Drama Therapy: A Possible Intervention for Drama Therapy

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Abstract

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The most widely used and most successful treatment for children with autism is known as Intensive Behavioral Intervention (IBI) and allows for a significant increase in cognitive, behavioral and language skills. However, there seems to be a gap in this form of treatment between the known benefits and the possible improvements in emotional expression and social interaction. I have witnessed the gains in cognitive, behavioral and language skills for children with autism receiving IBI, but I have yet to see these children increase their range of emotional expression and social interaction with the aid of IBI. An important question that I would like to pose is, is it possible for other treatments such as Drama Therapy to be an effective intervention for this population and can it fill that gap?

This paper examines the process of two children with autism and the use of drama therapy as an intervention for these children. The first case study looks at the process of a four year old male with autism who is non verbal and the second case study follows the process of a seventeen year old male with autism who is verbal. The main goal for each child was to have them learn how to express their emotions through drama therapy as well as increase their social interaction skills through drama therapy. I incorporated the guidelines of non-directive play therapy created by Virginia Axline (1969) and through this incorporation I witnessed each client learn how to form a new relationship, express their emotions and learn new social skills.

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The world around children with autism is a constant obstacle course with no instructions. Many of these children live in isolation, due to deficits in communication skills as well as social interaction skills. The most widely used and most successful treatment for this population is known as Intensive Behavioral Intervention (IBI) and allows for a significant increase in cognitive, behavioral and language skills. However, there seems to be a gap in this form of treatment between the known benefits and the possible improvements in emotional expression and social interaction. I have witnessed the gains in cognitive, behavioral and language skills for children with autism receiving IBI, but I have yet to see these children increase their range of emotional expression and social interaction with the aid of IBI. An important question that I would like to pose is, is it possible for other treatments such as Drama Therapy to be an effective intervention for this population and can it fill that gap? Through a review of the literature in autism, the possibility of Drama Therapy as an intervention will be examined, along with a discussion on the current treatment of IBI and current alternative treatments for this disorder.

According to Firestone and Marshall (2003), autism is the most widely known disorder within the group of Pervasive Developmental Disorders and has a prevalence rate of 4-10 births per 10,000 births. As well, this disorder is 3-4 times more likely to occur in males than in females. In order to diagnose an individual with autism, he/she must meet three major areas of deficit as defined by the DSM-IV. These three areas are impairment in social interaction, impairment in communication and behavior that is restricted, repetitive and stereotyped. The DSM-IV also states that, for a diagnosis, the

age of onset is before age three (Firestone and Marshall, 2003). There are many other characteristics that a child with autism will develop along with the three major areas of deficit. Two key characteristics of this disorder are social dysfunction and an unusual response to the environment. At infancy, children with autism show a lack of attachment to their parents and a lack of comfort seeking behavior. These children tend to stiffen, yell or are indifferent when they have physical contact with their parents. Any change in the environment, for example a change in routine, can lead to an emotional outburst and these children show a lack of interest to the human face and avoid eye contact (Firestone and Marshall, 2003).

Firestone and Marshall (2003) explain that the level of impairment in social interaction ranges for each child and depends on the child's developmental level. However, social deficits can include "inappropriate nonverbal behavior, an inability to regulate social interaction and an inability to develop peer relationships." (Jackson et al, 2003, p.115). Social behaviors become either abnormal or absent within the first two years of life for a child with autism. One type of social skill that is either absent or significantly delayed is preverbal social skills, which can be smiling, pointing and joint attention. A deficit in preverbal social skills can lead to deficits in symbolic play, which is considered to be a key feature of autism and one that can be used to distinguish between a child with autism and a child with another Pervasive Developmental Disorder (Stahmer, 1995) When examining the social dysfunction found in children with autism, it is necessary to also look at how typical developing children develop social skills to make a comparison.

There are many social and cognitive skills that facilitate a healthy social development in children. These skills include responding positively to peers, an ability to discriminate and label emotions and an ability to accurately and effectively communicate with peers. As well, in order to have a successful social development, children have the ability to take on the perspective of others and at the same time consider both their own and others' point of view. Along with these skills for a healthy development, there are also two essential keys about social behavior that predict correct development. These two keys are mutual reinforcement and reciprocal behavior as well as the ability to adapt social skills to a variety of social situations (Howlin, 1986). As the child with autism develops, she/he tends to lack the abilities needed for typical social development. However, the nature of the social deficits can change with age and is found to be more severe when the autistic child is in his/her preschool years. Children with autism do not have the skill of reciprocity and social responsiveness during interactions with other children; they lack the skill of cooperative play as well as spending excessive amounts of time in ritualistic activities. Children with autism are unable to make personal friendships, they lack the ability to empathize with others' feelings and responses and furthermore lack a coordination of social behavior which indicates social intention (Howlin, 1986).

As stated above, children with autism have difficulty empathizing with others' feelings and responses and this can be seen as a deficit in social emotions. Kasari et al (2001), examined different studies that focused on children with autism and the development of social emotions. One social emotion that was examined was empathy and this is defined as "the vicarious experience of another person's emotional, physical or psychological states. It has both cognitive and affective components reflecting the

capacity to understand, imagine and affectively share the other's emotional state"(Kasari et al, 2001, p.313). Sigman et al (1992) had children with autism, children with developmental delay and typical developing children watch their mothers pretend to cry after hitting their finger. Results showed that the children with autism seemed to ignore the adult who showed distress in comparison to the other two groups who were very attentive. Therefore, the children with autism showed little empathy by not showing personal distress or pro-social behavior. Kasari et al (2001) states that it is possible for children with autism to compensate for their emotional deficits and states the example that this population used more "I think" terms to show a greater cognitive effort in the experiment conducted by Capps et al (1992). Along with a deficit in social emotions, there are some deficits found within the play of children with autism.

They do not tend to share their toys with others and they are unable to direct someone's attention to what they are playing with or becoming aware of someone trying to get their attention through non verbal behavior. Children with autism are able to understand the use of other people as agents; however they are unable to understand that other people have a perspective that can be shared or directed (Howlin, 1986). A study conducted by Ungerer and Sigman (1981) examined the functional play of children with autism and found that the frequency of functional play of autistic children in comparison to typical developing was less than or equal to self-directed play (Wulff, 1985). However, when children with autism are placed in a play group with typical developing children their play seems to change. McHale (1983) found that when autistic children played with typical developing children, they increased their cooperative play as well as their social

interactions. As well, this study found that there was a decrease in isolated play when autistic children played with typical developing children (Howlin, 1986).

When looking at the social deficit found in children with Autism it is crucial to also examine the communication of this population, because these two factors tend to correlate with each other. Communication refers "to both verbal and non verbal giving and receiving of information between two or more individuals"(Garfin & Lord, 1986, p.133). As children with autism develop, one deficit that remains unchanged is a deficit of peer interactions and it is possible that a problem with communication causes peer interactions to stay at a stand still. It is possible that there may be a less intrinsic motivation to interact with others for children with autism as well as a lack of external motivations that are used to develop social interactions. When training initiation skills to children with autism, it is crucial that this is done in a social context that is meaningful to the autistic child and that the child has a reason to initiate communication and interaction with another individual. Another possible reason for a lack of peer interactions is that the play skills and language skills used to facilitate play are limited for children with autism (Garfin & Lord, 1986).

This population has difficulty with verbal and non verbal comprehension of communication. Children with autism have difficulty understanding and appropriately responding to non verbal communication. Non verbal communication consists of gestures, facial expressions and voice intonations. It is not clear yet the exact reasons for these difficulties, it can be because the autistic child has difficulty picking up relevant cues of non verbal communication or difficulty interpreting the non verbal communication. Another possibility is a difficulty knowing the appropriate response to make after the non

verbal communication is given. In order to initiate non verbal communication in children with autism, it is critical to overemphasize and exaggerate non verbal cues. It is also important to pick a small repertoire of cues that can be used repeatedly and in different situations, as well as prompts and role plays that show how to use and respond to non verbal cues. When examining verbal communication, children with autism tend to be uninterested and unresponsive to the speech of others. Autistic children have difficulty understanding the content of a language and the context that it is said in; as well their receptive language tends to be low. For example, an autistic child can understand words individually, but when placed in a sentence, he/she have difficulty with comprehension. There are many factors that can causes this difficulty with verbal communication and some are the number of words used, the number of ideas presented, stimulation of environment and learning-dependent cues. The difficulties in non verbal and verbal communication can have a strong effect on social interactions because many autistic children do not know how to express their confusion and therefore withdraw. It is important to remember that this withdrawal might not always be indicating a noncompliance to interact but be indicating a lack of comprehension of what is expected (Garfin & Lord, 1986).

There are two other forms of communication that can pose difficulties with children with autism. Hermelin and O'Connor (1985) created a distinction between intentional communication and nonintentional communication and this distinction allows us to better understand the reasons behind people's behaviors in a social situation. Intentional communication is referred to as "deliberate and voluntary attempt to convey information" while nonintentional communication is referred to as "information that is

transmitted without deliberate or conscious awareness and is spontaneous and unlearned"(Grafin & Lord, 1986, p.145). For children with autism, there tends to be a difference between these two types of communication, such as an autistic child's voice intonation does not always match the content of what he/she says. As well, an autistic child's body language may have no connection with how he/she actually feels in a given situation and this is crucial to remember when working with this population. For example, an autistic child might sit with his/her back to someone who he/she is interacting with and this might not be a reflection of negative attitude but a reflection of a lack of basic social skills or knowledge. This assumption of the autistic child's behavior can result in the autistic child being misunderstood by his/her peers. It is essential that children with autism receive frequent and long term practice in socio-communicative skills which occur in a setting that is seen as positive to the child (Grafin & Lord, 1986).

Currently, biological reasons are the most evident causes for this disorder within research and literature. Research has shown that a history of prenatal infections such as rubella and problems during pregnancy and delivery can lead to a child having autism. As well, individuals with autism have been found to have larger and heavier brains and abnormalities in a number of structures within the brain. Also, 30-50% of individuals with autism have been found to have abnormal levels of serotonin. Genetics might also be a factor in the etiology of autism, with a high frequency of this disorder being diagnosed within siblings (Firestone and Marshall, 2003). Within this population, two main types of treatment approaches are used. The first approach is known as focal treatments. When using this type of treatment the therapist is focusing on a specific symptom or learning need of the child with autism. The second treatment approach is

known as comprehensive treatments, which involve attempting to change the outcome of this disorder and by and large trying to improve the functioning of the individual. Treatments that fall within this approach use many hours of treatment over an extended time period (Rogers, 1998). Treatments that have been used before, but without success, are biological treatments and psychodynamic treatments. Biological treatments involve providing medicines that regulate neurotransmitters to the individual. However, these medicines are not effective because they have been found to contribute to abnormal behaviors in those individuals who take them. Psychodynamic treatments were used in the 1940's and 1950's and involved removing the child from his/her home. The most widely used and successful treatment for this population is behavioral treatment (Firestone and Marshall, 2003).

