and internally (with their subjective reactions) (Carroll & Howieson, 1979; Deck, 1968; Fein, 1963; & Sutherland, 1969).

These training needs must be dealt with before further theoretical learning can take place. Thus, a sequential model for teaching basic intervention is:

- The teaching of survival skills—that is, the teaching of methods in dealing with current and common problem situations
- The teaching of developmental, abnormal, and family theory through action techniques
- The ongoing development of fundamental child care interventions and skills.

Before I proceed, some definitions of psychodramatic terms are necessary. According to J. L. Moreno, the founder, psychodrama is the science which explores the "truth" by dramatic methods (Moreno, 1946). It is a process in which the subject *acts out* his conflicts instead of talking them out.

The psychodramatic method uses five instruments:

- The stage
- The subject
- The director
- The auxiliary egos
- The audience.

The first instrument, the stage, in classic psychodrama is a three-level platform on which the enactment is portrayed. Ideally, this special vehicle makes for more intense involvement, although, whenever no such vehicle is available, the process may have to take place in any informal room or space.

The second instrument is the subject (patient, client or protagonist). The subject is helped to enact his conflicts in the "here and now," (as opposed to talking them out). The subject is encouraged to maximize all expression, action, and verbal communication in the problem situation. This process is stimulated by the use of various techniques which include: role reversal, therapeutic soliloquy, double ego, mirroring.

The third instrument is the director who functions as a producer, a therapist, an analyst. The director is prepared to take every clue the subject gives and turn it therapeutically into dramatic action. This helps the subject move closer to exploring and resolving the conflict.

The fourth instrument—a staff of auxiliary egos—is comprised of a group of therapeutic assistants who portray the various roles involved in the subject's problem situation.

The fifth instrument is the audience. The audience serves a dual purpose: It helps the subject, and at the same time it is helped by the subject's enactment.

Psychodrama sessions consist of three portions:

- The warmup
- The action
- The post-action sharing by the group.

The warmup is a process which involves the group in an interactive process that stimulates issues which then can be portrayed in action. From the warmup, a subject usually emerges who is ready to portray his situation in dramatic action. With the completion of the drama, the process moves to the group's sharing of feelings and identification with the subject. Consequently, the process is both an individual and a group experience (Moreno, 1975).

Sociodrama is a form of psychodramatic enactment which consists of the same instruments and phases but which aims at clarifying group themes rather than focusing on individual problems. Thus sociodrama could be termed "group centered" (Blatner, 1973).

Role playing, like sociodrama, is a derivative of psychodrama but most professionals consider it to be more superficial and problem-oriented. Expression of deep feelings is not usually part of most role playing. Rather, the goal of role playing tends to be working out alternative and more effective approaches to a general problem (Blatner, 1973).

There are many techniques used in action modalities which facilitate the subject's clarifying and fully experiencing the enactment. Those which are most used within the scope of the in-service training of child care staff include:

Role reversal. In this technique, a subject involved in an interpersonal situation is asked to take the role of the other person with whom he is interacting. In this process, the subject is naturally compelled to deepen and widen his empathic identification with the other person, just as the same process also compels him to see his own self-enactment through the eyes of the other (Binder, 1967).

Double ego. In this technique, an auxiliary ego is asked by the director to establish identity with the subject and to respond in ways which facilitate

the subject's clarification and expression of feelings (Moreno, 1975).

Therapeutic soliloquy. In this technique, the subject is asked to stop the action and give asides as to his inner thoughts and feelings while the psychodrama progresses. These asides strongly parallel his overt thoughts and actions (Moreno, 1975).

The mirror technique. This technique is used when the subject has been unable to express himself in words or actions. The director places an auxiliary ego to "fill in" for the protagonist and proceeds with the action while the subject joins the audience in observing the enactment.

A. *The Teaching of Survival Skills*

By dealing with the immediate training needs of the staff, we can help build competence and relieve anxiety. We are also able to prevent staff from developing dysfunctional ways of relating to the children and to ultimately impede staff "burn-out." Action techniques can indeed be very valuable in this training process (Abrams, 1968; Adler, 1978; Blatner, 1973; Boyarsky, 1970; Facos, 1965; and Hembling & Mossing, 1977).

