Making Connections:
The Construction of a Drama Therapy Program Fostering Social Skills for Adolescents
living with Asperger's Syndrome

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Abstract

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Asperger's Syndrome is a Pervasive Developmental Disorder characterized by social dysfunction (APA, 2000, Elder et. al., 2006, Epp, 2008, Rogers, 2000). Children who have been diagnosed with this disorder have difficulty reading body language, facial expressions and tone of voice, use concrete language and often have deficits in regards to pragmatics. These defining characteristics often cause great difficulty in social interactions (Elder et. al., 2006, Tubbs, 2008). Studies illustrate however, that despite their social difficulties, adolescents living with Asperger's Syndrome still often experience loneliness and desire friendships (Muller, Schuler & Yates, 2008). Though many various therapies and techniques have been utilized to increase social skills and enhance positive peer relationships, there appears to be no research on the efficacy of the use of Drama Therapy with adolescents who have been diagnosed with Asperger's syndrome. This research paper provides a literature review on Asperger's syndrome and social development, culminating with a proposal for a drama therapy program to be implemented into high schools, with the purpose of increasing the social skills and positive peer relationships of adolescents living with Asperger's Syndrome.

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Introduction

Adolescence can be a turbulent period in an individual's life. It is not only a period in which one is transitioning from childhood into adulthood, but also a time when identity is being developed and formed. There are many physical, psychological and cognitive changes occurring and new and different interpersonal relationships are being formed. Throughout an adolescent's life, they are likely to encounter many social situations in which they will need to interact with both peers and adults. These can include, but are not limited to, working in groups within the classroom, working with educators and school administrators, recess and lunch, extra-curricular activities, and dating. These social settings may be new territories to be explored, however most adolescents will discover a way to deal with these situations.

Though adolescence is a challenge in and of itself, there are certain individuals who have extra obstacles throughout this period of development. Asperger's Syndrome (AS) is a pervasive developmental disorder characterized by social dysfunction (APA, 2000). Individuals living with AS often have difficulty reading and interpreting non-verbal forms of communication such as eye contact, facial expression, body language and gestures. They may also struggle understanding tone of voice and pragmatic language, as well as have fixations and obsessions on objects or topics of uninterest to others (APA, 2000). Adolescents living with AS therefore have many obstacles and challenges in a key part of their development; social development and social skills. In order to aid the development of these social skills, certain interventions have, and continue to be, utilized. These interventions include social skills groups, the social stories technique, art and music therapies as well as video and technology. Although certain creative arts therapies

(such as art and music) have been used, there is no research indicating the use of drama therapy with adolescents living with AS. Drama therapy can be defined as the intentional and systematic use of theatre and drama with the goal of arriving at psychological development and change (Emunah, 1994). Drama therapy involves the use of certain core processes, one of which is dramatic projection. Dramatic projection is the process of expressing aspects of one's self through artistic products and process, which in turn reveals personal material about that individual (Johnson, 1998). Another therapeutic aspect of drama therapy is role-play; where individuals get the opportunity to explore and rehearse different roles and situations they might encounter in life (Landy, 1993). This paper examines several core processes and techniques which are utilized in drama therapy, in order to demonstrate how this modality may be an effective means in which to work with adolescents living with Asperger's Syndrome who have deficits in social skills. It will review the current literature available regarding Asperger's Syndrome, adolescence, as well as the therapies currently being utilized with this population. Three areas crucial to the social development of adolescents living with AS will then be examined: cognitive processing and pragmatics; self-awareness; and perspective-taking and connectedness. Using the current research and literature available, as well as the above three areas, the paper will then propose a drama therapy program designed to be implemented in a high school setting, for adolescents living with Asperger's Syndrome.