Behavioral treatments have the greatest amount of empirical validation in terms of the effectiveness of the treatment for children with autism. The theoretical underpinning for these types of treatments is known as Empirical Analysis of Behavior. This concept is defined as "a science dedicated to understanding the laws by which environmental events determine behavior" (Schreibman, 2000, p.373). When we are able to understand which environmental events cause certain behaviors, we can create methods to change those behaviors. The main form of behavioral treatment that is used with children with autism is Intensive Behavioral Intervention. This intervention uses the principles of experimental analysis of behavior in order to improve socially appropriate behaviors. The term "intensive" is used when behavioral treatments involve many hours of treatment per day and/or in a variety of the individual's daily environments. The most used technique within IBI is known as Discrete Trial Training and involves the use of

repetitive practice and trial presentations which are done in blocks. Each trial involves a simple and consistent question as well as the child's answer to the question and specific consequences that are determined by the child's answer. Other techniques that are used in IBI are known as Naturalistic Teaching Methods. These techniques differ from Discrete Trial Training because they focus on following the child's lead in starting trials as well as using natural occurring consequences (Schreibman, 2000). An example of these types of techniques is Pivotal Response Training and this intervention will be discussed further in the paper.

Lovaas (1987) states that Intensive Behavioral Treatments are effective because they allow for adaptive behaviors to be built and pathological behaviors, such as aggression, to be decreased. According to Schreibman (2000), there are certain child characteristics that can affect the outcome of IBI and they are age, level of cognitive deficit, language level and the behavioral repertoire of the child. Family characteristics can also affect the outcome of this treatment which includes parental stress, depression, marital adjustment and the parent's views on community support (Schreibman, 2000). Three main variables that can effect the decision to use IBI are the ease of learning the technique, if it is seen as effective and if the treatment can be used in the daily lives of the family (Schreibman, 2000). The experiment that created a foundation for Intensive Behavioral Intervention was conducted by O. Ivar Lovaas.

Lovaas's study (1987) focused on children with autism who were under the age of four years old. He found that younger children with autism do not discriminate between environments and are therefore able to maintain skills that they have learned and generalize these skills to different environments. This study asked if there would be a

significant difference between two groups of participants who received different hours of IBI over the same time period (Lovaas, 1987). The treatment that Lovaas used was based on the Operant Conditioning model. Within this model, the consequences of the behavior are crucial to the change of the behavior. There are consequences that can increase the repetition of a behavior and these are know as reinforcements, while there are other consequences that decrease the behavior and these are known as punishments. While an individual is taking part in operant conditioning he/she might receive either positive or negative reinforcement as well as positive punishment or negative punishment. Positive reinforcement occurs when a behavior leads to a pleasant consequence and this causes the behavior to increase. Negative reinforcement is when a behavior leads to the individual feeling less stressed and therefore the behavior is increased. Positive punishment involves reducing a behavior by using an undesirable experience, while negative punishment reduces a behavior by taking away a desirable experience (Firestone and Marshall, 2003).

The participants in this study were placed into two different groups. The experimental group consisted of nineteen children with autism who received forty or more hours per week of IBI in one to one sessions. The control group also consisted of nineteen children with autism and they received ten hours or less of one on one IBI sessions. Both groups were involved in this intervention for two years. The characteristics of the experimental group before the intervention showed that two participants were in the normal range of IQ, seven participants were scored as moderately retarded and ten participants were scored as severely retarded. Also, one of the participants was able to use a minimum amount of appropriate speech, seven participants

were echolalic and eleven participants were mute. During the treatment, negative behaviors were lowered through methods that involved ignoring, time outs, redirecting to socially appropriate behaviors and as a last resort saying a loud "no" (Lovaas, 1987).

The results of this study showed that IBI can be used as an effective behavioral treatment for children with autism. Nine participants in the experimental group successfully passed grade one in a public school and these children were able to score in the average or above average range on an IQ test. Eight participants from the experimental group were able to pass grade one in an "aphasia" class and fell into the moderately retarded range of IQ. Furthermore, two participants of the experimental group were placed in classes for children with autism and obtained IQ scores in the profoundly retarded range. In comparison, only 2% of participants in the control group were able to achieve normal functioning. At the end of this experiment, Lovaas concluded that a group of children with autism who have similar characteristics to those children in the experimental group will continue to develop severe deficits if they do not receive IBI (Lovaas, 1987). A follow-up to Lovaas's study was conducted by McEachin, Smith and Lovaas in 1993.

The purpose of the follow-up study was to examine if the treatment gains in the Lovaas study were able to be maintained by the participants several years afterwards. As well, this study assessed if the nine children from the experimental group who achieved normal functioning, displayed any autistic characteristics. When the follow-up study took place, the children in the experimental group had a mean chronological age of thirteen years old and the control group had a mean chronological age of ten years old. Therefore, at the time of the follow-up study the experimental group were older and out of treatment

longer than the control group. Both groups were assessed with three standardized tests, namely the Wechsler Intelligence Scale for Children-Revised, Vineland Adaptive Behavior Scales and the Personality Inventory for Children. Results from these three tests showed that participants from the experimental group had a stable level of IQ from age seven to age thirteen. As well, these participants showed a significantly higher level of functioning of adaptive behavior skills and personality in comparison to the control group. The nine participants from the experimental group who achieved normal functioning had a stable IQ level from the Lovaas study to the follow-up study and they showed no emotional difficulties and they were able to develop adaptive and social skills. A limitation of this follow-up study was that it was unable to answer why some children were unable to benefit from IBI and didn't reach normal functioning (McEachin, Smith and Lovaas, 1993).

There are many pros and cons connected to Intensive Behavioral Intervention and its use for children with autism. The most imperative advantage to using this form of treatment is that it is tremendously effective. This effectiveness is shown through increases in a variety of skills and decreases in maladaptive behaviors. Another advantage of IBI is when using the naturalistic techniques generalization can be created as well as spontaneity and the ability to develop a skill and generalize that skill at the same time. These techniques are easy to teach to family members and other important individuals in the child's life and can be easily incorporated into the child's everyday environments. By being able to teach the family how to implement IBI in the home, generalization and maintenance of treatment gains can improve, which can be considered another benefit. As mentioned before, Discrete Trial Training is the most

widely used technique of IBI; however it does have its disadvantages. When using this form of IBI, generalization tends not to occur specifically with behavioral gains across settings and responses. Also, there has been difficulty found with teaching spontaneity and self-initiated behaviors when using Discrete Trial training (Schreibman, 2000).

Another disadvantage that arises when using IBI is that the outcome of this treatment varies greatly between each child with autism. Some children benefit from this treatment, some have a small amount of success and some children do not benefit at all. Therefore, it becomes very difficult to decide which IBI approach will benefit a specific child. Finally, there are still many unanswered questions in connection with this treatment. For example, how can researchers develop a specific intervention plan for a child with autism and have that intervention fit that child's needs? (Schreibman, 2000). It is clear that IBI is a sufficient treatment for children with autism; however there are also many alternative treatments that are used as well for this population. The alternative treatments that will be discussed are ones that focus on certain elements of functioning that have a link to elements focused on in Drama Therapy. For example, some of the alternative treatments focus on emotional expression and play, which are characteristics that can be explored through Drama Therapy.

The first treatment to be examined focuses on increasing sociodramatic play in children with autism and uses the naturalistic IBI technique of Pivotal Response Training. Play behavior in children with autism is delayed, lacks symbolism and is less complex than the play of typical developing children. Impairment in sociodramatic play is a result of a combination of a deficit in symbolic play and a deficit in social behavior (Thorp, Stahmer and Schreibman, 1995). Sociodramatic play is defined as "an advanced form of

symbolic play where groups of children plan and carry out cooperative dramatizations centered about a familiar theme" (Thorp et al, 1995, p.266). There are five characteristics that children need to show in their play in order for it to be considered sociodramatic play. These five characteristics are role play; make believe transformations, social interaction, verbal communication and persistence. Persistence is when a group of children is able to keep the theme of its play from start to finish. Past research has shown that there are many benefits to using play interventions for children with autism. These treatments have been found to increase IQ levels, problem-solving skills, perspective taking skills, language and social skills. As well, other benefits include reducing off task behavior, increasing symbolic play and teaching this population to become involved in unscripted interactions with their peers (Thorp et al, 1995).

Thorp et al (1995), used Pivotal Response Training in connection with sociodramatic play training. This naturalistic IBI method is used with children with autism in order to increase their motivation to learn. This is achieved by providing the child with choices, reinforcing attempts for an accurate response, sufficient modeling and natural occurring consequences. The naturalistic nature of PRT allows for a reduction in stereotypical play that can be found in children with autism. The purpose of this study was to see if using PRT along with sociodramatic play training would increase the skill of sociodramatic play within this population. The participants were three boys with autism, who had similar language skills to 3-4 year old typical developing children, because sociodramatic play does not develop before that age. The results showed that role play was increased after training and was generalized to settings and partners. Persistence increased and was generalized after training; however the participants had difficulty with

displaying this skill in a generalization setting at follow-up. All of the participants were able to do make believe transformations and the amount of time playing with a non-existing toy increased. Each of the parents of the participants reported an increase in the child's imaginary play at home (Thorp et al, 1995).

The results also showed that all of the participants were able to increase their spontaneous speech and use this skill with new individuals and new settings. The participants were able to keep this skill at follow-up. After training, the amount of time spent in positive social behavior increased and the amount of time spent in negative social behavior decreased to a point that it was almost absent at follow-up. During the intervention, each participant was able to change the plots of his play which showed that he could learn new behaviors and not get stuck within a stereotyped routine. However, one participant still showed some stereotypical play and was more interested in play themes that involved minimal interaction. This participant was still able to learn sociodramatic play; however his behavior shows that children can learn this skill but this population's play may still be different from children with other developmental disorders. This study showed that sociodramatic play treatment can be an effective treatment for children with autism because it is actually fun for them and increases their motivation to learn. As well, this type of intervention can be easily used in more than one setting (Thorp et al, 1995).

Another study that used PRT during intervention was conducted by Stahmer, in 1995. This study focused on the skill of symbolic play. Three characteristics can be used concurrently or on their own to represent symbolic play. These characteristics are that a child can use an object as if it was another object, the child can place characteristics onto

the object that doesn't exist and the child can pretend that an object exists when it is not actually present. This study examined if PRT could be used to teach symbolic play to children with autism. As well, generalization and maintenance was explored and any possible changes in interaction skills and symbolic play in comparison to typical developing children was studied. There were seven participants with autism and seven participants who were considered to be typically developing children. Five of the participants with autism received symbolic play training before language treatment and each participant had treatment sessions three times per week for one hour. The language training sessions were also three times a week for one hour and these sessions lasted for eight weeks. The results show that all of the participants with autism had an increase in symbolic play and complexity of their play after intervention. These increases were most visible in situations with the therapist and training toys and were least visible in situations with a language matched peer. After symbolic play, the participants with autism were able to learn actions spontaneously, could take suggestions from the therapist and were able to direct storylines with the toys. Of the symbolic play that was created by the participants with autism, 35% was creative and not learned during training (Stahmer, 1995).

Furthermore, six out of the seven participants with autism were able to generalize the skill of symbolic play to new toys and new individuals and at follow-up five of these participants had a decrease in symbolic play, but their skills were still at a higher level than during pre-training. One skill the participants with autism were not able to learn after this intervention was the ability to initiate during symbolic play. From this study, the researcher concluded that children with autism who have a sufficient language level can

learn to use symbolic play at similar levels to typically developing children. Another conclusion explains that due to the fact that the participants with autism were able to increase their responses to initiations by adults, it is possible that this population's social interaction deficit is a result of a lack of skill (Stahmer, 1995). Another element of functioning that can be explored and possibly improved through drama therapy is pretend play.