We begin by asking the staff members to articulate their needs by the use of the spectogram (Kole, 1967). Through this action method, we assess the salient group needs and then attempt to deal with them through sociodrama. Roles are chosen or assigned, the scene is set, and the action begins. The use of role reversal, therapeutic soliloquy, doubling and mirroring brings the "here-and-now" situation to a forum where it can be correctively expressed and handled. With the conclusion of the action, the director can then teach and lead the group in the process of sharing. The norm of sharing has to be firmly established in the group in order to minimize analytical exploitation on the part of those who have observed honest participation by others but who have intellectually withdrawn themselves. Following the sharing, the group can move into didactic analysis, role play, and role training.

This method has the following advantages: (1) It deals correctively with the group-centered problem situation; (2) It allows for direct expression of feelings; (3) It develops the group's cohesiveness through the process of sharing mutual identifications, empathy, and support; and (4) It teaches new and alternative methods through role play and modeling. Use of this method can be continued until all salient problem-themes are dealt with.

Another method involves a paper and pencil exercise in which the group members reverse roles with the child with whom they are having the most difficulty. Each group member is asked to introduce himself (as the child) to the group. The director can then ask the "child" what seems to be the problem with that specific worker. Action can develop, with sharing and discussion to follow.

The role-reversal technique is a very useful method for the new worker to incorporate into his repertoire of skills. It gives the worker an internalized mechanism with which to obtain further clarification on problem situations.

The third method is another role reversal, but this time it is to exchange time schedules. With pencil and paper, the group members are asked to recount an ordinary day in their lives (from wake-up to bedtime) using three components: (1) What they were doing; (2) What they were feeling; and (3) What they felt they needed. The members are then each asked to take the place of a child in the group and to use the same components in describing his/her day. From completing their own schedules, they should be warmed up to this technique and now be able to recount the experience from the child's position. This technique gives the worker an increased understanding of the child's needs at various times of the day.

Sharing, discussion, and role play can then move this new understanding into the projecting of new interventions. If there are recurrent problems with the group identified with particular times of the day, an elaboration of this technique can be used. The day can be broken down into separate parts and thoroughly analyzed in the above manner.

B. *The Teaching of Developmental, Abnormal, and Family Theory Through Action Techniques*

With the immediate skills developed, the staff is now ready to learn and absorb more formalized theoretical constructs. The material is well learned and integrated through action methods (Adler, 1978; Stern, 1965; Stone, 1963; & Sturm, 1963).

In teaching developmental psychology, the various stages of the life cycle are assigned to different members. They are each asked to make a real life observation of a particular stage and to write a report. Wherever possible, children from the agency should be included as the subjects in the assignment. The members are then asked to transmit the report to the group through role playing and discussion. This method could be complemented by the use of the age-regression or future-projection techniques, which have the members go to another time in their lives and "live it." All of these techniques attempt to have the members experience the stages they are studying. Developmental theory will be better integrated after the actual experience with the subject matter has occurred.

Abnormal psychology can be approached in a similar manner—by assigning various pathologies to different members. Observations are made by the members and reports are written. Again, children from the group should be assigned to members to represent the various pathologies. As before, the members are then asked to present their reports by role play. By the enact-

ment of the members, the theory would be better understood and used.

Family theory can be explored through sociodrama. Small groups of members are assigned different family constellations. These constellations should represent the norm of the families serviced by the agency. Each group is assigned a problem. The members take on various roles in the family and are asked to problem solve. The group might be selected by the director to present a sociodrama; socio-cultural differences should also be dealt with in the enactment.

The culmination of the theory-building could be attained through the technique of "the action psychosocial." A child is chosen from the agency, and the case history is presented to the group. Rather than discussing the case, the workers are asked to experience it through enactment. Various parts of the child's history can be put into action, so that diagnostic thinking is not isolated but is seen as directly involved with the child's life.

