

Occupational Therapy and Theatre Arts Mutually Benefit Clinical Simulations: A Collaborative Approach

James Filippelli, EdD

Assistant Professor of Fine and Performing Arts

Division of Arts & Sciences
Dominican College of Blauvelt
Orangeburg, New York

Samantha A. De' Jesus

Thya A.D. Ellis

Mariah S. Feliciano

Student Assistants

Dominican College of Blauvelt
Orangeburg, New York

Abstract

A collaborative classroom activity was conducted between undergraduate theatre students and graduate Occupational Therapy (OT) students at a private liberal arts college in Rockland County, New York. The activity centered on clinical simulations affording the OT students the opportunity to evaluate their client (student performer) and then devise a suitable Action Plan. In addition, the theatre students had the opportunity to hone in on their performance skills.

Keywords: collaboration, theatre, occupational therapy, clinical simulations

The Initial Conversation

A conversation between educators led to the establishment of collaboration among educators and students at a liberal arts college located in Rockland County New York. After the discussions, it was established that simulations can enable OT students to learn the complex skills of assessment utilizing student actors from a Children's Theatre class; moreover, a suitable Action Plan can be developed between patient and therapist. As a result of this classroom exercise, the participants provided feedback. A training program for actors took on the role of an adolescent teen that has been identified with a disability such as: autism, bi-polar disorder, depression, and ADHD. Naturally, inter-professional collaboration was the driving force behind this venture.

The Canadian Interprofessional Health Collaborative (CIHC) National Interprofessional Competency Framework comprises a set of competencies that require the development and integration of attitudes, behaviors, values, and judgments necessary for collaborative practice. The six CIHC competency domains are:

- Role clarification
- Team functioning
- Interprofessional communication
- Patient/client/family/community-centered care
- Interprofessional conflict resolution
- Collaborative leadership

Collaboration is a developmental process and therefore, interprofessional learning is cumulative over one's professional practice, reflecting a continuum of learning. (CIHC, 2010, para. 2)

All students from the Children's Theatre class participated in the collaborative activity with the exception of three. The three undergraduate student assistants researched literature that supports the collaborative activity. Finally, the student assistants gathered the classroom responses which are included in this article.

Literature

Archer et al. (2010) define theatre as the act of joining "one another in a shared experience that calls on us to recognize the actors not as mere objects for our entertainment, but as human beings like ourselves" (p. 5). The literature and student responses indicate a need for actors to be involved; most importantly, in a mental health environment either as participants or observers. Collaboration and collegiality work hand-in-hand.

According to Faigin and Stein (2010) in *The Power of Theater to Promote Individual Recovery and Social Change*, "drama can be used as a way to enhance self-esteem and self-knowledge, explore and process traumatic events, bolster creative problems-solving skills, and treat personality disorders and mood disorders" (p. 306). Their research concluded to say that the "theater troupe creates original scripted performances designed to educate audiences about mental health issues and fight stigma surrounding mental illness" (p. 308). Furthermore, directions continue to expand, and collaboration among consumers, artists, and mental health professionals can harness both personal growth and societal change (p. 308).

Michalak, et al. (2014) presented a project created to examine the influence of a one-woman theatrical performance on perspectives towards bipolar disorder on people with the disorder and healthcare providers in *The International Journal of Bipolar Disorders*. This project was conducted due to mental illness being an international priority and arts as well as contact-based approaches being believed to be promising modes of intervention. It provided healthcare providers with a better understanding of bipolar disorder. The study was both quantitative and qualitative which included longitudinal and sequential mixed methods as well as qualitative interviews.

Ørjasæter and Ness (2017) explored participants in a music theatre workshop from a first-person perspective of an individual with mental health problems. The study, *Acting Out: Enabling Meaningful Participation among People with Long-Term Mental Health Problems* was conducted using twelve participants in a music theater workshop located in a Norwegian mental health hospital. All twelve participants in this music theatre workshop were identified as having mental health disorders such as Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Bipolar disorder, Depression, Anxiety and additional

disorders. The study suggested that individuals with a mental disorder can still portray a role in the theatre workshop.