Pretend play is defined as "the ability to create imaginary events and the ability to establish alternate identities for objects, environments and people including the self"(Rutherford and Rogers, 2003, p.289). This type of play develops between nine and twenty-four months of age and then after its development, this skill will start to become more elaborate. For children with autism, there is a deficit in pretend play. They do not use toys as actors and do not use one object as another object in play with the same level of spontaneity and frequency as normally developing children. There has been a constant debate over the reason for a deficit in pretend play and this debate is between a theory of mind and an executive function reason for the deficit. Theory of mind is defined as "the capacity to understand another's mental states and predict behavior based on an appreciation of these mental states"(Rutherford and Rogers, 2003, p.290). In order for a child to have pretend play he/she must be able to detach the main representation of an object from its new pretend representation. Theory of mind allows for this detachment to take place and in turn for pretend play to occur. In children with autism, there is impairment in theory of mind and therefore impairment in pretend play. Executive function is defined as "mental operations which enable the individual to disengage from the immediate context in order to guide behavior by reference to mental models or future

goals"(Rutherford and Rogers, 2003, p.291). Executive function is involved in pretend play because this play requires that the child leave behind the real world to create pretend situations as well as shifting attention from one meaning of an object to another. Therefore, a deficit in pretend play can also be due to a deficit in executive functioning (Rutherford and Rogers, 2003).

A study conducted by Sherratt (2002) focused on developing pretend play in children with autism. The intervention lasted for five weeks with forty minutes of play each week. The intervention used modeling, prompting and eliciting to structure the play, as well as to allow the children to participate at their own level. Throughout the intervention, the structure was decreased, reinforcement was given for the use of new representations by the child and modeling was absent at the end of treatment. Results showed that by the end of treatment, three out of the five participants were able to use pretend play in prompted situations and also new situations. These participants were able to use pretend play spontaneously in settings that were not structured (Sherratt, 2002).

The narrative ability of children with autism can be a skill that drama therapy can focus on and improve. Narrative skills are an important communicative tool and a crucial method of interpreting experiences and relationships. When there is a deficit in narrative skills, the child is limited in access to a dense form of interaction and this deficit can affect socio-emotional and communicative abilities. Past research has shown that children with autism narrate less in a conversational interaction and their narratives do not have complexity and coherence. A study conducted by Losh and Capps (2003) focuses on the narrative ability of children with autism who are not mentally challenged, through storybook narratives and narratives of personal experience. Results show that the

participants with autism were able to create a similar number of personal narratives as the typical developing participants and both groups enjoyed discussing their family, friends and pets. However, participants with autism had difficulties creating personal narratives that were thematically integrated and elaborate. With the storybook narratives, participants with autism described fewer episodes, but did not have difficulty explaining the theme of the book. This study showed that high-functioning children with autism can learn narrative skills and communicate these skills to others (Losh and Capps, 2003).

As I continued to read literature focused on children with autism and different alternative treatments used with this population, I found myself drawn to the treatment of non-directive play therapy. I find that I am drawn to this treatment because I believe that play therapy and drama therapy are strongly connected. Drama therapy allows an individual to express themselves freely without judgment, and play can be used as a way of expression in drama therapy. Play is a universal language for all children and this language allows all children to express themselves. This universal language does not need to be taught to children, because it is spontaneous, enjoyable, voluntary and non-goal directed. Play is a crucial part of any child's development, because this behavior facilitates the development of many aspects of a child's self. Play allows for the development of expressive language, communication skills, emotional skills, social skills, cognitive skills and decision-making skills. Play also facilitates the development of interpersonal relationships, the exploration of adult roles and the comprehension of one's own feelings. While children play, they are able to build up their confidence with regard to dealing with their environment. Children are also able to learn about new options for certain situations that they might not have already used in real life (Landreth, 2001). This

aspect of play connects strongly with the idea of creating a play space in drama therapy. The play space allows for the testing of new ideas and actions without any consequences that might happen if you tested these new ideas in real life. Landreth (2001), believes that as children are involved in play they are able to express reactions and thoughts as well as rehearse behaviors, exert their will and learn through play. "The activity of play is one of the most important ways in which children learn that their feelings can be expressed without reprisal or rejection from others"(Landreth, 2001, p.5).

For individuals who lack a sense of control over their environment, such as children with autism, play can allow them to regain that sense. Play can create an environment where the child has control and this sense of control can be very crucial in the development of emotional and positive mental health. Within the safety of play, children are able to confront any character or situation in their life and have control over the outcome of that confrontation. The activity of play also helps children learn perseverance and what it feels like to choose an activity on their own. Play also facilitates the learning of self-direction, self-responsibility and acceptance. For children who have difficulties sustaining focus on one activity, play can help to increase this focus and in turn increase the child's self discipline. Many researchers believe that all children go through certain stages during play therapy. Axline in Landreth (2001), believed that "as play therapy sessions progress, many of the children's feelings and attitudes are expressed symbolically, toy to toy, toy to invisible person, child to imaginary person, child as a real person and child to the object of his/her feelings. At the conclusion of play therapy, children take responsibility for their own feelings and express themselves honestly and openly in their play"(Landreth, 2001, p.7).

Virginia Axline is viewed by many people as the founder of play therapy and she has created eight principles that every play therapist must follow. Axline (1969) created these eight principles as guidelines for a therapist to use when conducting non-directive play therapy with a child. The first principle states that the therapist needs to develop a friendly relationship with the child and the second principle states that the therapist must accept the child exactly as the child is. The third principle expresses that the therapist must create a feeling of permissiveness in the relationship and the fourth principle expresses that the therapist must be alert to the child's feelings and reflect these feelings in such a manner that the child is able to gain insight. The fifth principle states that the therapist must have a deep respect for the child's ability to solve problems on his/her own if the child shows this behavior. The sixth principle states that the therapist does not direct the child's actions in any way and the seventh principle states that the therapist does not try to hurry the process of therapy. The final principle states that the therapist will establish only the limitations that allow for the therapy to stay connected to the real world and allow the child to be aware of his/her responsibilities in the therapist-client relationship (Axline, 1969).

There are many benefits created by following these eight principles in non-directive play therapy and these benefits can allow for the child to receive effective therapy. When the therapist is able to be alert and respond efficiently to the child's feelings, the child is able to increase his/her self-awareness. When a trusting relationship is established between therapist and child, the child is able to express negative feelings and eventually those feelings lose their negative power. It is crucial that a non-directive play therapist is able to view each child that he/she works with as new and unique as well

as being an open and curious therapist in order to help build the therapeutic relationship. An important communication skill that a non-directive play therapist should have is the ability to be aware of the smallest gestures and changes which can show the desires and choices of the child. It is very important that the therapist is able to link his/her non verbal messages to his/her motor actions in order for the child to understand the therapist's signals more efficiently and view these signals as direct responses to his/her actions. Non-directive play therapy sessions need to be predictable and emotionally safe as well as in the child's control and level of comprehension. This type of session can be achieved through having routines and consistency during each session (Ryan and Wilson, 2000).

Black, Freeman and Montgomery (1975) examined the play behavior of autistic children during play therapy in four different environments and were able to find certain play behaviors. The four environments were a stark room, a theraplay room, a playroom and an outside deck. For some children, the environment had little or no effect on their play behavior and when there were many objects in the room, they tended to focus on the objects rather than on their peers. When the autistic children were playing with an object, they tended to stay at the manipulative stage with the object, which included repetitive behavior. When the children were in a bare room, they tended to become involved with repetitive and solitary play and in the theraplay room they were able to imitate, model and become involved with gross motor play. Other researchers have found that an autistic child's play is often solitary or parallel rather than social. Autistic children can initiate symbolic play with training and assistance; however symbolic play rarely happens spontaneously within the play behavior of autistic children (Mittledorf, Hendricks, &

Landreth, 2001). Other researchers have found, through their work with autistic children and play therapy, certain elements that can facilitate a successful therapy. Bromfield (1989) focused on entering an autistic child's world and following his/her lead during play therapy sessions and found that he was able to successfully engage with the child. It has also been shown that therapists must avoid seeing the child's first signs of isolation as personal rejection in order to not push the child into contact. Furthermore, if the overall goal of the play therapy is to help the child maximize his/her potential in order to live a more function life, then the smallest gains should be celebrated as great accomplishments (Mittledorf et al, 2001).

One specific case study is very detailed and informative with regard to using non-directive play therapy with children with autism. I have decided to use this case study as a guideline for my case studies because the treatment method used allowed goals to be achieved that are similar to the goals I hope my clients can reach. In 2004, Josefi and Ryan conducted non-directive play therapy with a six year old male who was diagnosed with autism. These researchers state that non-directive play therapy provides many therapeutic conditions that allow for children with autism to benefit from this form of treatment. Non-directive play therapy asks the therapist to accept the child's current level of functioning and to assume that he/she has an innate drive towards increasing his/her level of functioning. This therapeutic condition allows a child with autism to choose the pace and focus of the therapy, which in turn can help the child learn to initiate bids of joint attention and increase their level of autonomy. Furthermore, the fact that non-directive play therapy focuses on the child's and adult's emotional responses as well as

the therapist's ability to enter the child's world, allows for certain developmental deficits found in autism to be targeted (Josefi & Ryan, 2004).

This case study asked five key questions to be answered by the results of the therapy sessions. The fist question asked if the development of autonomy was encouraged during the non-directive play therapy. The second question asked if the child was able to enter a therapeutic relationship with the therapist and the third question asked if the child had the ability to enter into symbolic play. The fourth question asked if other emotional or developmental needs surfaced during the therapy and the final question asked if the child's ritualistic behaviors were able to be decreased during the therapy. The child in this case study was non verbal and communicated mainly through gestures and guiding people's arms to the objects he desired. The researchers created four major themes to use in the evaluation of the therapy and namely attachment, autonomy, symbolic play development and nurture. The theme of attachment examined the child's level of comfort in the playroom and to the therapist. At the beginning of the therapy, the child kept physical distance from the therapist and initiated minimal eye contact. However, as the therapy moved forward, the child increased his proximity to the therapist and began initiating eye contact and communication through gestures. The theme of autonomy focused on the child's need for help, how the child dealt with the playroom boundaries and the development of the child's exploration. As the therapy moved forward, the child seemed to increase in confidence and level of autonomy by showing his determination to do activities on his own. He also started to test the boundaries of the playroom, which can reflect how a typical developing toddler would exert their own will

against an adult's will. The child also began to explore unfamiliar toys as the therapy progressed and seemed more curious of his surroundings (Josefi & Ryan, 2004).

The theme of symbolic play focused on the child's choice of activities, the child's level of engagement in the chosen activities, the therapist-child interaction and the child's level of concentration. At the start of the therapy, the child's play stayed almost the same in each session, with very minimal differences. During the ninth session, the child was able to start to use new toys in a symbolic manner. The new activities that the child decided to engage in allowed for mutual play to take place between the child and the therapist, and the child seemed to really enjoy these activities. During the interactions between the therapist and the child, he began to imitate the actions of the therapist and his level of concentration began to increase as well. As the child's level of concentration increased during his play, it seemed that he began to decrease the amounts of ritualistic behavior. The theme of nurture looked at how the child would use the time to eat cookies and have a drink. At the start of treatment, the child ate the cookies very quickly; however during the ninth session the child was able to ask for more cookies and show his need for more food. His mother reported successful developments at home during the therapy period. She reported that the child was able to increase his ability of anticipating routine events, increase his ability in coping with changes in the routine and increase his expression of needs. The mother also reported that her son seemed to be more emotionally responsive, with more eye contact and noticing other's needs, which never occurred before therapy (Josefi & Ryan, 2004).