C. The Ongoing Development of Fundamental Child Care Interventions and Skills

Role play and role training can be used in teaching many skills used in child care. Learning through action can be accomplished in the following areas: Group work, activity therapy, interviewing techniques, communication skills, restraint techniques, desensitization to violence, and techniques used with violent children. In teaching these skills, clarification of feelings and theoretical input are easily added.

Role play can also be used preventively as illustrated by the cases in *Critical Incidents in Child Care*, a book giving vignettes which are characteristically crucial and problematic in residential settings (Beker, 1972).

The Development of Self-Awareness in the Child Care Staff

Residential treatment is an overwhelming medium in which to work. Children who are placed in residential treatment manifest such severe problems that they are not able to be treated in the community and warrant this placement. Many times, the child possesses several negative characteristics (anger, rejection, violence, impulsiveness, and primitive repulsiveness). These characteristics then cause subjective reactions in the child care staff (hurt, anxiety, anger, and accompanying guilt, fear and repulsion). In the best circumstances, working with these children is extremely difficult to handle personally (Grossbard, 1963).

What compounds the difficulty in working residentially is the added fact that the child care worker is in continuous contact with a group of these problem children for an extended period of time. This constant barrage of stimulation separates child care residents from other helping professionals

who deal with these children on an out-patient basis. If the residential staff are required to live in, their lives are enormously affected and the job takes on the added dimension of their own residential treatment (Grossbard, 1963; Stone, 1963).

Because of this overwhelming emotional intensity of the milieu, professional training must have mechanisms which provide child care staff the opportunity to deal with their work-related feelings. They have expressive needs (ventilation and clarification). They have group needs (group acceptance, group support, and group assistance), when these feelings are problematic. Finally, they have training needs (training in appropriate ways of handling these feelings) (Adler, 1978; Grossbard, 1963; and Hembling & Mossing, 1978). Failure to adequately deal with these feelings can lead to inappropriate child care practices and "burn-out."

Psychodramatic approaches deal with the expressive needs in various ways. First, in the re-enactment of a situation, the gestalt of that prior experience is brought back to the subject. This mobilizes the prior feelings and the subject is then encouraged to express these feelings. Secondly, certain techniques are used whose prime purpose is to facilitate and maximize the expression of feelings (double ego and therapeutic soliloquy). Thirdly, the enactment is not only experienced but is further clarified by the subject's own observing ego or through the feedback from the group.

In the sharing portion of the psychodramatic action, the group needs of the worker are addressed. It is here that the group members share their own identification with the subject. This will establish an atmosphere in the group for mutually satisfying relations among group members, increase cohesion and broaden interpersonal perceptions. In this group atmosphere, the worker will feel accepted, supported and assisted.

The training needs are handled through role play and role training. After the enactment and the sharing, the workers can rehearse appropriate ways of handling their feelings. This rehearsal can be extremely productive, for the group can provide instant feedback on the new behavioral attempts.

The Understanding and Development of a Supportive Staff Network

A residential treatment staff is a group of individuals who work and sometimes live together with the goal of providing a therapeutic milieu in which the child can live and grow. In approaching this goal, this group can be rated along a spectrum in terms of its characteristic modes of functioning. The spectrum runs from a positive to a negative pole: the positive pole representing a consensual, cohesive, cooperative, supportive and consistent group, while the negative pole represents a divisive, noncohesive, uncooperative, nonsupportive and inconsistent group. Because the coordinated efforts of all components are needed to achieve this goal, a truly

therapeutic milieu can only be created when the staff group approaches the positive pole.

The children in residential treatment usually come from a family group which, for many reasons, approaches the negative pole. The child has learned many maladaptive behaviors from this group, and has many times acted out the conflict between the adults in this group. Regardless of how talented the various therapeutic staff components are separately, it is the supportive and consistent interactions of the staff that create the new family group with which the child interacts and which he/she emulates. In order for the child to successfully work out his maladaptive behavior, it is a necessity that the staff truly work on the development of their staff group or network (Binder, 1978; Montalvo, 1966).

When training child care staff, there is a sequence which should be followed. First, the child care network is developed. Secondly, sensitivity to other professionals in the agency is developed. Thirdly, the total staff network is developed.

