

Measuring the Efficacy of a Single Psychodrama Session

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Current developments in psychotherapy research methodology are opening possibilities for psychodramatists to investigate the types of questions that are of interest to us as practitioners, and to communicate our findings to the wider community. The dynamic nature of the psychodrama method has made it difficult to apply traditional outcome research approaches without compromising the integrity of the method in the research design. A move towards practice-based research that answers questions about when and how interventions work best in relation to particular clients and their concerns (Greenberg, 1999), may be a better fit. A central principle of practice-based research is that it investigates therapy in its natural context rather than under imposed research conditions, and can therefore be applied to methods such as psychodrama, where the process unfolds in response to the emerging moment.

Single-case efficacy research is one approach that is both rigorous and flexible in its capacity to investigate the links between interventions and client change. This paper reports the findings of one case from a study that investigated the links between being a protagonist in a psychodrama session and post-session improvements in general well-being and interpersonal relationships. It demonstrates that a single psychodrama session can have a significant measurable therapeutic impact with

a client who has had no previous psychodrama experience, and identifies specific links between events within the session and post-session changes.

Efficacy research investigates the links between therapeutic processes and therapeutic change. The approach used in this study is based on the work of Elliott (2002) and draws on a broad range of qualitative and quantitative data to establish a plausible case for the efficacy or otherwise of an intervention, against pre-established criteria. In essence, this research asks two questions: (i) Is there evidence of therapeutically significant post-session change? (ii) Can post-session changes be attributed to the intervention in the face of possible alternative explanations for the change?

Evidence of therapeutic change

To investigate links between the intervention and therapeutic change, a therapeutically significant outcome needs to be identified. In line with Elliott's design, this study applied a combination of psychometric tests and qualitative self-report change measures.

Jacobson and Truax (1991) propose that for change to be therapeutically significant, differences between pre-intervention and post-intervention scores need to be both statistically reliable as well as meaningful in terms of

client goals and community expectations. One indicator of meaningful change is when a person changes from the clinical dysfunction to the functional range on a given measure. Markers of functionality and clinical dysfunction, and reliable change indices have been developed for a number of psychometric instruments, including the two used in this study: the Symptom Checklist 90-R (SCL90-R) and the Inventory of Interpersonal Problems (IIP), both reported by Elliott (2002). When combined, the two criteria of reliable and meaningful change form a higher benchmark than is applied in most outcome research, and allows for therapeutically significant change in individual cases to be determined with a high degree of confidence (Jacobsen and Truax, 1991).

There are limitations to relying on clinical measures of change. Firstly, participants need to record clinically significant problems prior to the intervention, for the subsequent change in the measures to be meaningful. In this study participants were drawn from the general population, and were highly functioning in many areas of their personal and professional lives. Although clinical dysfunction on some measures routinely occur within the general population (Ogles, Lambert, & Sawyer, 1995) it was anticipated that this would not typically be the case for this study, and that the changes that were more likely to be identified after the workshop would relate to participants' experiences of being different. A second limitation is that they provide only a general indication of the area of change, rather than a specific picture of how the change has manifested itself in the person's life.

The Client Change Interview (Elliott, 1999) is a qualitative measure of participant's reported change, which can give greater insight into the impact of the intervention for the individual. The Client Change Interview asks participants to identify specific changes following the workshop, and to rate each change on 3 items: how important the change was to them, how much they considered the change would have

occurred without the intervention, and whether they had expected the change or were surprised by it. The first item relates to whether the change is therapeutically significant or trivial, and the other two items relate to possible alternative explanations for the change.

The participants in this study were not drawn from a clinical population and were engaging in a single workshop intervention rather than an ongoing therapeutic process. It was anticipated that they would record modest post-session changes, and that the changes would be identified as qualitative self-report of changes in experience of self or interactions with others after the workshop.