This case study showed that non-directive play therapy can provide children with autism with "emotional security and relaxation, enhanced and attentive adult environment

where play is the focus and acceptance by the therapist of children's ability to instigate therapeutic change for themselves under favorable conditions"(Josefi & Ryan, 2004, p.545). The researchers also spoke of seven essential prerequisites for the development of symbolic play and these prerequisites can be used for children with autism. The seven essential prerequisites are routine social exchanges with an adult that involve reciprocal roles, the use of concrete symbolic objects, and a child's effective involvement in play, as well as one to one social support. The last three prerequisites include meeting the child's physical and emotional needs, the cognitive ability to symbolize on an elementary level and the understanding that situations can be pretend and enjoyable simultaneously. I think that the most interesting implication of this case study is that it shows that non-directive play therapy is effective in the areas where behavioral therapy is weak such as the areas of developing social skills, symbolic play skills, initiating joint attention and developing autonomy (Josefi & Ryan, 2004).

There are two major drama therapy theorists whose beliefs have helped to guide me through these two case studies. Renee Emunah's five stage model of Drama Therapy (1994) allows for individuals to improve basic skills in communication and expression, and Robert Landy's role method allows for people to move out of inappropriate roles. Within Emunah's model, the first two stages can be the most beneficial to children with autism. The first stage creates a play setting where individual and group skills are developed and the strengths of each individual are emphasized. This is crucial for children with autism because they do not have many opportunities where they get to explore what they are good at. Stage two of this model allows individuals to take on new roles that are different from the roles they have in real life. Many children with autism do

not have an environment where they can take on new roles and learn basic skills of acting which can be empowering (Emunah, 1994). Landy states that all humans are role takers and role players and the roles in our lives are not fixed, but have the ability to change. For some people, certain roles they have are detrimental; however through role method in drama therapy, these roles are challenged and individuals can develop internal guides that will help them face future uncertainties (Lewis and Johnson, 2000). It might be possible to use role play with children with autism to help them learn appropriate social roles in comparison to negative social roles they might tend to portray.

In conclusion, a drama therapy intervention might be successful for children with autism if it can incorporate principles from non-directive play therapy, which allow for the child to take the lead in their own treatment. As well, if sociodramatic play, pretend play and narrative skills can be taught with alternative treatments, then it is possible that drama therapy can teach these skills as well. I would like to examine further the elements that were examined by non-directive play therapy and look at the combination of non-directive play therapy and drama therapy as a treatment for children with autism.

Case Study 1

This case study will focus on the process of YN in a six month Drama Therapy intervention. YN is a four year old male with Autism and Global Developmental Delay. YN lives at home with both parents and grandfather and he is the only child of this family. YN's speech and language milestones are delayed, he has yet to speak his first words and he is unable to imitate speech. At times, YN will make different vocal sounds but it is difficult to assess if these are attempts to speak. YN's motor milestones have developed normally and he has good gross motor skills. In 2004, YN had a speech evaluation as well as an occupational therapy evaluation which provided a great deal of insight into this individual. The speech evaluation showed that YN had an extremely below average receptive and expressive language skills. As well, his pragmatic skills such as eye contact and turn taking were not yet developed. YN was able to make gestures in order to make a request. During the speech evaluation, YN's mother reported that her son used to spend six hours a day jumping and spinning, however this behavior has been reduced to five minutes a day. She also reported that her son is a gentle, non-violent and cautious boy who explores his environment by mouthing and banging objects.

It was also reported by YN's mother that he is able to follow familiar directions with cues, however he responds inconsistently to "no". YN is able to make his desires known by guiding people's hands to what he desires and he seems to make loud vocal noises when he is becoming frustrated or upset. At the time of these evaluations, YN was unable to respond to his name and was unable to participate in functional play. YN also has difficulty forming relationships with new individuals and this difficulty has affected the development of social skills. With the weaknesses YN faces, I believe he also has

much strength. YN is a very happy four year old who loves to smile and laugh as well as jumping into the air on a trampoline. I chose to work with YN through Drama Therapy and Non-Directive Play therapy because I saw the potential YN had to develop a relationship with another individual and to learn from that relationship. YN's tremendous amount of happiness and joy expressed to me the desire to form a friendship and this was my goal with YN.

YN's Drama Therapy process lasted for six months beginning in November and finishing in April. I saw YN once a week for half and hour and our sessions took place at a children's treatment centre. I would have like to see YN twice a week but unfortunately due to his therapy schedule it was not possible. I have broken down this six month process into two phases and these phases are based on the amount of sessions as well as changes in YN's development. Phase one includes sessions 1 through 10 and within this phase the goal was to create a relationship with YN as well as to observe his behavior and learn what it was like to be in YN's world. During this phase, we worked on moving from the trampoline to the playroom to conduct the sessions and within this phase I witnessed an interaction beginning to form between YN and myself as well as a decrease in proximity. The first session YN showed me his strong desire for jumping on the trampoline by running straight to it when he entered the centre. YN jumped on the trampoline for a few minutes and it became difficult to try and get YN off the trampoline and to the playroom, however with his mother's help we were able to move to the playroom. In the playroom, there are a variety of toys which include puppets, dolls, stuffed animals, blocks, kitchen set and a tent. There are also materials to draw as well as books, a cd player and bean bags to sit on.

When we entered the playroom, YN went straight to the tent and he would go in and out of the tent many times and would explore the three different entrances of the tent. There were toys inside of the tent; however YN seemed to not want to play with these toys. I brought to the session different figurines for YN and I gave these to YN to see if he would play with them. YN would take the figurines from my hand and he would than hold them or put them in his mouth. As YN was in the tent, I attempted to interact with him through a puppet. YN would not interact with me during this attempt however he did look at the puppet and smile. I noticed that as I entered the tent with YN he would leave so I decided to turn this action into a game of hide and seek. I would jump up from one side of the tent and say hello in an exaggerated voice with a big smile. As I repeated this action, YN began to bend down as if trying to hide his head from my view. As we played this game, YN smiled and started to laugh which I believe was a sign of enjoyment. We played this game for the whole sessions and after 25 minutes YN went to the door. He took my hand and put it on the door handle to show me that he wanted to leave the room. I walked with YN to the exit of the centre and YN was able to wave goodbye to me.

For the second session I decided to see if YN would like playing with musical instruments so I brought with me two jingle bells and a small bongo drum. YN arrived early for the session, and jumped on the trampoline before we entered the playroom. Once in the playroom, I gave the instruments to YN and he chose to hold onto the jingle bells and place them in his mouth. I started to play with the other jingle bells to see if YN would imitate my actions, however he only watched. YN decided to go to the tent as he did in the first session, however this time he laid underneath it. I attempted again to interact with YN through the puppets and YN would grab hold of one puppet and throw it

to the ground and lose interest in the puppet. I decided to have a conversation between two of the puppets and YN watched as I did this but he didn't join in the play with me. At one point during this session YN was able to imitate my actions of hitting the bongo drum after I showed him how to do it. YN was able to stay in the play room for 30 minutes before he wanted to leave and go to the trampoline. YN allowed me to jump with him on the trampoline and I was able to make physical contact with YN by tickling him and he smiled at this action. For the majority of the second session, YN would be involved in isolated play and he would interact with his environment by himself. I think YN's exploration of the playroom showed a curiosity for his environment as well as the beginning stages of developing a comfort for his new surroundings.

The third session was a very challenging session for me and this session allowed me to become more aware of certain expectations that I had for YN. I felt very lost throughout the whole session because it seemed that what I would try to do with YN did not grab his attention. I felt unsure of what step to take next and I felt uncomfortable not knowing where the session was going. When YN arrived he went straight for the trampoline and this was the first session where he seemed upset to get off the trampoline and go to the playroom. YN was able to calm down and head to the playroom with me and once in the playroom YN went into the tent. YN did not want to play with the finger puppets that I brought so I tried to read a book to him. I noticed that if I sang the words of the story, YN would pay attention and he seemed to enjoy this. YN was very energetic and it seemed that it was difficult for him to stay in one spot for a few minutes. I would try and sit beside YN but at each attempt he would move away from me. As I reflected on this point of the session, I realized that I believed that if I wasn't near YN than I wasn't

making a sufficient attempt to interact with him. However, I learned that it is crucial to give YN his space and allow him to come to me when he is ready. If I am constantly trying to move to close to YN than I am pushing the therapeutic process and this can become detrimental to YN's journey.

The fourth session was the first session where YN was at the centre when the other children who are there on daily basis were also present. YN was very distracted by the other children and the presence of the other children and the noises they made seemed to come as a shock for YN. YN wanted to go to the trampoline right away, however for this session I tried to see if YN could go to the playroom first. He became upset when he couldn't go to the trampoline and he grabbed my hair. I told YN that he was going to be okay and he was able to calm down and come with me to the playroom. Once in the playroom, YN rested on a big panda bear and he seemed to become more relaxed. I found a giraffe toy and pretended it was a horse because that is YN's favorite animal. YN reached out with his hand to grab the toy and I gave it to him. For the rest of the session, YN held onto the giraffe toy. YN had trouble staying in the playroom and he became upset once again so we went to the trampoline. There was another child on the trampoline and YN was able to be careful around the other child while he jumped as well. A child started to cry in the room where the trampoline is and this bothered YN. He placed his hands over his ears and started to walk very fast around the room. We left to go back to the playroom and YN seemed to enjoy playing with a miniature carasol that played music. For last 10 minutes of the session, YN wanted to jump on the trampoline and at the point YN made his first attempt at interaction with me. YN laid down on the trampoline and I imitated this action and he than grabbed my hand and placed it on his face. YN seemed to

be comfortable with the closeness between us as well as the physical contact and I found it very interesting to see that he wasn't anxious that I was near him and that he actually initiated this contact between us.

The fifth session I had YN come into the playroom first again instead of going straight to the trampoline. He seemed upset at first, however when his mother started to take out his toys from home he became calm. However, once YN's mother left the room, he did become anxious and lightly bang his head on the wall. I told YN "no" and gave him some space to calm down which seemed to work. For this session, I tried to play in the same space as YN and wait for him to come to me when he was ready. This action worked more efficiently than following YN where he was in the room because he seemed to be less anxious with me in the playroom. While I was playing by myself with one of YN's toys he would come over to me from the tent and watch what I was doing and than head back over to the tent. YN wanted to go to the trampoline so I decided to bring one of his toys that play music with us. YN seemed to be very happy on the trampoline and at one point he came over to me and gave me a hug which he has never done before. YN sat down on the trampoline and I sat with him and brought his toy on the trampoline. He played with the toy in a functional manner; however he quickly lost interest in the toy. YN was able to make eye contact with me for the first time while we were on the trampoline. As I got off the trampoline, YN leaned on me and I picked him up and twirled him around. YN seemed to enjoy this movement very much and he had a big smile on his face. YN explored the sensory room for the first time during this session and he seemed to enjoy exploring the different sensory toys and he rested on a rocking chair. At the end of the session, YN waved goodbye which has become our ending ritual.