The development of the child care network begins with the first training session. The psychodramatic techniques are designed to develop the group at the same time personal skills and awareness are worked upon. Now to specifically develop the staff group there are a number of techniques which can be used.

First, the workers are asked to draw their "social atom" in relationship to their fellow child care workers (Starr, 1951). This pencil and paper exercise graphically measures the emotional distance between the person and the various people in his social network. This is further elaborated by making two requests: (1) State the reasons why certain people are close to you while others are not; and (2) List for each person in your social atom the part you play and the part he/she plays in creating the distance. This technique asks the workers to closely examine their feelings towards their fellow workers and then to analyze what specifically it is that makes each working relationship functional or dysfunctional. Depending on the group, the director can proceed along various lines. With newly developing groups, the workers are asked to reflect on how they may individually improve their relationships with their co-workers. With highly developed groups, the working out of these relationships can occur in the group.

The staff can then be engaged in sociometry. Sociometry is the quantitative study of psychological properties of a group. The psychological properties consist of what the group members perceive, think and feel about other group members. The measurement of these properties is arrived at by asking the group to answer criterion questions regarding their fellow members. Some examples of criterion questions are:

- Who do you think is the leader of the group?

- Whom would you like to work with?
- Whom would you not want to work with?
- Whom do you respect the most?

From the answers to these questions, valuable information is obtained regarding the group structure and internal functioning (Grundy & Wilson, 1973).

The director can take the sociometric data, analyze it, and present it in sociograms. The sociogram is a graphic representation of the group on the specific criterion question. The sociograms are then presented to the group, where they are analyzed and discussed. This analysis can lead the group to explore why certain subgroups are functional, others dysfunctional. The group can then begin to work on methods to improve the functioning of the dysfunctional groups. At this point, the group's structure and functioning is the focus of the work. This work is crucial to the development of the supportive and cohesive network.

With the consolidation of the child care network, sensitivity to other professionals can be approached through role reversal and sociodrama. The goals of the agency are reviewed and the tasks of the various professionals should be explored and clarified (Stone, 1963). Through this clarification and role-reversal process, child care staff are helped to see their interdependent relationship with all staff. At this point, network and therapeutic community theory should be presented to demonstrate how important the staff relationships are in the overall development of the milieu.

Finally, the work should be focused on the building of the entire staff network. Ideally this development has already been encouraged in the programmatic work forums where joint planning and problem solving are accomplished (team meetings, staff meetings and treatment conferences).

To further develop the network, role reversals and sociodrama can heighten the appreciation of others' positions in the agency. To enhance this appreciation more powerfully, there should be a day when staff actually reverses roles and functions in one another's positions. The techniques of social atom and sociometry are the next important steps toward a truly supportive and cohesive staff.

In conclusion, I have attempted to present an in-service training model which uses psychodramatic and sociometric techniques to build a highly supportive, cohesive and effective child care network. With the development of skills and self-awareness, the group evolves into a network which not only supports the child, but where all support one another in the pursuit of the collective goal.

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The Use of Psychodrama with Deaf People

David F. Swink

This is an introductory article that familiarizes the reader with various forms of psychodrama currently in use with deaf people. Specific techniques adapted for use with deaf people are cited. Readers are encouraged to increase their awareness of deaf culture and American Sign Language.

A deaf adolescent boy repeatedly explodes with little warning into a destructive rage physically attacking his environment. His parents feel impotent in their attempts to help their son. The boy can give no explanation for his behavior, only that he loses control and the result is destruction.

Another deaf boy who has grown up in an environment almost totally devoid of language of any type attempts to communicate via his "home-grown" gestures and signs. Many people have decided he is retarded and has no potential; however, a closer look reveals a certain brightness and creativity in the language he has created.

These people for whom help is sought because of their behaviors are candidates for psychodrama. Both have experienced isolation and rejection from their social support systems and are responding to their environment in the best way they have learned. But, unfortunately, these behaviors, because of their social unacceptability, increase their isolation and rejection.

Psychodrama and Deaf People

Psychodrama has been used with deaf people almost as long as mental health programs for the deaf have existed. In 1967 the first psychodrama group was established for deaf people at Saint Elizabeths Hospital and to-

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