Explaining Changes

The purpose of efficacy analysis is to establish the plausibility of the explanation that is being offered for the change, by analysing the evidence that supports the intervention explanation against the evidence for alternative explanations. Elliott offers a range of criteria to support the argument that the change has arisen from the intervention, including: early evidence of change in a previously stable condition, the client attributing the change to the intervention, and process-outcome mapping which links specific changes to specific events within the intervention. He argues that at least two sources of evidence in support of the case are needed, for the intervention explanation to be considered.

While practitioners and clients may attribute changes to the specific therapeutic intervention, there are a range of possible alternative explanations for post-session change. Among these are general therapeutic factors, including the therapeutic relationship and the impact of client expectations on behaviour. Other factors include the impact of other life events or self-corrective action the client may take unrelated to the workshop. In this study it was also necessary to consider the impact of being a participant in a group, as distinct from the impact of being a protagonist in a psychodrama session.

The Protagonist

Melissa is a 40 year old community health nurse who reported a history of depression, poor self-concept and difficulty maintaining satisfying interpersonal relationships. She attributed her way of functioning in the world to her experience of childhood emotional abuse.

Before the workshop Melissa identified the following goals:

"I'd like to be able to stick up for myself as well as I stick up for others.

...to learn how to lighten up and to let go of the past, and feelings of being unworthy. ... to know who I am". (Source: Personal History Questionnaire)

Melissa had several individual counselling sessions leading up to the workshop, but had no previous experience of psychodrama or of group therapy in any other form.

The Intervention

A two and a half day psychodrama workshop was conducted, and psychodrama sessions during the workshop were videotaped. Before the workshop participants completed a personal history questionnaire, which identified, along with general biographical information, problematic issues, the impact of these issues in their lives and goals for the workshop. Two standard measures of psychological well-being, the Symptom Checklist (SCL-90R; (Derogitas, 1983) and the Inventory of Interpersonal Problems (IIP-64; (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988) were completed immediately before the workshop, and at two-week and three-month follow-up. Session reaction questionnaires were completed immediately after the workshop. At the two week follow-up, all participants completed a semi-structured Change Interview and protagonists and directors reviewed video-recordings of their sessions recalling the context, process and impact of significant events from the session, using Brief Structured Recall method (Elliott & Shapiro, 1988).

Were Results

Therapeutically Significant?

Melissa's changes between pre-workshop and 2 week and three month follow-up, are documented in the tables that follow. Table 1 shows Melissa's overall scores on the SCL90-R and IIP-64, against criteria for clinical dysfunction and reliable change. Tables 2 and 3 provide a more detailed picture of the underlying changes in Melissa's functioning, by presenting her results on the various sub-scales of these tests. (A T-score of 70 is generally considered to indicate clinical dysfunction). Melissa's self-reported changes at two weeks are documented in Table 4.

At two week follow-up, Melissa reported changes in her sense of well-being and in her ability to relate to people around her. These changes were all highly important to her, and reflected improvement in areas that she had experienced difficulty with for a long time. This self-report was supported by the results of the SCL90R and the IIP, which indicated improvements in all areas that had been problematic, and a return to the normal range of functioning for all 3 of the 4 sub-scales of the IIP. Contrary to the expectations at the outset of the study, Melissa had recorded clinically dysfunctional scores on the IIP immediately before the workshop (see Tables 2 & 3). Her scores on the SCL90-R were within the functional range, but on a number of sub-scales were approaching the dysfunctional range. At two week follow-up, she recorded improvement across all sub-scales, and only met the clinical case criteria on the non-assertiveness sub-scale. By three month follow-up, changes were consolidated, all results were within the functional range, and reliable improvement had been recorded on the IIP total score and the General Severity Index of the SCL90-R.

Did Psychodrama Make The Difference?