Methodology

How can drama therapy be used within a high school setting to help students living with Asperger's Syndrome create positive social interactions and relationships with their peers? This research paper strives to answer this question. Research participants were not used for the purpose of this research paper and therefore it does not fall within the qualitative/clinical research methodologies. Instead this paper will be presented from a historical/theoretical frame, specifically from the construction research approach. According to the *Policies and Procedures Handbook* (2007), this type of research allows the researcher to provide, "a scheme of analysis, based on a comprehensive literature survey, for the construction of a different and unique structure and content appropriate to its proposed use" (p. 17). This qualitative research is "grounded in the lived experiences of people" (Marshall & Rossman, 2006, p. 2). Every individual has a unique lived experience, with different difficulties, strengths and experiences. Certain groups of individuals may have some shared lived experiences. Adolescents living with Asperger's Syndrome may share lived experiences such as limitations and difficulties in social interactions and situations. This research paper strives to investigate those lived experiences, and therefore takes the form of qualitative research. Junge & Linesch (1993) define theoretical research as a research method which "critiques and integrates existing theories in an attempt to generate new knowledge and theory". It is this method which will be utilized in the following research paper. In this particular form of investigation, theory is the data. Berg (2004) defines a theory as "interrelated ideas about various patterns, concepts processes, relationships, or events" (p. 15). Theory regarding Asperger's Syndrome, social skill development, drama therapy as well as current

therapies and treatments beings used with individuals living with Asperger's Syndrome will be examined, analyzed and integrated with the purpose of proposing new knowledge; the construction of a drama therapy social skills program to be implemented in a high school setting with the goal of increasing social skills and positive peer relationships for adolescents living with Asperger's Syndrome. Through a literature review on existing theory, this paper will bring to the surface the possibility of a new reality.

For the purpose of this research paper, the definition of Asperger's Syndrome used will be that of the DSM IV (APA, 2000). It is important to note that Asperger's Syndrome belongs to a wider grouping of disorders called Pervasive Developmental Disorders (PDD). Although some of the studies reviewed within this paper focus solely on individuals living with AS, many of the studies used participants with different diagnoses within the larger category of PDD. The proposed drama therapy program is designed for high school students within the ages of 12 and 17, who have been diagnosed with AS. The program will also be delimited to high functioning adolescents living with AS. In this case, 'high functioning' means that they have been integrated into an inclusive classroom with typically developing peers (adolescents who have not been diagnosed with a pervasive developmental disorder, or any other cognitive disability), and are able to function throughout the school day either on their own, or with an integration aid.

One limitation of the proposed research is that it is the construction of a hypothesized program. It has not been tested, or implemented and recorded in any way, but is instead a proposal based on the current literature available.

Pervasive Developmental Disorder and Asperger's Syndrome

Pervasive Developmental Disorders (PDD) is a diagnostic category within the DSM-IV (APA, 2000), which includes Autistic Disorder, Rhett's Disorder, Childhood Disintegrative Disorder, Pervasive Development Disorder Not Otherwise Specified and Asperger's Syndrome. These different disorders are characterized by deficiencies or abnormalities in language development, communication, social interactions and rigid, repetitive patterns of behaviors and interests (APA). The DSM-IV (APA) gives the following diagnostic criteria for Asperger's Syndrome:

1) Impairment in social interactions, manifested in at least two of the following: a) impairment in non-verbal behaviour such as eye contact, facial expression, body language and gesture, b) the inability to develop developmentally appropriate peer relationships, and c) no interest in sharing enjoyment, interests or achievements with others, d) little to no emotional or social reciprocity.

2) Restricted repetitive and stereotyped activities, interests and behaviour, seen in at least one of the following: a) fixation with one or more stereotyped and restricted patterns of interest that is uncharacteristically high in focus and/or intensity, b) difficulty in changing routines and/or rituals, c) stereotyped and repetitive motor gestures and d) constant fixation with parts of an object(s).

3) The above behaviours cause major impairments in social and other central areas of living.

4) There is no delay in language.

5) There are not cognitive development delays.

6) Criteria is not met for another PDD or for Schizophrenia.

There has been much dispute throughout the recent years as to whether or not Autism and Asperger's syndrome are truly different disorders (Fitzgerald & Lyons, 2004; Williams et. al., 2008). Hudry (2003) states that though Autism and AS are still believed to be two separate conditions, recently "a trend has emerged in which these two are considered to be somewhat differing presentations of varying degrees of impairment along a continuum that is Autistic Spectrum Disorder (ASD)"(p. 459).

Though PDD is the term still used in the DSM-IV (APA, 2000), there appears to be some debate as to the exact difference between these disorders, and how to properly use the diagnostic criteria. As mentioned in the quote above, there has also recently been a new term introduced into literature and diagnosis, although not formally used by the DSM: Autism Spectrum Disorders (ASD). This term includes Autism, Asperger's Syndrome, as well as PDD-NOS (Bishop, Gahagan & Lord, 2007; Williams et. al.; 2008), and allows for the diagnosis of individuals with deficits in communication, social interaction and behaviour, who do not meet all of the diagnostic criteria for Autism (Williams et. al.).