One Case Example – Student Responses

The theatre instructor informed the students that they would take on the role of an adolescent teen that has been identified with a disability such as; autism, bi-polar disorder, depression, and ADHD. The student actors portrayed the characters and maintained their objective throughout the assessment phase. Student actors were assigned according to their interest and research capability. A qualitative approach was completed for this article. Verbal responses from the students attending class were obtained which resulted in gathering the necessary data for completion. The 18 participants were paired with one another thus resulting in 9 groups of two ($n = 9$). A key outcome of this article relied on personal accounts from the participants who carried out the Occupational Therapy Simulations. All data were manually coded for accuracy and authenticity. The data were collected, coded manually, and reported by three student assistants in the Children’s Theatre class based upon verbal responses from the individual actors. After the OT simulations, the actors identified two distinct categories - what was done well and what needs improvement. As shown in Tables 1 & 2, the 18 participants (9 groups of two) were paired to evaluate their experience. In Table 1, the overarching responses from the actors were that the OT students knew how to treat patients according to diagnose, were patient, well-prepared, professional, and knew what the expectations were. Even though there were many distractions within the room, it was evident the actors did not break character. Three groups of individuals felt actors were well prepared. Actors were comfortable around the OT student even though the OT student seemed to be more focused on the assignment rather than the actual well-being of the patient. In Table 2, eight of the nine groups believed the OT simulation was very time consuming, as well as six reporting it was too late in the day. Seven groups elaborated that the activity was labor intensive because there were numerous questions repeated and certain questions did not correlate to the disorder. Seven groups also thought actors were not prepared enough.

Table 1

What Was Done Well

OT students were professional	2
Actors stayed in character	4
Structured well	1
OT students knew how to treat patients according to diagnose	5
Easy to stay in character	2
OT students were prepared	3
OT students had props and activities for patients	2

Actors were well prepared	3
Summaries of patients given to actors were well written	2
Time frame worked for most students	1
Actors were comfortable around OT	2
OT students used calm voices	1
OT students had patience	4
Questions were well organized	3
Actors answered questions well	2
Everyone was nice	1
OT students dressed professionally	1
OT students were caring/friendly	2
Task was well explained to actors	3
Actors kept topic alive	1
OT students explained task well	1
Actors were calm	1
Student took on two characters	1
Everyone was clear and well-spoken	1
Everyone was on time	1
Everyone worked together	1
Actors adopted well	1
Good connections with actors and OT	1
Actors kept characters discrete before performing	1
Interview allowed actors to get deeper in character	1
Actors had upper hand	1

Note. Number of Groups ($n = 9$).

Table 2

What Needs Improvement

Time consuming	8
Too late in the day	6
OT repeated questions	7
Took too long	1
Actors were not prepared enough	7
Separate room for each interview	5
Make earlier in the week	2
Too many distractions in room	1

Note. Number of Groups ($n = 9$).

After taking a closer look into the results, the data concluded that both classes reported the simulations increased understanding of various mental health conditions and increased understanding of those in need of OT. It was also determined, that this collaborative effort between the OT students and the Children’s Theatre class should continue.

The responses of the student actors indicated a need for better preparation and information. While this was the first involvement for this Children’s Theatre class at this liberal arts college, the results indicated what went well outweighed improvements noted. Once the students completed their simulation, the graduate OT students were able to devise an Action Plan for the next encounter with the student actor.

Concluding Thoughts

The suggestion of utilizing student actors in OT simulations originated in the summer of 2018 and continues even in these trying times, following all CDC guidelines. Presently, some sessions are virtual (via zoom), while other in-person sessions include the wearing of masks, socially distancing, and sanitizing. After much discussion, brainstorming, and strategic planning, the instructors worked collaboratively to put in place an ideal simulation for the graduate OT students and a Children’s Theatre class. Discussions centered on time constraints and proper preparation for both the student actor and the OT graduate students. It was the general consensus of all individuals that there needed to be adequate preparation in order for the program to be successful. Achieving success in this environment will result in the OT graduate student adequately being prepared to write up both an assessment plan as well as an Action Plan.

References

- Archer, S. M., Gendrich, C. M., & Hood, W. B. (2010). *Theatre its art & craft* (6th ed.). Rowman & Littlefield.
- Canadian Interprofessional Health Collaborative (CIHC) National Interprofessional Competency. (n.d.). *Canadian Interprofessional Health Collaborative (CIHC) framework*. <https://www.mcgill.ca/ipeoffice/ipe-curriculum/cihc-framework>
- Faigin, D. A., & Stein, C. H. (2010). The power of theater to promote individual recovery and social change. *Psychiatric Services, 61*(3), 306.
- Michalak, E. E., Livingston, J. D., Maxwell, V., Hole, R., Hawke, L. D., & Parikh, S. V. (2014). Using theatre to address mental illness stigma: A knowledge translation study in bipolar disorder. *International Journal of Bipolar Disorders, 2*(1), 1. <https://doi.org/10.1186/2194-7511-2-1>
- Ørjasæter, K. B., & Ness, O. (2017). Acting out: Enabling meaningful participation among people with long-term mental health problems in a music and theater workshop. *Qualitative Health Research, 27*(11), 1600-1613. <https://doi.org/10.1177/1049732316679954>