The sixth session with YN showed me that he has the ability to imitate others actions and that he enjoys watching others imitate his actions as well. In the playroom, I found a toy that makes beaver noises and YN seemed to really enjoy this toy. He would watch as I played with the toy and than he would hold onto it and try and play with the toy as I did. I felt at this point in the therapeutic process, YN and I were starting to build a relationship because he was willing to watch my behaviors and try and imitate them and as well he was starting to become more comfortable with my presence in his world. During this session, YN would flap his arms and jump up and down in one spot and I would imitate this action. YN seemed to pay attention as I imitated his behavior and he seemed to also enjoy that I was trying to do what he was doing. I tried to play with YN's toys again in order to create an interaction with YN and this session was the first time that YN was able to join in with the play. YN would come over to where I was and start to play with the toy that I was playing with and this seemed to hold his attention. During this time, YN was able to make eye contact with me and he seemed to be happy and calm.

The next two sessions were difficult session for YN and not much took place during these sessions. During this time, the centre decided to place bunnies into the playroom and when YN saw these new animals he became very upset and scared and didn't want to stay in the playroom at all. I think the change in the environment of the playroom caused YN to become upset and unable to be comfortable. During the eighth session, YN was not feeling good and fell asleep for the whole session. The ninth session was the last time that the bunnies were in the playroom and for this session YN was able to stay in the playroom with the bunnies but he didn't want to be near them. YN decided to stay sitting on a bean bag for the majority of the session and he would mouth different

musical toys that were near the bean bag. YN seemed comfortable with me sitting across from him and he didn't move away from me as he has done before in previous sessions. As in previous sessions, YN flapped his arms and jumped up and down and I would imitate this action and he smiled and watched as I imitated him.

The last session of phase one showed that the level of comfort between YN and me was increasing as well I think this session showed that YN was beginning to trust me. In the playroom, YN sat on the bean bag and I placed a variety of stuffed animals around the bean bag for YN to look at. I started to play with the Barney doll and I pretended Barney was singing a song to YN. YN seemed to enjoy listening to the song and was able to keep his focus on me as I sang the song. As well, with the Barney doll I would touch YN's face and make the sound of a kiss and I would grab YN's noise with the doll. YN didn't move away as I made physical contact with him through the doll and he would smile as I did this. YN was able to pick up the Barney by himself after I finished playing with it and he began to hold it for a couple of minutes. This was the first time that YN picked up a toy and explored it after I finished playing with the same toy. I believe that YN's ability to pick up the Barney doll after I played with it shows that he was starting to develop the ability to make a decision and as well I think this action showed a sense of autonomy developing within YN. YN decided to pick up the doll to play with it, however he made the decision to play with it in a different manner from me which I think can show his sense of himself as an individual person.

The second phase of this therapeutic process includes sessions eleven through nineteen and during this phase a changed occurred in the dramatic space where instead of having the sessions in the playroom they took place on the trampoline. The first three

sessions of this phase I attempted to continue with having the sessions within the playroom, however I noticed that YN was becoming increasingly upset and his desire to be on the trampoline dramatically came across during these sessions. YN would have trouble staying in the playroom and he would consistently go to the door and put my hand on the doorknob to signal that he wanted to leave. During these first three sessions, there were two attempts of interaction between YN and myself. At one point, I was throwing a balloon up into the air and YN seemed to enjoy watching the balloon fall and at times he would raise his arms as if he was trying to catch the balloon. The second interaction that took place was one that YN initiated. YN was playing with a water bottle and watching the water moved within the bottle. I decided to pick up another water bottle and imitate YN's actions. As I was imitating YN, he came over to me and started to tap on my bottle and watch the water move. Even though this is a small gesture, I think it can still be considered an initiation of joint attention which is a huge step forward for YN. At the start of our process, YN would rarely come up to me and join the action that I was doing and now he is starting to take that step.

The following sessions during this phase all occurred on the trampoline and this seemed to make YN feel happy. I decided to conduct the rest of the sessions with YN on the trampoline because it seems that the trampoline is YN's safe zone and a space where he can be completely free with his actions. I also made the decision to sit on the trampoline with YN for the rest of the session to see if he would initiate on his own any type of interaction with me. During session fourteen, YN spontaneously initiated an interaction with me for the very first time. While we were on the trampoline, YN sat down in front of me and gave me a hug. He than leaned forward so his head was touching

mine and I began to smile at YN and he imitated this action. YN than spontaneously touched my face with his hand. I think this was the most interaction YN and I have had since the beginning of the therapeutic process and I think it was very rewarding for YN and for myself. YN seemed to be very comfortable with the level of proximity between us and he was no longer shying away from physical contact. I think for YN to make a spontaneous interaction with another individual is a major step forward in his progress and can show that he has the ability to learn how to interact with others. At the end of this session, YN was looking at his reflection in a mirror and I stood behind him and made the gesture of rabbit ears on top of YN's head. He smiled as I did this and than spontaneously leaned on me and put his arms around me so I can pick him up and twirl him around. It was very interesting to see that YN remembered that I did this with him before and that he decided on his own that he wanted me to spin him around.

During session fifteen, another change in YN's progress occurred where he was able to show that he was continuing to develop a sense of autonomy and the ability to change his routine. We were playing on the trampoline when spontaneously YN decided to get off the trampoline and walk to the playroom. As we were walking to the playroom, YN held onto my hand and he would continue to do this in the session as well as following sessions. In the playroom, YN went straight to the mirror where he could see his reflection and he than played with a spin top and was able to play with this toy in a functional way. After he played with this toy, YN decided to head back to the trampoline but on the way he stopped in at the computer room and explored this room for the first time. This was the first session where YN decided to visit the different rooms of the centre and he seemed comfortable with the change in his routine. This is interesting

because I expected that YN would be anxious if there was a change in his routine because this has happened before, however he was able to adapt to the changes and he actually created the changes on his own.

For the last four sessions of YN's process we continue to stay on the trampoline for the sessions. YN continued to increase his level of comfort with me as well as increasing the amount of times he initiated an interaction with me. YN also began to make different types of vocal sounds while jumping on the trampoline and this was a new behavior for him. I think these vocal sounds are a way for YN to communicate with others around him and I think that is what he was trying to do with me. In his own way, YN was talking to me while he was in his favorite space and I think these vocal sounds can express that YN and I had formed a relationship where he felt that he could express himself in his unique way. YN would increasingly give me hugs during our sessions and he spontaneously started to reach out his hands for mine so we could hold hands as we jumped together on the trampoline. During these last sessions, YN would make gestures towards me as if he needed my help and I think that these gestures show the trust between YN and myself as well as YN's ability to express his needs. As our process came to a close I would tell YN that we would be saying goodbye soon. I do not know if YN was able to comprehend what it meant to say goodbye and that our sessions were over. During the last session, YN jumped on the trampoline for the whole session and would allow me to jump on the trampoline with him. YN's emotions were not different than previous sessions so it was difficult to assess how he was feeling about saying goodbye. At the end of our last session, YN allowed me to give him a hug and he seemed very comfortable with the closeness between us.

Even with the challenges that were faced during this Drama Therapy process, I believe that YN did benefit from this journey. By creating a space that provided little demands as well as freedom of expression, I think YN was able to feel free in being himself. As the process moved forward, YN was able to start to build a relationship with me and begin to trust me as well. These were two great accomplishments for YN because he came into the process having never formed another relationship outside of his family members as well when he started the process he was very distant from me and unsure of why he was with me. I was anxious for most of the beginning of this process with YN because unconsciously I formed expectations that I wanted YN to meet, however they were above his capabilities. I needed to trust that YN would be able to slowly show me what he wanted to do and what he was capable of doing. As I began to let YN take the lead, the process started to move forward and he began to feel safe with me and enjoy our time together. There will be a more detailed discussion of this case study in the discussion section of this paper.

Case Study 2

This case study was conducted with a seventeen year old male who was diagnosed with Autism at age two years. BN is verbal and is able to be a participant in symbolic play. BN currently lives in a foster home and visits his mother and brother every second week. The sessions took place at a school for children with special needs and BN entered this school at the age of eight. When he entered the school, he was very violent, non-verbal and had just left a program for severe behaviors due to Autism. However, at this time BN is the complete opposite from who he was when he first started the school program. BN is now able to be apart of a group and thrive in this group as well. He is no longer violent and has the ability to form friendships with his fellow class mates and shows that he cares for his friends. BN does become anxious at times but he has learned how to handle this emotion more appropriately. BN has the ability to have simple conversations; however he tends to repeat certain phrases and will at times speak to himself with dialogue that he has heard from movies. Each child who is in this school has individual educational programs created for them which state different goals for the child to reach.

I will discuss three areas of BN's individual educational program and these areas are personal development, social skills and life skills. In the category of personal development the goals are to become a responsible member of the class, to be able to be more self-confident and have a better self-concept, to follow rules in different situations and to have good attitudes and make good choices in terms of health and personal relations. In the social skills category, the goals are to take part in class discussions, to listen quietly while others are speaking, to use self control when feeling angry or

frustrated and to demonstrate appropriate interaction skills in unstructured situations. For the final category of life skills, the goals are to be able to identify information signs, to understand and practice personal safety in the kitchen, to use current technology and to understand what makes up a community. I think Drama Therapy can facilitate BN reaching some of his goals by providing him with a safe play space to explore his emotions and thoughts. Through play, I think BN will have the opportunity to express himself without judgment and learn a new form of expression that can benefit his well-being. These sessions are unstructured and this fact can help BN reach his goal of learning appropriate interaction skills within this type of setting. As well, I believe that Drama Therapy can help to emphasize BN's strengths such as his sense of humor and kindness and in turn help to increase his self-confidence and self-concept.

I saw BN at his school from November until April and we met with each other twice a week for one hour. Our sessions took place in the Occupational Therapy room which has many O.T. materials as well as arts materials and a great open space. I have broken down this case study into three phases and the process was based on number of sessions as well as changes in themes. The first phase includes sessions one through ten. The goal for the first phase was to build a foundation for interaction and to create a relationship. I attempted to achieve this goal with BN through pretend play and storytelling. I witnessed in this phase, BN's ability to have symbolic play as well as isolated play within our play space. There was also a transition of playing with different toys and changing the play act with the toys. I will discuss each session for each phase because changes took place in each session that are important to explore. In the first session, BN seemed excited when he saw the toys that I brought with me and he seemed

to play immediately with these toys. The toys that I brought to the session were finger puppets as well as a variety of figurines. BN decided to play with the finger puppets first and he chose to be the mouse puppet. When I asked him what his name is BN replied with his real name but as the play continued he was able to change his name to match the puppet he had on. I put on a cow finger puppet and we were able to interact with each other through the puppets. BN decided to add another puppet to the play and he told the cow puppet that he swims and showed the puppet how he swims by making his puppet move in a swimming motion.