Though there are many commonalities between the conditions within this diagnostic category, AS does not share all of the autistic traits (Martinovich, 2006). Firstly, Autism is often able to be diagnosed at approximately the age of two; however AS is only diagnosed at a later age (Shattuck & Grosse, 2007). Cognitive delays are also commonly found in children and adolescents who are living with Autism; however this is not nearly as common in individuals with AS (Hudry, 2003). Another significant

difference is the desire for friendship and social interaction; individuals living with AS often seek these relationships and interactions, whereas those with Autism are much less likely to do so (Martinovich).

Asperger's Syndrome is characterized first and foremost by impaired social development. This particular characterization will be explored in detail in another chapter. Their impairment in this area, however, may be tied to some of the other characteristic behaviours typical to this population, such as restricted, repetitive and stereotyped behaviours, or interests and activities which cause impairment to the individual's social, personal, or occupational functioning (APA, 2000). Repetitive behaviours are common in young children, but dissipate as the child ages. An individual on the Autism spectrum, however, tends to continue their repetitive behaviours, which can include repetitive physical gestures, obsession or fixation on a subject or object, along with inflexibility in regards to rituals and routines they are familiar with (Richler, Bishop, Kleinke & Lord, 2007).

Adolescents living with AS can also often demonstrate immature behaviours not typical for their age, such as chewing on items that are not consumable, flapping, rocking, pacing, carrying around strange objects, as well as engaging in one-sided, ego-centric conversations that are irrelevant to those they are speaking to (Elkis-Abuhoff, 2008). It is important to note that the disorders within this diagnostic category, including Asperger's Syndrome, are on a spectrum, resulting in a wide range of strengths, weaknesses and characteristics (Heflin & Simpson, 1998). Other possible AS characteristics which may be relevant to social interactions and peer relationships include: inappropriate or limited range of facial expressions; difficulty distinguishing facial expressions in other people;

discomfort maintaining eye contact; staring inappropriately; inappropriate sense of space; clumsiness; lack of balance; poor gross motor skills; poor fine motor skills; unusual or heavy gait; repetitive body movement or facial gestures; sensitivity to color, taste, texture, light, smells, temperature, touch; abnormal engagement in routines, rules, ritual, and repetition; desire to make friends, but difficulty in doing so; apparent lack of empathy towards others; lacking social rules of reciprocity (or give and take); inability to see behavioural cues; easily distracted; use of concrete thinking; lack of hypothetical thinking; desire to be organized; reluctance to start something unless it can be finished; dislike of being seen to fail or thought stupid; and finally anxiety and frustration with inability to identify and handle emotions appropriately, sometimes resulting in outburst of aggression (Martinovich, 2006). As stated above, not all of the aforementioned characteristics are to be found in all individuals living with Asperger's Syndrome. It is on a spectrum, and each individual is just that – an individual.

Adolescence

Adolescence can be a tumultuous period of development for many, in which large physical, psychological and cognitive changes are experienced. Marcia (2002) describes adolescence in relation to Erikson's theory of development as a time where an individual is not only transitioning from childhood to adulthood, but also as a time in one's life when an identity structure is added to the already formed ego, self and superego. He continues on to say that it is a time in which to explore alternatives in religious, political, sexual and social beliefs and values as well as in interpersonal relationships. In Erikson's theory of development (1968), the adolescent is going through the stage of Identity vs. Identity confusion. Adolescents handle this crisis in a variety of manners. Some may smoothly sail through this period in their life, whereas others may resort to criminal behavior, acting out or even suicide. In fact, more than 25% of high school students suffer from dysphoria and hopelessness severe enough to affect academic and social functioning (Oetzel & Scherer, 2002). Adolescents crave independence and freedom, yet still want to be cared for as a child. The changes occurring in their bodies, brains and minds are often dealt with through rebelliousness and resistance (Emunah, 1985). The need to communicate their process and experience to the world is immense, however they may not have developed the necessary tools to voice how they are feeling or what they are thinking (Emunah, 1990). What tools then, is the world able to offer these adolescents, in order to help them work through this developmental stage in as healthy a way as possible?