The argument that Melissa's post-workshop changes were due to the psychodrama intervention, is supported both in relation to

Table 1:
Melissa's Results on SCL90-R and IIP at Pre-intervention, 2 Week and 3 Months follow-up

Scale	Criteria		Melissa's Results				
	Raw Score Criteria for 'Clinical Dysfunction'	Minimum change required for 'reliable change'	Pre- workshop Raw Score	2 Weeks		3 Months	
				Raw score	Change from pre- workshop	Raw score	Change from pre- workshop
SCL-90-R (GSI): (General Severity Index)	0.93	0.51	0.74	0.34	0.40	0.14	0.60
IIP-64 (Total score)	1.5	0.79	1.85	1.29	0.54	0.56	1.29

Table 2: Melissa's SCL90-R Sub-Scale

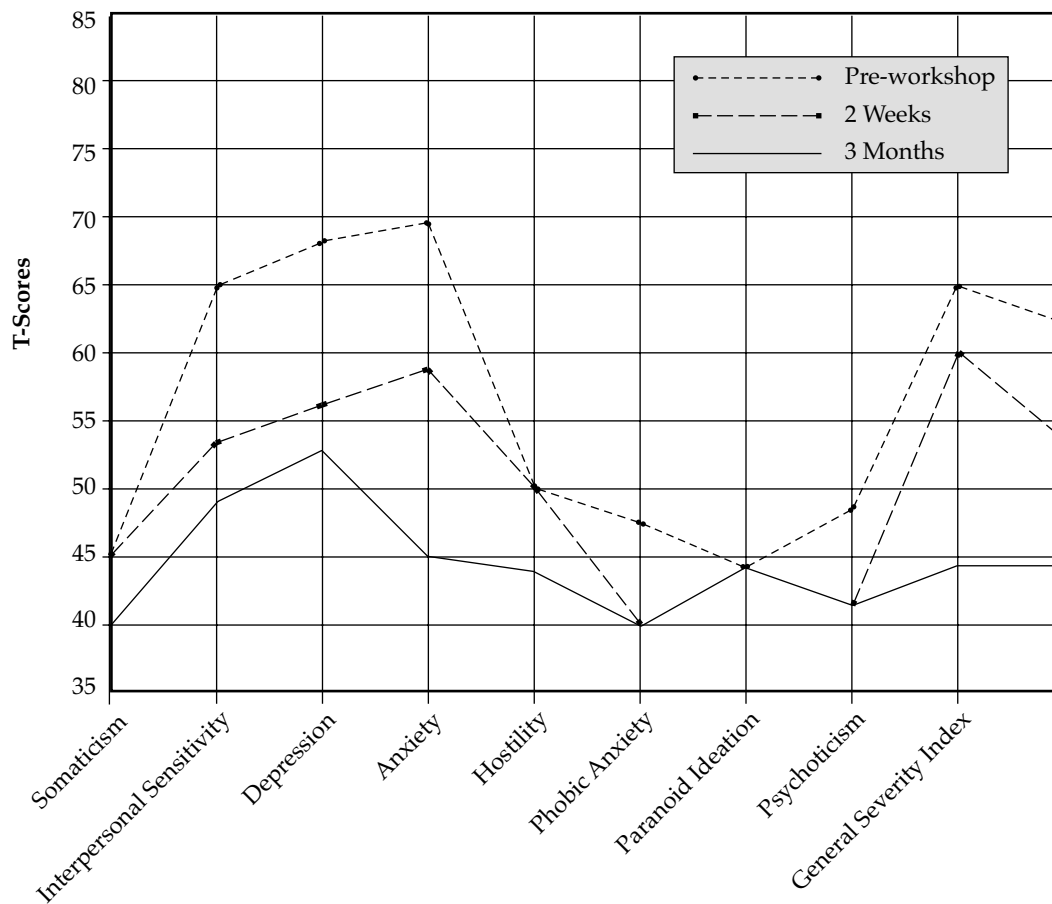


Table 3: Melissa's IIP-64 Sub-Scale Results

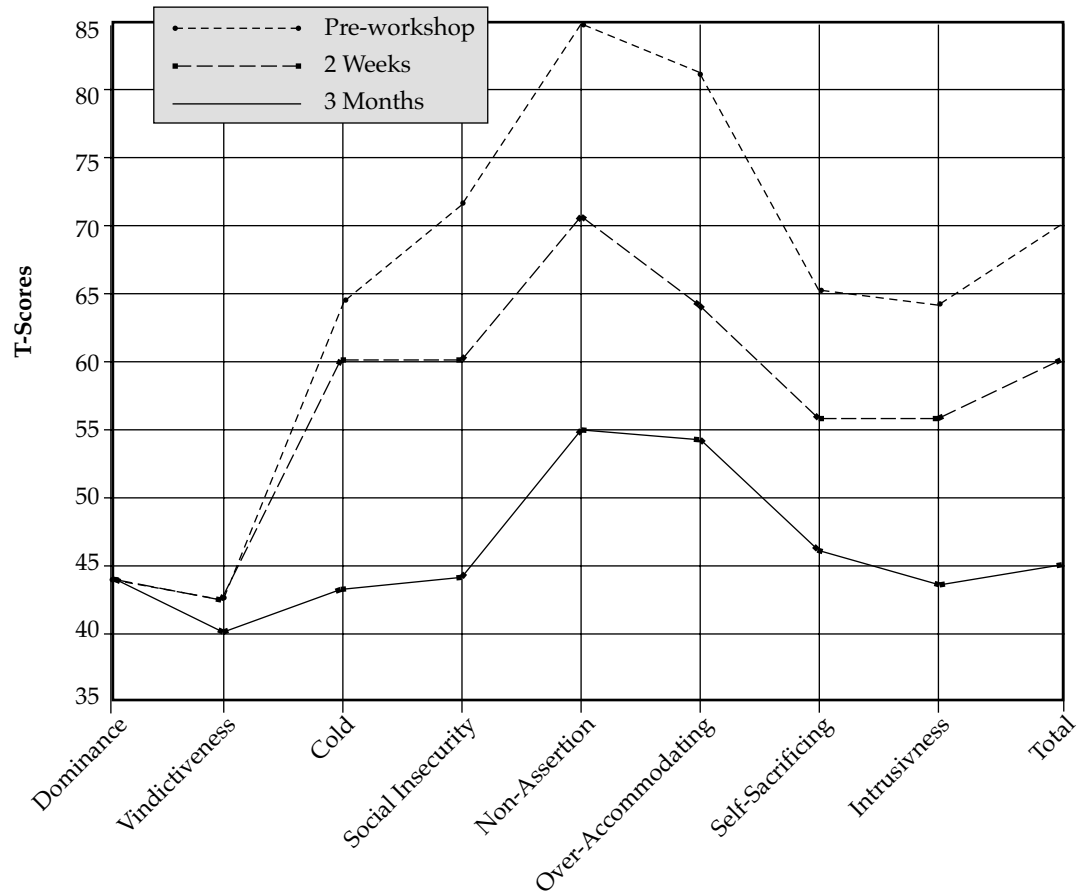


Table 4: Melissa's self reported change (2 week follow-up)

Change	1 = expected by 5 = surprised by	1 = Unlikely without psychodrama 5 = Likely	1 = Not at all Important = 1 Very import. = 5
1. I was able to have a real conversation with my daughter without being scared of how she would react.	5	3	5
2. I see my parents differently now. I see how my mother managed to cope in a difficult situation. Previously all my negative feelings had been directed towards mum, and now I realise that dad didn't do anything to support us or mum.	5	1	4
3. I usually feel obliged to visit my parents every week, and I didn't for two weeks, because I need some space.	5	1	4
4. I went out and I could enjoy myself because I'm more at peace with myself and not beating myself up.	5	1	4
5. I've been asking for hugs, receiving instead of giving.	5	1	5

her attribution of cause, and from mapping in-session processes to the changes she reported.