BN decided to move onto playing with the muppet baby figurines and he was able to tell me each of the figurines names. He placed the figurines in a straight line and at this moment his play became isolated. At one point, BN had two of the figurines dancing and I asked if they were having a party and he replied yes and that they were dancing to a piano. I decided to use another figurine and tell the one that he was playing with that it has a big nose. BN spontaneously took that figurine and placed it in front of the mirror and laughed. After this play, BN decided to explore the other toys in the room and he found Russian dolls which start off as one big doll and once you open up the doll smaller ones are inside. BN seemed to really enjoy this toy and he played with it for the rest of the session. I asked BN if the Russian dolls were a family and he spontaneously showed me the "father", "mother", "boy" and "baby". BN than picked up a witch finger puppet and told me that it is called the "evil witch" and he than had the Russian dolls pretend to hit the witch so she would go away. At one point, I joined this play with a bear figurine and BN decided to have the witch try to get the bear but he helped the bear by having the Russian dolls throw snowballs at the witch. I thanked the Russian dolls for helping me

beat the witch and BN decided to have each doll kiss the bear. At the end of the session we said goodbye to each other and BN said "I will see you tomorrow" which is accurate because the next day we have group therapy together.

For the second session I decided to introduce the Muli Lhad six part story method to BN in order to assess if he enjoyed storytelling and had the ability to tell a story. I explained each the method one part at a time in order to not overwhelm BN. For the hero picture, BN decided to write the names "the thing", "Spiderman" and "the wolverine". After he wrote these three names he than wrote "Peter Parker" which is the real name of "Spiderman". When we moved onto the problem of BN's story, this is the point where BN seemed to become confused. I asked him what bad thing happened to Spiderman and he didn't answer the question but instead started to speak random words. I interpreted BN's random words as an expression of confusion. I tried to explain the concept of a problem with the puppets but BN didn't seem to understand as well as he didn't seem to be interested. BN became more interested with the toys in the room so we moved from the story into pretend play. BN played with the Russian dolls and played out the same action as with these toys as he did in the last session. However, BN changed his play by adding the Muppet baby figurines to the play with the Russian dolls. BN made to of the dolls eat the Muppet baby figurines and than he would say "umm delicious". At one point in the session, BN initiated an interaction with me by placing a Russian doll in front of me and than saying to me "open" and once I opened the doll there was a Muppet figurine inside and BN would smile at this. Throughout the session, BN would repeat "talking horse" and "talking donkey" in a sing-song voice.

Before the third session started, BN found out that he wasn't going grocery shopping and this changed in his routine seemed to make him anxious. He was able to come to the session and play; however I think his anxiety stayed with him throughout our time together. For the first half of the session, BN played with the same toys as before and his play was isolated. I noticed during this play that BN continued the same actions and ideas with the toys as he did in the previous sessions. BN would repeat "talking horse" and "talking donkey" and I asked him if he would like to show me what those animals do. BN agreed and he started to move around the room on all fours and make noises like a horse and donkey and he seemed to enjoy acting out these animals. This was the first session that BN did not answer my questions and he moved to a table in the room to play. At one point in the session, BN was able to change his play by using building blocks as musical instruments. BN would start to sing the "Batman Jingle Bells" song and he also would have the blocks speak random lines from different movies. There was one interaction in this session where BN and I had a sword fight with our finger puppets and BN initiated this interaction.

For the fourth session I found it difficult to enter BN's world because my attempt of interactions through puppets were not working and BN wouldn't talk back to me if I tried to talk to him through a puppet. At one point, BN added a new play idea to the play behavior he has been showing throughout the process by playing with the witch puppet and the boy puppet. He decided that the witch puppet would die because she was melted by water and this was a new idea that BN expressed through his play. Towards the end of the session, BN was playing with only two of the figurines and when I asked what they were doing he told be that they were having a battle. BN seemed to really enjoy this play

and he continued it for the rest of the session. During the fifth session, BN started to change his play routine and also expressed the emotion of compassion through his play. At the start of the session, BN made a race track out of the Russian dolls and used a toy car to go around the race track. I joined this play with another toy car and BN spontaneously used his car to hit mine and than he laughed.

BN played with the two same figurines as last session and made them have a battle again. This time I decided to join the battle with a mouse finger puppet and comment on what was taking place. BN didn't seem to pay attention to my comments; however BN spontaneously used one of the figurines to squish the head of my finger puppet and he took the puppet off my finger. I asked BN if there was a way to save the mouse and BN decided to have the two figurines kiss the puppet and than he picked up the puppet and passed it to me. It was interesting to see how BN figured out how the mouse would be saved and I think it should that he has the capability to create a solution to a problem as well as showing compassion towards someone else. BN continued the battle and I rejoined with the Russian dolls. I throw snowballs at one of the figurines and told BN that it was now frozen. BN replied to this idea by saying "good work my friend" and this was the first time BN made an accurate observation to our play and it is possible that he was calling me his friend. Towards the end of the session, BN would ask what time it was and if it was time to go back to class. This was a new behavior for BN and I am not sure if he was anxious about ending the session or if he was simply tired and ready to end.

Before the sixth session, BN saw another student get sick on the way to school and once at school BN kept asking his teacher to clean his bag but the teacher told him

that bag wasn't dirty and if it was it would be cleaned at home. This seemed to make BN upset and during the session he was more quiet than usual. I tried to ask BN how he was feeling with one of the finger puppets and it took two attempts for BN to reply with another puppet. BN picked up the Sponge Bob Square pants puppet and replied that he was feeling fine. BN picked up one of the Russian dolls and spinned the toy around and around and than placed a figurine inside the doll as it turned. BN than took the figurine out of the doll and moved the figurine back and forth as if it was dizzy. I asked the figurine how it was feeling and BN replied "headache." For the rest of the session, BN was very fixated on the two figurines which he plays a battle game with and it was very challenging to get BN's attention.

The seventh session was the first session that BN wanted different toys from the ones that he had been using throughout the process. BN looked around the room and found a box that was filled with different animal figurines such as sharks, frogs, snakes and whales. BN laid out all of the snakes in a line and than continued this behavior with the frogs. I tried to imitate what BN was doing with the new toys and he would look at me but would not interact with me. At one point, BN would take the toys from me and play with them on his own. This behavior can be viewed as BN exerting his own will which can be a step forward in his therapeutic process. A similar event took place in the Josefi & Ryan case study (2004) and the authors believed this was an indicator of the client "discovering their own will"(Josefi & Ryan, 2004, p.544). I think at this point in the therapeutic process, BN was starting to realize that he has the ability to make his own choices and exert his will to others in order to get his needs across. This realization can

be very beneficial to BN's well-being by increasing his autonomy and creating a positive self concept.

For session eight, BN decided to play with the new toys that he found in the previous session. During this session, I wanted to see if BN understood some basic emotions so as he was playing with the shark toys I asked him if they were angry. BN did not reply and I was not sure if this meant that he didn't understand so I tried a different emotion. I asked BN if he could show me happy on his face and he didn't make a facial expression but he was able to say "smile." I think BN does have a basic understanding of emotions; however he has some difficulty expressing them with his face. At one point in the session I was making sounds to match the action BN was doing and he started to imitate my sounds. This was the first time that BN was able to imitate my actions and connect to my attempts to join in his play. In the ninth session, we had to use a different room and this change distracted BN at first but he was able to regain his focus. For the whole session I sat beside BN; however he had his back towards me for most of that time. During this session, BN asked for my help to find a toy that he wanted and this was the first time he had asked for my help. I asked BN "what do you think swimmers look for in the sea?" and BN did not reply so I prompted with the statement "maybe treasure." Spontaneously BN picked up a swimmer and started to make the figurine move around as if it was swimming and he said "I got it, I'm rich with gold." This was a great step forward for BN because he was able to follow another person's idea in the play and add on the next step in the play as well.

For the last session of phase one, I decided to use storytelling with BN for a second time. I placed out three signs that said beginning, middle and end and I asked BN

to choose toys to be in his story. The toys would be placed in front of each sign as the story moved along. BN was able to choose characters and he decided to use the shark toys and one that he called "the talking horse" but he was unable to start a storyline. I prompted BN with some ideas such as "are they in the ocean" and BN would answer yes but didn't go any further. So I decided to leave this idea behind because I did not want to frustrate BN in any way.

BN continued to play with the shark toys and he made the sharks eat the other animals and as he was doing this he would say "he is hungry" and "he is full." At this point in the session, BN and I had a great moment of mutual play. BN was playing with the sharks and I grabbed another animal and joined in the play. BN would make the sharks chase my animal and say "I'm gonna get you!" I replied "no don't eat me" and BN answered back with "I ate all of it." This continued for the rest of the session and when the play was over BN spontaneously said "the end." I am not sure if this is an indicator that BN has some understanding of beginning, middle and end of a story or he realized that the session was finished. Phase two of this Drama Therapy process included sessions eleven through nineteen. During this phase, I witnessed an increase in initiations of joint attention, social interactions as well as initiations of conversations. In session eleven, BN found new toys in the O.T. room and decided to play with those right away. One of these new toys were little magnet people that had different clothes to try on and there were also toy dinosaurs. As BN was playing with these new toys he started talking to me about a movie and said to me "did you see that?" This was the first time that BN initiated a conversation with me during our sessions. During this session, I read BN a book but he wasn't interested in the story and when I asked him if he wanted to make his

own story or play he replied "I want to play." It was great to see that BN was increasing his ability to make his own decisions and express these decisions.

For session twelve, BN started to initiate interactions with me more than once which is an increase from previous sessions. I found a toy from the movie "Toy Story 2" and BN initiated an interaction with me by saying "she is from toy story 2, do you love Toy Story 2?" As we were playing in this session, BN would look up at me to see if I was watching what he was doing and each time he looked up at me BN was able to make eye contact. This behavior has never happened before in previous sessions and it can show that BN is comfortable with my presence and is curious about my actions. As well, this behavior can show that BN has a desire to play with me instead of playing on his own which is a huge step forward for BN. BN was able to imitate my actions with a toy during this session and he also put a toy clock back together and said to me "tic tock tic tock, it is a clock." During the thirteenth session, we were in the gym instead of the O.T. room and at first BN was anxious about this change in the routine but he was able to become comfortable with the new room and use the whole space. BN found some new stretchy dinosaurs to play with and he would twist them around and let them go to see them fly around the room. BN would step on these toys and at the same time say "ouch" in a different voice tone. It was very interesting to see BN adding a new element to his play behavior by changing the tone of his voice. Within this session, BN and I had a moment of mutual play where we decided to stand at one end of the gym and see who could fly their dinosaur the farthest. BN seemed to really enjoy this mutual play, he was smiling the whole time and laughing as well.

For the fourteenth session, we had to have the session in the staff lounge and therefore the session was not considered a therapeutic session because of the amount of people walking in and out of the room. However, BN decided to play with Mr. Potatoe Head and he would follow the pictures on the box to make the faces on the toy. He would also swing the stretchy dinosaurs in order to hit Mr. Potatoe Head and he would say "hey watch it." It was interesting to witness how BN would initiate bids of joint attention with the different staff members who walked into the room. He seems to have the ability to initiate joint attention with others and he seems excited to talk to others around him. For the fifteenth session, BN's play behavior was the same as the previous session and his play was isolated for most of this session. However, as he played with the toys he was able to create dialogue for the play that wasn't from a movie which was a new behavior for BN.