Although there have been various identity theories proposed over the years, for the purposes of this research paper, the theories of Erikson and Marcia will be focused

upon. Erikson developed a theory which grew from a psychoanalytic and developmental framework proposing that each individual passes through life in chronological stages, each stage containing a particular crisis in ego growth, in which they can remain stagnant, revert back to a previous stage, or move forward to the next one (Marcia, 2002). Erikson did not use the word crisis to imply catastrophe, but instead a turning point, a time of augmented helplessness and possible potential (Erikson, 1968). He proposed the following eight stages of ego growth; trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. identity confusion, intimacy vs. isolation, generativity vs. stagnation, integrity vs. despair (Erikson). Erikson placed each of these eight stages of ego growth on a grid, and then elaborated the grid with an additional fifty-six squares, which referred to precursors and contributions to the initial eight stages. This indicated that each stage and ego crisis is related to the next, and that each exists in one way or another before its official stage (Erikson, Marcia). Erikson described the period of adolescence as a psychosocial moratorium, during which they are experimenting with various roles in order to find a place for themselves within society. Throughout their journey towards identity, adolescents may group together and over identify with cliques and group leaders, seemingly losing all sense of self-identity (Erikson). Although at times it may seem as though self-identity is lost, Erikson believed that this ego growth crisis was in reality a time of exploration and a transition from childhood into adulthood.

James Marcia studied the work of Erikson, focusing on adolescent psychosocial development. He elaborated on Erikson's ego growth stage of identity vs. identity confusion by suggesting that the stage did not consist of only two possible outcomes

(identity resolution or identity confusion) but was interconnected to six different areas of exploration; politics, occupation, religion, intimate relationships, friendships and gender roles (Marcia, 2002). Instead of using the terms identity resolution or identity confusion, Marcia explained similar concepts using the terms crisis and commitment, defining crisis as a time of disorder where old principals or values are re-examined with the outcome leading to a commitment to a principal or value. Marcia proposed four manners in which an adolescent could potentially resolve the ego growth crisis of identity; identity foreclosure, identity diffusion, identity moratorium or identity achievement. Identity foreclosure is when the adolescent unquestionably adopts the views and beliefs of someone else, typically of a parent or another form of authority. After identity foreclosure, adolescents are likely to move into identity moratorium, where they are prone to find their previous beliefs (the beliefs of their parents or authority figures) clashing with their own newly developing beliefs. Fighting this clash, they enter the moratorium phase, where they are in crisis, no longer a child but not yet an adult. Identity diffusion, on the other hand, is when an individual is not willing or unable to make any commitment and therefore wanders without direction, instead of finding a path towards becoming an adult. Finally identity achievement is just that, when the adolescent has gone through the crises and has come to a commitment on certain views and beliefs. Marcia states that the foreclosure-moratorium-achievement route is the most typical and optimal path that an adolescent is likely to take, however adolescents may take different routes or remain stuck in one of the phases; for example some adolescents who enter adolescence in the foreclosure stage may never leave it.

Asperger's Syndrome and Social Development

Social development is an important element within an individual's lifespan. For many adolescents, this is an area of life which naturally occurs, beginning in childhood and developing into adulthood. For adolescents living with AS however, it does not come as naturally. Martinovich (2006) has clearly divided the characteristics, traits and needs of those living with AS into three distinct categories of social development: cognitive processing and pragmatics; self-awareness; and perspective-taking and connectedness. There is much support that the social characteristics and deficits of an individual living with AS do indeed fall into one of these three categories (Martinovich; Muller, E., Schuler, A. & Yates, G., 2008; Philofsky, A., Fidler, D. & Hepburn, S., 2007; Plimley, L. & Bowen, M., 2007; Rogers, Richler, Bishop, Kleinke & Lord, 2007). The proposed drama therapy program will use these three categories for the foundation of the program. The goals, objectives and exercises will draw on the skills and characteristics within these three categories.

Cognitive Processing and Pragmatics

During adolescence, thinking generally becomes less concrete, and more abstract. Hypothetical reasoning begins to develop, and the concept of perspectives begins to emerge. An adolescent living with AS however, is much more likely to have difficulty with abstract thinking and remain much more on the concrete and literal side of things. Due to this literal manner of viewing the world, individuals with AS have difficulty comprehending expressions, metaphors, similes, sayings and other forms of non-literal language. The fact that they may not understand, or may not interpret properly a comment from a teacher, parent or peer may take a toll on social interactions as well as

their self-esteem (Martinovich, 2006). Martinovich explains that difficulties in this area may cause individuals living with AS to