Retrospective Attribution

Melissa rated her session as '9: Extremely helpful' on a 9-point session helpfulness scale, and considered that her psychodrama session was the major factor contributing to the changes that she experienced after the workshop. She rated 4 of the 5 self-reported changes as being very unlikely to have occurred without the workshop.

Melissa identified general characteristics of the workshop and of her session in particular, that contributed to these changes.

"This was my first psychodrama and I found it immensely powerful. ...

I'm feeling so much better. ... The psychodrama worked through so many areas where I was blocked or stuck."

Process-Outcome Mapping

Process-outcome mapping looks for clear links between events within the session and post-session change. In this study, protagonists nominated the most significant events in the session and reviewed a video recording of the events, recalling the impact of the event at the time and what they experienced to be the post-workshop impact of the event. Directors followed a similar recall process, and were asked to predict the possible post-intervention impact of the session. From this process, there is a rich supply of information about the protagonists' experiences of change during and after the session.

Melissa identified a number of events within the session that can be linked to the specific changes she reported. Three examples of her recall responses are provided here.

1. Setting out family of origin scene

Melissa's recall: *"I was so distressed just introducing my family; I wanted people to know what they were like and how it had been. I wanted to get the emotion out from inside me."*

Most important idea or feeling: *"The absolute distress I felt, it was so sad."*

Most important impact: *"Being understood and supported by the group; being legitimate in the eyes of others."*

2. Auxiliary confronting the family system.

Melissa's recall: *"When (auxiliary) said 'this little girl's at risk', it was so important, because I realised it wasn't just in my head. It put it into perspective for me, of course I couldn't stand up to my mother back then. I don't need to be so hard on myself."*

Most important idea or feeling: *"Relief that I had been heard. Someone else accepted my perception, that this wasn't something to be glossed over."*

3. Melissa as an adult, comforting herself as a child.

Melissa's recall: *"I was saying what I'd wanted to hear for all those decades, but I didn't know it was what I wanted to hear until I said it. ... I was so accepting of the child. ... When I was hugging the child, I imagined myself hugging my daughter ... some of the things I said to myself there are the things I've said to my daughter this week."*

Most important idea or feeling: *"I am OK. It has struck me this past week that there isn't anything I should be ashamed of from when I was young."*

The impact of these three events within and after the session is complex, and only a few general comments are made here about the relationship between these events and Melissa's self-reported changes.

All three events have contributed to Melissa experiencing self-acceptance, which is a cornerstone of her post-session changes. The first event relates to her capacity to experience and manage strong emotions, and may have a connection with her increased capacity to be able to relate to her daughter without fear of her daughter's emotional response. The second event involved an experience of in-session relief

for Melissa, arising from experiencing someone else speaking out about the abuse she was subject to. This is connected with Melissa being able to develop a larger picture of her family system, and acceptance of herself as she was in that system. The third event is particularly clear in its relationship to the changes Melissa has made. She developed a new relationship with herself during this event, and was consciously forming a picture of relating in a new way to her daughter.

Alternative Explanations for the Post-session Change

The workshop was a two and a half day event that included three psychodramas in total and various group interventions. It is possible that her post session change resulted from her engagement with any or all of these other processes. To argue for the efficacy of the psychodrama method, it would need to be shown that the psychodramatic enactment has a specific impact on the functioning of the participant, either through actively participating as a protagonist or an auxiliary, or through processes associated with witnessing another person's drama. In Melissa's case, there are strong indications that her own drama was the most significant event in relation to the specific post-session changes she reported.