Before the start of session sixteen, I went to pick up BN from his class and the first thing he said to me was "happy Valentine's Day!" It was great to see BN recognize that it was a holiday and greet people with the greeting that people use on this special day. BN played with the same toys as the last two sessions and his play was isolated for most of our time together. He was able to initiate one bid of joint attention where he said to me "look at his mouth." This was the first session where I started to feel worried about the progress of the therapy. I was wondering if this process was at a standstill or if I was feeling my own counter transference of wanting my expectations to be filled. As I spoke to my supervisor, I reflected on the idea that at some points in therapy there can be times where it feels like there is no progress and this okay to feel. As a therapist, it is important to move at the pace of the client and if they are not wanting to move at a fast pace than

this needs to be accepted. During the next session, BN decided to play with two new toys and they were Barney and his sister figurines. BN spontaneously said to me "happy" as he was holding the Barney figurine and pointed out that Barney had a dog and his sister had a cat. After the session, as we were walking back to the classroom, BN walked up to another student and asked "do you like music? I like Lionel Richie." BN was initiating a conversation with another individual and this shows that he has the ability to do this.

The interaction level between BN and myself started to increase again during session eighteen. We were unable to use the O.T. room because the Occupational Therapist was having a session so we went to another classroom. Before we left the O.T. room, BN was able to ask the Occupational Therapist if we can borrow her toys for our session. Throughout this session, BN would say to me "look at that" and he would show me what he was doing to get my attention. BN placed the Barney figurine and Barney's sister beside each other and told me that they were friends. BN would bend the stretchy dinosaurs and make farting noises. I would pretend that the farts were blowing me away and BN started to laugh at my actions. At one point, BN stood up and started swinging the dinosaurs around and I told BN that he looked like a ninja. BN said "yes like the teenage mutant ninja turtles and I started to sing "go ninja go!" and BN began to imitate my singing with a huge smile on his face. Towards the end of the session, BN initiated a conversation with me about movies. BN would list different actors and I had to name the movies that they were in as well BN would ask if I liked the movies and he would comment that he liked them and thought that they were funny. This was the first time that BN initiated a conversation with me about a topic that he really enjoyed as well it was the first time that BN showed interest in what I like as well.

For the final session of phase two, BN's energy was very high and was very talkative as well. At the beginning of the session, BN initiated the same conversation that we had last session and he seemed to enjoy when I was able to correctly match the actor to the movie. At one point in the session, BN said "talking horse" as he showed me a figurine, so I decided to hold up the Barney figurine and say "talking Barney." BN laughed and I continued to talk to BN's toy through the Barney figurine. As I was doing this, BN took the Barney toy and continued the dialogue with another figurine. This was the first time that my attempts to join in with BN's play were successful. During this session, there was many times where BN initiated bids of joint attention. For example, he realized that one of the toys blow out air from the bottom so BN would blow the air on his face and than do the same action to my face. At the end of this phase, BN was initiating bids of joint attention and conversations which turned into successful attempts of social interaction. BN also seemed to be more comfortable with my presence in his world and also started to show the ability to adapt to change in his routine.

Within phase three of this therapeutic process, BN increased his initiations of mutual play, conversations and spontaneous play. As well, I witnessed that BN seemed to be comfortable with dramatic medium as a form of expression and during this phase we had the closest proximity. During Session twenty, BN's energy was very low and for most of the session, BN would lay down on the floor. I found a new toy which was a New Year's whistle and BN would play with this whistle and he seemed to really enjoy it. I would cheer "Happy New Year!" and BN would smile and laugh. When BN was lying down on the floor, I laid down as well and started to interact with him through the Barney figurine. BN spontaneously joined in the play with a horse figurine and he had the horse

give Barney a ride and at one point he made the horse give Barney a kiss. This was the most interaction we had during the session and I think it was due to BN's low energy. For session twenty-one we had to wait five minutes before using the O.T. room and this seemed to make BN anxious. BN kept repeating "is it going to take long?" however once we entered the O.T. room, BN was able to regain his focus and he seemed calmer. BN decided to play with the Barney figurines and he told me that he sang the Barney song on Monday. I asked BN if he could sing the song for me and he seemed a bit shy to start, so I did and BN was able to join in with me.

After the Barney toys, BN decided to play with the toy snakes and he was able to play with these toys in a functional manner. BN would make hissing noises and have the snakes bit the other toys. I joined in this play with the Kermit the frog figurine and as I moved this figurine close to the snakes, BN would make the snakes jump on the figurine and he would say "boo!" As we were playing with the snakes, BN told me that he wants a pet snake and it would be his friend. BN made eye contact throughout this session and he was able to hold this contact for a couple of minutes which is longer than previous sessions. BN's energy was very high for the next session and he was very talkative as well. At the start of the session, I asked BN "how are you?" and he spontaneously picked up the Barney figurine and placed it in front of his face and replied "I'm fine" in a different voice. This was the very first time that BN used the dramatic medium to express his feelings without my guidance. BN initiated another conversation about movies as he has done before but this session he also told me how he loves Johnny Depp in the Pirates of the Caribbean.

During session twenty-three I explained to BN that our sessions would be ending in April and this is when we would have to say goodbye. BN than said "you wont be here anymore?" and I replied yes. I asked BN how he feels about saying goodbye to each other and he answered "happy" and than "you have too." This was very interesting to witness because I think BN's reply showed how even though he is autistic he does have an understanding of what it means to say goodbye to someone and it is possible his reply was expressing how he feels about the situation. For the rest of the session it was difficult to interact with BN and join in with his play. This could be due to our discussion of saying goodbye or it could be due to a lack of interest on BN's part. At the end of the session, BN asked "you leave in April?" and I replied yes but it was difficult to assess if BN was upset with the news I shared with him. Before the next session, BN offered to get the key to the O.T. room from a staff member. This staff member asked for two dollars for the key and BN spontaneously pretended to get the money from his pocket and he was laughing for the whole time this took place. It was great to see how comfortable BN is with the other staff members and how he is able to follow a joke.

At the start of the session, BN said "you are leaving in April" which shows that he remembers our talk from the previous session. BN immediately picked up the Barney figurine and said hello. I asked BN how he thinks Barney feels today and BN said that Barney is happy. I asked BN why is Barney happy and he answered "he is smiling." For most of the session, BN decided to play with the snake toys and other figurines and he reenacted scenes from the movie "Aladdin." BN would tell me what toys where what characters and he would create different voices for each toy. I tried to join in this play with another toy as the character of "Genie"; however BN didn't interact with me.

Towards the end of the session, BN initiated a catch game with me using the lizard toys and at the end of the game he asked "did I win?" For session twenty-five we had our session in the staff lounge for a second time and this time BN didn't seemed to be distracted by other people. There were only two staff members who walked into the room so this time BN was able to focus on the play. At the start of the session, BN wanted to lay out the place mat that had the picture of the sea on it. BN picked out all the toys that related to the sea and placed them on the mat but he didn't want to play with them. BN talked about movies for most of the session. At times he would ask me if I saw the movie and at other times he would "that was a good movie." BN also described what some of the actors in the movies looked like which was a new addition in this conversation.

BN also initiated a conversation about wanting to have a pet snake. I asked BN where he would keep the snake and he said "the jungle" and I also asked BN if he would go visit the snake and what would he bring. BN replied that he would go visit the snake and that he would bring a tiger. I showed BN how my hand got stuck on a piece of paper and how it left a mark. Spontaneously, BN touched my hand and pushed up my sleeve to see my bracelet and he than touched my other arm and looked at my watch. This was the first time that BN initiated any physical contact with me and I think it indicates the level of comfort that is between BN and me and that we have created a relationship. I think session twenty-six was the liveliest session in this process and I think this session is where BN and I connected the most. I found out that BN really enjoys the music from the movie "Lilo and Stitch" so I decided to surprise BN by bringing in the cd. BN was so happy when he saw the cd and he wanted to listen to it right away. BN danced all over the room and he created his own gestures and used some actual dance movements.

He seemed so free in his movements and he also seemed to be really enjoying himself. BN spontaneously picked up a snake puppet and put it on his hand, he than said "hello my name is snake" and he changed his voices as he said this. BN danced with the puppet on his hand for a while and he than picked up a whistle and danced while blowing on the whistle. At times, BN would grab an O.T. ball and pretend that he was riding a horse as he sat on the ball. Throughout the session, BN would repeat to me "this is fun" and "let's do it again" It was great to see how BN didn't become anxious when I changed the routine of our session and he was able to adapt to the change and truly enjoy a new activity.

BN wanted to listen and dance to the cd again for the next session and he seemed so happy as he was doing this. BN asked for the snake puppet but we couldn't find it so he decided to use the bear puppet instead. Spontaneously, BN pretended that the bear puppet was Tarzan and he made the puppet swing on a rope that was hanging off the ceiling in the O.T. room. As he did this, BN would call the puppet "George of the Jungle" and sing the song that goes with this character. During this session, BN asked me if I was leaving soon and I said that I was leaving next week and I asked how he felt about this and BN replied that he was okay. This session indicated that BN was becoming very comfortable with symbolic play as well as the therapeutic space. At the start of session twenty-eight, BN said to me "two more sessions" and he was referring to the amount of session we had left before we had to say goodbye. BN sat beside me for the whole session and played with the same toys he has played with before and in the same manner. BN did not interact with me for this session and would constantly repeat "talking horse." The lack of interaction during this session could be BN's way of acting out and

expressing that he was upset that we were ending our process together. I think also the fact that BN sat beside me for the entire session which has not happened before, shows that he might think of me as an individual that he can trust.

Session twenty-nine was the last session in this therapeutic process and I think it went very well. I used the Barney figurines to see how BN was feeling about the termination of our journey. I said to Barney that it is our last day and I asked how he feels about that. BN replied "great" and than I said as Barney that "I am sad" and BN replied "its okay." BN spontaneously picked up the Barney figurine and Barney's sister figurine and asked me if I wanted to play with him and as he asked this he passed the sister figurine to me. This was the first time that BN asked me to play with him and I was so happy to see how far he has progressed. At the start of our sessions, BN never asked me to join in his play and now he is willing to try this and seems to enjoy having another person play with him. After we played together, BN spontaneously said to me "I am not five years old, I am seventeen." This was the first time that BN indicated to me that he has some awareness of his age and I think that this also shows that BN is starting to develop his self-identity. I asked BN if someone had said to him that he was five and he replied "no I like being seventeen." This was the first time in our sessions that BN started to speak about something personal and I believe that it indicates BN's comfort level with me as his therapist as well it shows that he is starting to be able to express his feelings. At the end of the session I asked BN if he wanted to create a special way to say goodbye and he replied "goodbye" and started to head towards the door.

I think that BN benefited from this drama therapy process tremendously and I found it very inspiring to work with this client. BN was able to increase his symbolic play

skills as well as increasing the amount of times he spontaneously started to play. BN developed further social interaction skills by increasing his bids for joint attention as well as initiating conversations. BN became very comfortable with the dramatic medium as a form of self expression and I think that BN really enjoyed having the opportunity to play and be himself. I believe that BN and I were able to form a trusting relationship were BN felt comfortable to express himself because I did not place any demands or judgments on him.

Discussion

From my journey with each client, I learned a tremendous amount of information about drama therapy as an intervention with children with autism, as well as about myself as a drama therapist. It was very interesting to have two clients who were at different ends of the autism spectrum, because it allowed me to understand how drama therapy can work with different levels of the disorder. Autism is a very complicated disorder due to the fact that each individual with autism has his/her own unique strengths and weakness, where one person with this disorder can be completely different from another person with the disorder. I learned how to adapt to each of my client's needs and how to become aware of what he was feeling through each of his own forms of expression. I also learned that each client had his own way of creating the pace of the therapy and it was crucial as a therapist to follow his pace and accept the speed of it as well.