> feel stupid or be considered lacking in common sense by others. Parents and teachers may feel their children are careless in listening, being uncooperative or deliberately causing trouble. In reaction to frustrated efforts to understand and be understood and consequent feelings of low-self-esteem, *the adolescent may withdraw or be prone to meltdowns.* (p.59)

Deficits in pragmatic language competencies have been linked to many developmental, communication, learning and psychiatric disorders including Asperger's Syndrome (Fitzgerald & Lyons, 2004). Individuals with AS have a difficult time understanding pragmatics, "the ability to appropriately and effectively use language in social contexts" (Grizzle & Russell, 2008, p.61). Though research has indicated that the development of other areas of language in individuals living with AS, such as syntacs, semantics and phonology, are generally at the same level as typically developing children and adolescents (Eales, 1993), the way they use language in social contexts is more important in regards to social development than the development of the other abovementioned areas (Grizzle & Russell; Mawhood, Howlin & Rutter, 2000). Pragmatic language includes literal interpretation of common expressions and statements, lack of give and take during conversations (Schneider, 2007), inability to follow the topic at hand, limited social initiations, difficulty using pronouns, limited use of facial expressions and gestures as well as deficits in storytelling (Fitzgerald & Lyons; Philofsky, Fidler & Hepburn, 2007). Philofsky, Fidler and Hepburn also state that there may be pragmatic issues of socially inappropriate comments and "increased use of idiosyncratic language and neologisms

(i.e., novel made-up words for things)" (p. 369). Their inability to use appropriate language in social contexts affects their ability to make and maintain friendships.

Self-awareness and self-related skills

Another aspect which influences social relationships is self-awareness and self-related skills. Martinovich (2006) states that positive adolescent development benefits momentously from building on strengths and instilling hope.

> The principles of Positive Psychology relate healthy development to skills of perspective, perseverance, loving and allowing one's self to be loved, self-control, gratitude, and playfulness – and the ability to integrate them. Important social and emotional skills include awareness of self, and emotions, the ability to understand and label those emotions, motivation, a realistic and positive sense of self and reflectiveness (Martinovich, p. 59-60).

Adolescents living with Asperger's Syndrome may have much difficulty with the skills listed above. They cannot easily recognize what emotion they are feeling, nor properly identify the emotions of others (Lindner & Rosen, 2006). This can often result in frustration and bursts of anger and miscommunications, influencing their relationships with their peers, educators, and family. Laurent and Rubin (2004) explain that these bursts of anger are often interpreted as defiant behaviour; there is a lack of understanding that it is most likely due to the individual's inability to emotionally regulate. Emotional regulation is intertwined with self-awareness and can be defined as, "a critical developmental capacity that underlies an individual's ability to transition along the continuum of emotion and arousal states" (Laurent & Rubin, p. 287). They continue on

to explain that this capacity allows for the individual to adapt to the physical and social demands of their surroundings. Emotional regulation can then be seen as an integral component of social and emotional development and communication (Laurent & Rubin).

Individuals living with AS need to learn that in order to understand the behaviour of someone else, they must first be able to identify the feelings and emotions of that individual as well as acknowledge and accept the validity of those feelings. Due to social difficulties as well as feelings of being different, adolescents living with AS may suffer from low self-esteem, low self-confidence and even depression. The ability to identify these emotions and feelings as well as their triggers, is a challenging, but important task. Martinovich (2006) explains that these individuals may not appear to be depressed or anxious, but may instead be shutting down. She suggests giving these adolescents the opportunity to express and develop their unique qualities in an environment that will appreciate the individuality. Drama therapy may be such an environment. Martinovich explains the benefits of creative expression, explaining that it "cannot be overestimated in its value as an enjoyable but insightful resource for the individual to become aware of and be responsible for their emotions, thoughts and behaviors" (p. 66).