Melissa rated other aspects of the workshop as helpful, but her own psychodrama session as the most helpful. She reported that the introductory session helped her to develop trust in the group and to focus on her issues; and in the sessions preceding her psychodrama, she reported realising that the group would accept strong feelings and the leaders had the skills to manage what emerged in the sessions. These would appear to have been necessary conditions, enabling Melissa to put herself forward to be a protagonist in her first experience of the psychodrama method. Experiencing herself in a positive way in relation to other members in the group, may have assisted Melissa to feel more hopeful that she could develop satisfying interpersonal relationships. However, the

group experience was not sufficient to resolve the impasse Melissa experienced in her capacity to be able to manage her emotional response to situations or maintain her sense of connection with others.

In the session preceding her own psychodrama session, Melissa reported feeling unable to deal with emotions that were surfacing in her, and began feeling isolated and agitated. Once again, this response was a useful but not sufficient condition for change. She reported that her sense of isolation and agitation confirmed her thinking that she needed to put herself forward to do a psychodrama and compelled her to take action when the next opportunity arose to become a protagonist.

When people have an expectation of a particular change arising from an event, that expectation can be enough to produce change. At the Client-Change Interview, Melissa reported that she was *'very surprised by'* all the changes that she had identified. The changes were consistent with her pre-workshop goals, but while her goals had been stated in general terms, she identified changes with specific examples of shifts in her attitude and changes in her responses to significant people that could not be accounted for by the influence of expectations alone.

A strong or dependent relationship with the director may influence the protagonist to be overly positive in her evaluation of the session. Melissa described the director as *'incredibly supportive, she kept me feeling safe, not falling apart'*. Her positive and strong relationship with the director was, as we would expect, vital to her engagement with the process. She may well have been inclined to report positively on the experience, but Melissa also demonstrated willingness during the recall process to raise aspects of the session that she experienced as not helpful. She recalled interventions by the director that had not been effective, and feeling stuck at some points in the session. The detailed nature of her recall, in terms of both helpful and unhelpful aspects of the session, suggests that

she was recalling, as accurately as she could, her experience of the process.

Other life events following the workshop may have contributed to Melissa's change. However, most of the changes in her circumstances appeared to result from changes she initiated soon after the workshop, particularly in relation to her role relationships with family members.

Reviewing the video recording of the session and reflecting on her experience of change, as part of the research project, may have had a major impact. Melissa had a very positive experience of this recall process, and it is highly likely that this consolidated Melissa's new learning and altered sense of self, and contributed to the further improvement in her results three months later.

Summary

There is strong support for the proposition that the workshop was therapeutically significant for Melissa. She recorded improvements on both the SCL90-R and the IIP-64 that were consolidated over time and were statistically reliable at three-month follow-up; and she moved from clinically dysfunctional to functional levels on the IIP-64. Melissa reported important changes in her attitude to herself and her relationships with family members immediately after the workshop. These changes were also maintained and consolidated over time.

General group sessions provided some of the necessary conditions for Melissa to feel interpersonally connected in the group, and to build her warm-up to her purpose and to her discomfort with her current functioning. Psychodramas that preceded hers assisted Melissa to develop confidence in the ability of the group and the group leaders to manage high levels of distress that she imagined might be present in her own drama. However, these events alone were not sufficient to enable Melissa to resolve the impasse she experienced, or to produce the new roles that emerged during her session and were later consolidated

in her life. The specific post-workshop changes she reported can be linked to the events in the session where she was a protagonist.

On balance, it would seem that the overall workshop provided necessary conditions that assisted Melissa's warm-up to becoming a protagonist, while her psychodrama session provided events that enabled her to gain some resolution of her issue, and expand her role repertoire.

Conclusion

Single case efficacy research provides one vehicle for psychodrama to establish its credentials in the community, while also providing practitioners and clients with information to review progress. Melissa's results might not be typical of the results that are achieved by all protagonists and group participants. The broader picture will only be established if we are able to bring together a collection of such research. This case was part of a larger project, and there was a wide range of information available for analysis. There may be simpler ways to collect adequate information to evaluate the efficacy of psychodrama sessions on a more regular basis.

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