YN's process was more challenging of the two clients; however I don't view this challenge in a negative way. As a therapist, a challenge can facilitate further insight into the client's world, as well as a deeper understanding of how the specific treatment works with this client. I think the most crucial information that I learned through working with YN was the importance of a safe place for the client. YN felt very safe on the trampoline however; for the first phase of the therapy the sessions were conducted in a play room and this had a huge effect on the therapy. YN was very distant during the first phase and it was difficult to hold his attention and attempt to play with him. Once we moved to the trampoline, I witnessed a dramatic change. YN became more comfortable with my presence and he began to open up to me and express his feelings. While in the safe place, YN was able to start to interact with me through play as well as physical contact and it

seemed that he was much happier here than he was in the playroom. As well, I think, by allowing the therapy to occur in YN's safe place, he felt that he could begin to trust me and freely express himself. I witnessed this occurring when YN would make vocal sounds while he was jumping on the trampoline as well as facial expressions as he jumped. YN didn't make any sounds while we were in the playroom and I think by making these vocal sounds YN was attempting to communicate with me. As well, the vocal sounds can indicate that YN was willing to express himself freely any way he knows how. YN always seemed so happy on the trampoline, because he always had such huge smiles and he would be laughing as well.

As a therapist, I learned that by allowing the therapy to occur in the client's safe place I am allowing the atmosphere of permissiveness to be created. "The therapy hour is the child's hour to be used as he wants to use it" (Axline, 1969, p.91). By following YN's lead, the therapy began to take the pace that YN was most comfortable with and when this occurred YN was able to make positive changes. I also learned that when I did allow for permissiveness in the therapy, there were no demands placed on YN and this seemed to make him feel free to express himself. It was great to see YN reaching out his hands so that I could jump with him on the trampoline, because this showed YN's desire to play with another individual, as well as to create a relationship with someone new. It was a challenge to allow the sessions to occur on the trampoline, because I questioned if this was drama therapy. However, I learned that there is no exact formula for drama therapy and if the client wants to jump on a trampoline each session, then this is what has to occur. In order to follow the principles of non-directive play therapy, I need to follow the lead of the client and accept that what he wants to do will show his feelings in time.

A challenge that I faced with YN was that he was non verbal and this limited our interactions throughout the process. It was difficult to get YN to participate in pretend play, because he couldn't create dialogue for the toys he was playing with. However, I think pretend play was also difficult for YN because he does not yet understand that concept. He would grab the toys and explore them with his hands and mouth but he never played with them in a symbolic manner. He was able to play with some toys in a functional manner towards the end of the process, so it is possible that with more therapy YN can start to play symbolically. I decided to try and imitate the vocal sounds that YN made during our sessions, in order to enter his world and grab his attention. I think I was successful with this, because YN would look at me and give me eye contact when I imitated him and I think this imitation might have helped him to feel comfortable with my presence. This challenge taught me how to be patient as a therapist and I learned that each individual has his/her own way of communicating and there is no right or wrong way of communication. This challenge also poses a question that could be looked at in further research. Does symbolic play need to be present in order for a process to be considered drama therapy? Throughout the process with YN, I was constantly wondering if what we were doing was actually drama therapy. I believe that it was, because it was my goal to create a space where YN felt free to express himself and I think he was able to do that. However, it would be interesting to learn the answer to this question from other creative arts therapists.

BN's case study was a great example of combining Renee Emunah's model of drama therapy (1994) as well as the principles of non-directive play therapy. I think that for this therapeutic process we were able to meet the first two stages of Emunah's model.

Together BN and I were able to create a play space where BN could feel safe, comfortable and trust that he would not be judge. Once this stage was completed, BN and I were able to move onto the second stage of playing and improvising and I think BN thrived in this stage. He was able to learn how to spontaneously play in a symbolic manner and he also learned to incorporate another individual into his play. It was truly inspiring to see the progress BN was able to make throughout the six months that we worked together. At the start of the therapy, BN played by himself and his play was very routine, where he used the same toys in the same way. He kept a certain distance from me while we were in the play room, which included sitting with his back towards me as he played. As well, during the first phase of the therapy BN would not respond to my attempts to join in his play.

As the therapy moved forward, I witnessed tremendous change in BN's play behavior and social skills. He was able to change his play behavior by adding new toys into his play and playing with these toys in a new style. He would add new dialogue to his play and at the same time incorporate dialogue from movies. He also started to respond to my attempts to join in his play by answering my questions and also allowing me to use toys to join in with what he was doing. BN was able to spontaneously initiate bids of joint attention by showing me the toys he was playing with as well as asking me to play with him. He also was able to initiate conversations with me which was a huge step forward in his progress. The topic of these conversations changed from being about general ideas to BN's personal desires, which I think shows a change in his ability to have a conversation, as well as a change in our relationship. BN also showed that he was able to adapt to change in his routine when I added a surprise element to our sessions.

When I surprised BN with the "Lilo and Stitch" cd in our session, he was able to adapt to this change immediately and he also seemed very excited to try something different. I think BN's progress in his play behavior and social skills shows that even though these skills are supposed to be absent in a child with autism, they can still be learned. As Howlin (1986) stated, children with autism lack the ability to get involved in cooperative play as well as they lack the ability to show social responsiveness and social intention. BN's progress showed that he was able to learn how to play cooperatively with another individual; as well he was able to initiate bids of joint attention with the intention of socially interacting with another person.

I think that the only challenge that I faced with BN was his ritualistic behavior and my attempt to decrease this behavior. I found that it was very difficult to try and decrease BN's ritualistic behavior because this is a part of the autism disorder that seems to be most difficult to lower. BN would constantly repeat certain dialogue and play with some toys in the exact same manner throughout our process. I think that this ritualistic behavior can be a way for BN to feel safe when he is unsure of what is asked of him and also a way for him to regain his focus. I was conflicted on the idea of trying to decrease BN's ritualistic behavior, because I saw that my role as a therapist was to focus on BN's strengths and not his weaknesses. As well, I don't view drama therapy as a behavioral therapy, so I didn't want to try and attempt to change one of BN's behaviors. Furthermore, if the ritualistic behaviors were a way for BN to feel safe with me, I didn't want to take that away from him. I don't view the fact that I wasn't able to decrease BN's ritualistic behavior as a failure of the treatment, because it wasn't my goal to change some of his behaviors that might be seen as maladaptive. It was my goal to try and help

him learn to play with another individual and to form a relationship that involved trust, safety and social interactions.

BN was also a participant in my group drama therapy that took place once a week at the same school and it was very interesting to see how he interacted in the group. He was not always an active participant, however as the months moved on he became more active and willing to take part in the group activities. He became a more social member of the group by talking to other group participants and taking the risks of joining improv scenes with different group members. I can't say for certain that the individual drama therapy BN received directly affected his changes in group therapy, but I think the individual therapy did have some positive effects. I think the individual drama therapy helped BN become more comfortable with the dramatic form and he began to be comfortable with using drama as a means of communication. Due to this new found comfort with drama as a form of self-expression, I think BN was able to open up more in the group therapy and become a more active participant. As well, I think the comfort level between BN and me could have also helped his progress in the group drama therapy.

I think both clients benefited from drama therapy as an alternative treatment to intensive behavioral treatment. YN was able to learn how to be comfortable with a new individual and he started to be able to express himself in his own unique way. I think that having the opportunity to meet a new individual who was not a part of his daily routine, like his family, was very helpful to YN, because it allowed him to learn how to adapt to something new. This new relationship between YN and me might also have started to build the foundations he needs to learn how to build future relationships with other children and adults. I think he would have benefited more from drama therapy if he was

verbal, because then he would have been able to experience pretend play. I think if YN had the skills to participate in pretend play, he would have been able to start to develop social interaction skills as BN did. BN benefited tremendously from drama therapy because it allowed him to have a creative outlet, where he could express himself without judgment.

I think that drama therapy can be a valuable treatment for children with autism and I think that it can start to fill the gap that intensive behavioral intervention leaves behind. Drama therapy can provide a safe play space where a child with autism can learn how to play cooperatively with another individual and in turn learn how to develop important social skills. A child can learn how to express his/her emotions and feelings through play and become comfortable with the dramatic form. By learning how to creatively express their emotions, the downfalls of IBI may be able to be solved through drama therapy as an alternative treatment. I think by also combining the guidelines of non-directive play therapy with drama therapy, the child is faced with fewer demands, a permissive environment and a space where he/she has full control of how the therapy will progress. Due to this combination, there is a strong possibility that the child will thrive in drama therapy and develop a new form of self-expression and self-concept that is not developed in intensive behavioral treatments.

Conclusions

I think that these case studies show that drama therapy can be an effective alternative treatment for children with autism. Drama therapy can help a child with autism learn a new form of communication that allows him/her to express him/herself freely and without judgment. This treatment also facilitates the development of social interaction skills as well as conversation skills. I think what helps drama therapy be a successful treatment is the principles of non-directive play therapy created by Virginia Axline. These principles allow the content and the pace of the therapy to be decided by the child in order to fit the child's needs and desires. These principles also allow for a play space to be created with a permissive, accepting and friendly environment. If a drama therapist can follow these principles during his/her sessions with a child with autism, I believe that the child can succeed, due to fewer demands placed on him/her as well as being in a space where he/she feels safe.

I think the limitations of these case studies include the fact that I looked at only two experiences of children with autism. Due to the fact that this disorder is so different for each child, I cannot generalize my findings from two children over the whole population. Another limitation of this study was the time restrictions and scheduling of one child. I think I could have found out more information if we were able to have the therapy process go longer than six months. It was very difficult to schedule times to have the sessions, especially with YN, because he has so many other therapies. I was only able to meet with YN once a week and I think this negatively affected the therapy. I think we could have seen more progress with YN if we saw each other twice a week. A final limitation was the spaces where the therapy took place. At times I would have to move

the children to other rooms and these rooms weren't conducive to a proper therapy room because of the lack of confidentiality. Due to this fact, I wasn't able to consider these sessions in my case study and that caused me to lose some information which could have changed my findings to some extent.

This study has created some future research implications for the creative arts therapies, as well as for research regarding children with autism. I think it is crucial that further studies continue to examine the effects of the creative arts therapies on children with autism. We have seen that drama therapy can help children with emotional expression and social interaction, therefore can drama therapy help with other deficits found in this disorder? As well, it can be beneficial to examine the effects of art therapy, music therapy and dance therapy on this population as well. Is it beneficial for a child with autism to receive a variety of creative arts therapies or is only one form needed? Another future research question can examine the deficit of emotional expression and social interaction skills. BN was able to express himself emotionally, as well as learn new social interaction skills; therefore should these two aspects of the disorder still be considered deficits? Furthermore, drama therapy seems to be able to fill the gap that intensive behavioral intervention has created. It is possible to combine these two types of treatments together into one large intervention and if so, what are the effects of using drama therapy and IBI together?

This was a truly inspiring experience and I am very grateful to have been allowed to join the amazing journey of two children who each have such potential to show that a diagnosis of autism does not equal the end of a child's life.

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