Perspective-taking, empathy and Connectedness

The third area of deficit is related to perspective taking, empathy and connectedness. Much of this area involves the concept of theory of mind, which is something individuals living with AS often lack (Hudry, 2003; Martinovich, 2006; Tager-Flusberg, 2007). Theory of mind is the understanding of mind-sets, goals, beliefs and feelings of others (Martinovich; Rogers Richler, Bishop, Kleinke & Lord, 2007; Tager-Flusberg). This deficit has significant consequences on the social skills of these

individuals; they see the world only from their own perspective, and often do not explain their own reasoning to others due to the fact that they believe everyone else is seeing things in the exact same manner. Individuals with AS do not understand that others have thoughts, beliefs, opinions, goals and desires which may differ from their own. Although they often seem to lack empathy (in fact AS has been linked to a broader group of 'disorders of empathy' (Rogers, Richler, Bishop, Kleinke & Lord)) that is not the case. If they are aware that someone is in distress, they will be concerned. Empathy can be defined as, "our reactions to the observed experiences of others" (Rogers, Richler, Bishop, Kleinke & Lord). Due to the fact that individuals with AS have difficulty reading facial expressions and body language, becoming attuned to how someone else is feeling, or understanding the reactions to someone else's experience, is challenging for them.

Feeling connected to the world is another element which contributes to positive adolescent development (Martinovich, 2006). Several studies have been done on the perspectives of those with Asperger's (Howard, Cohn & Orsmond, 2006; Humphrey & Lewis, 2008; Muller, Schuler, & Yates, 2008). Muller, Schuler and Yates conducted a research study in which they interviewed eighteen individuals with Asperger's Syndrome in order to gain more knowledge on their own perspectives in regards to their social experiences, as well as their recommendations for social supports. In regards to their social experiences, six major themes emerged from the interviews: intense isolation, difficulty initiating social interactions, challenges relating to communication, longing for intimacy and social connectedness, desire to contribute to one's community, and effort to develop greater social/self-awareness. In a study where the purpose was to increase

understanding of how students with AS felt within a class of typically developing students, Humphrey and Lewis describe how many students with AS focused on the difference between themselves and typically developed students, and on the acceptance of their diagnosis of Asperger's. The study also indicated that bullying and teasing was even more common for these children, but that those who did have at least one friend who stuck up for them were more confident and less bothered by the negative behaviour from other children. Howard, Cohn and Orsmond describe the views and beliefs of a twelve year old boy who has been diagnosed with Asperger's. The boy, Tom, describes his friends as one of the most important things in his life. He also describes shared interests, proximity, support, caring and responding, forgiveness, and reciprocity as friendship qualities. These studies seem to indicate that although individuals who have Asperger's Syndrome may have difficulty communicating and creating social relationships with peers, there is often a feeling of loneliness and a desire for friendship and support (Humphrey & Lewis; Howard, Cohn & Orsmond; Muller, Schuler, & Yates).

Therapies currently being utilized

Throughout the last decade, many different social skill development approaches and strategies have been developed and utilized for both home, therapy and school use (Pimley & Bowen, 2007). Many of these approaches tend to focus on one specific impairment, such as language, self-awareness or communication skills, therefore not allowing the adolescent to obtain the means to bring together all of the skills needed to increase adeptness at social skills. Many programs also employ modeling which allows for the learning of certain skills such as facial expressions, social courtesies and manners; however this technique does not allow the individual to learn the small nuances of specific social situations they might come across (Plimley & Bowen).

Social Stories

'Social Stories' technique is one well known and often used method which has been employed for the purpose of learning about specific social situations (Elder et. al., 2006; Delano & Snell, 2006; Plimley & Bowen, 2007; Rogers, 2000). This method was developed to attend to the struggles that children and adolescents with AS may have in comprehending, interpreting and reacting to social situations they are unfamiliar with. The manner in which this is done is via stories which describe different social cues and responses appropriate for the situation at hand (Quilty, 2007). Educators have often used Social Stories to help their students learn appropriate school behaviours, such as lining up, playing in the playground, recess, eating lunch, classroom norms and group work (Crozier & Siieo, 2005). Learning how to create and use Social Stories is not a difficult process, and they are therefore often used by educators and implemented into IEPs (Individual Education Plans) or into Behaviour Support Plans. Crozier and Sileo identify

six steps to using this method. The first step is to identify the need for an intervention, followed by a functional assessment. The third step is to include this method in the behaviour plan, which is then followed by a specific social story being written out. The social story is then introduced and finally the success of the program is evaluated. Gray and Garand (1993) in Crozier and Sileo identify three types of sentences that are used within a social story. The first is a descriptive sentence; this provides the information about what is occurring in the situation. The second type of sentence is a directive one, giving instructions on what type of behaviour is appropriate to the situation. The last type of sentence found within a social story is a perspective sentence, which demonstrates how others may feel regarding the situation and/or behaviour. The texts should not be too long and should only have one directive sentence as well as one to three descriptive or perspective sentences. Although pre-written social stories do exist, they are mainly written by the educator or therapist in accordance to the needs and comprehension level of the individual. As stated above, social stories are often used in schools to teach appropriate behaviour in classroom situations. They have also have been used to increase social skills with the purpose of developing positive peer relationships. Delano and Snell describe the use of social stories in relation to developing four target social skills; attention, initiating comments, initiating requests, and making contingent responses. Following the social story intervention, the three participants all showed an increase in the amount of time they were socially engaged.

Circle of Friends

Circle of Friends (CoF) is a social support mechanism that was first developed in Canada to encourage the inclusion of local individuals with disabilities previously living

in institutions (Frederickson, Warren & Turner, 2005; Plimley & Bowen, 2007). Since its foundation, it has been modified and implemented into schools in order to support the inclusion of students with special needs and/or emotional, behavioral or social difficulties (including AS) (Frederickson, Warren &Turner). CoF enlists the aid of classmates and educators who create a group to help a student (called the focus child) feel less isolated during times such as lunch and recess. Circle members, who are peers of the student in question, meet on a regular basis and along with a facilitator (usually an educator) work through various subjects and goals. Although there have been various interventions created to aid the development of social skills for children and adolescents who are isolated, much of the work has focused on improving problem-solving and social skills. Barrett and Randall (2004) believe that "peer rejection should not be understood purely in terms of the rejected child's individual characteristics, but also in the context of the child's ongoing relationships with...peers" (p. 355). CoF allows for the focus child to feel accepted, which in turn affects their behaviour. The group also facilitates the development of problem-solving skills, and discussion regarding pain, isolation and difficulties, which in turn encourages empathy from other group members. The focus child also benefits from the extra attention they receive within the meetings (Barrett & Randall).

Another positive aspect of CoF is that it can be beneficial not only for the individual with AS, but also for his or her typically developing peers. Classmates volunteer to be part of the circle, and Barrett and Randall (2004) state that benefits for those typically developing peers includes "increased empathy, improved problem-solving skills, enhanced listening skills, increased ability to identify and express feelings,

improved understanding of the links between feelings and behaviour, and heightened awareness of an individual's power to change" (p. 356).

Creative Arts Therapies

Art therapy is another modality which has been used with adolescents living with Asperger's Syndrome. Elkis-Abuhoff (2008) presents a case study describing an art therapy series with an eighteen year old female which, over the course of seven months, increased her communication skills, reduced anxiety, gained insights into her diagnosis, discovered coping strategies and became more involved at school. She benefited from, "the multi-sensory immersion from her narrower world into the larger broader world that surrounds her" (p. 269), and was able to use the art work and metaphor to gain insight into her issues. Epp (2008) states that art therapy is beneficial for this population due to the fact that they tend to be visual and concrete thinkers, and may be more willing to participate because they find it to be an acceptable activity. Epp continues on to say that art therapy also forces children to be less literal, and to be more solid in their own self-expression, yet in a non-threatening way. Epp describes a study in which children with a diagnosis on the Autism Spectrum were placed in an art therapy group with the goal of increasing and improving social skills. The results of this study show a statistically significant improvement in assertiveness as well as a decrease in internalized behaviours (such as withdrawal, depression, and inattentiveness), hyperactivity and problem behaviours.

Music therapy, another creative arts therapy modality, has also been utilized with this population, and has been suggested as a helpful treatment for clients with a deficit in communication. Music is described as a medium which involves a variety of expressive

qualities as well as an alternative means of communication (Wigram & Gold, 2006). Individuals with AS often have difficulties in initiating and sustaining joint attention and reciprocity, which happens to be one of the goals of music therapy, seeming to make it an appropriate modality for this population (Wigram & Gold).

Video and computers

In a world where there are technological advances and inventions made on a daily basis, video and computers have become more frequently used both within the classroom, and as a form of therapeutic treatment. Video may be used with the client "directly either as a therapeutic-minded art process or as a means of solving problems that involve specific therapeutic objectives" (Henley, p. 442, 1992). Through filming their own video, clients are able to create a sense of self-control, awareness of self and others, body language, facial expressions and interpersonal relationships (Henley).

ReacTickles is a computer program created for children on the Autism Spectrum (Keay-Bright, 2007). It was created with the idea that computers "present an ideal medium for reducing the confusing, multi-sensory distractions of the real world and that given the right approach, there is a strong possibility that some aspects of computation could prove relaxing and therapeutic" (Keay-Bright, p. 97). Keay-Bright states that some of the goals of this program are to increase meaningful interactions, the skills of waiting and attending, to increase the ability to concentrate, as well as mirroring and sharing. Charlop and Milstein (1989) used video replay in order to teach children with autism conversational skills. The results of this study found that after watching a video of modeled conversation multiple times, the participants were able to utilize and adapt those skills to their own situations and settings. Individuals with ASD often have difficulty

with what is perceived as an overstimulating, multi-sensory world, leading to anxiety and a lack of social communication. Computers, however, offer a means in which to reduce these distractions, as well as create a shared interest with other individuals, even perhaps at a distance (Keay-Bright). In fact, there are many online communities, forums and blogs for individuals living with Autism, AS or PDD such as wrongplanet.net, aspiesforfreedom.com, in which individuals can connect with others and share their experiences, process, struggles and achievements.

Other Programs

Many studies have been done on social skill groups. These groups focus solely on learning skills needed for social interactions. Kamps et. al. (1992) studied social skill play groups consisting of typical peers and high functioning first graders with autism. The results showed improvement in skills as well as in the length of social interactions. Other methods include peer-mediated approaches (Goldstein, Kaczmarek, Pennington & Shafer, 1992; Haring & Breen, 1992), peer-tutoring, direct instruction and visual cuing (Rogers, 2000). In a study done by Muller, Schuler and Yates study (2008), the participants recommended external supports as valuable social supports. These included shared interest activities, structured social activities, and small groups and dyads that facilitated social interactions and opportunities to observe and then model appropriate social behaviours. The participants of this study also suggested self-initiated supports, where most of the participants described, "creative and improvisational outlets as either a way of practicing social skills or a means of reducing social anxiety" (p. 185). Creative and improvisational outlets included taking part in a band or dance group, communal art projects and theatre. Participants explained that the various aspects of theatre, including

voice work, improvisational games and role-playing allowed them to realise that it was

possible to be spontaneous and impulsive (Muller, Schuler & Yates).

Drama Therapy

Drama therapy is a form of therapy which utilizes drama and theatre processes in order to achieve set therapeutic goals. Jones (1996) describes drama therapy as the use of drama with a healing intention. Emunah (1994) similarly defines it as the deliberate and methodical use of theatre and drama processes in order to arrive at psychological development and change. Drama therapy is an active and experiential form of therapy. It can be used with various populations and for various reasons. Clients engaged in drama therapy are able to share stories and experiences, express emotions, rehearse skills, situations and roles and work on interpersonal relationships. Jacob Moreno, the founder of psychodrama and a major contributor to sociodrama, believed that embodied forms of psychotherapy were ideal for "people whose limitations are in the cognitive realm...By involving the individual through behavioral and emotional means, in addition to the usual verbal modality, the individual's opportunity to do meaningful work is significantly enhanced" (Tomasulo & Razza, 2000, p.88). Embodiment is when the client is able to use their body to make an abstract idea concrete. It allows for thoughts, ideas and emotions to be acted out, physicalized and creatively expressed. Instead of thinking about something, or talking something through, the client is able to put it into their bodies allowing them to be aware of how it feels.

While Moreno emphasizes the embodiment of drama therapy to be a key therapeutic factor, Jones (1996) places emphasis on creativity, stating that it is this aspect of the client that is expressed, explored and developed within the therapeutic process that allows for growth and change. There are many theories and concepts related to drama therapy that have emerged throughout the years, as well as a number of different tools

and approaches that have been developed. There are certain core concepts which form the basis of drama therapy as well as techniques which may or may not be used by drama therapists depending on their orientation. This chapter will examine the core concepts of dramatic reality, dramatic projection, distancing and ritual as well as the drama therapy techniques role play and sociodrama, which may be useful in the creation of a drama therapy program aimed at fostering social skills and relationships for adolescents living with AS.

Dramatic reality

Dramatic reality, sometimes called the transitional space (Johnson, 1998), is a core concept used in drama therapy, described by Pendzik (2006) as drama therapy's most genuine feature. Whereas the interventions in verbal psychotherapy occur in the present moment via the therapeutic relationship and transference, in drama therapy interventions happen within the drama or the imaginary world. Though there are many concepts and theories, all drama therapists will utilize this concept in one shape or form. Pendzik continues on to explain that dramatic reality allows for the imaginary and real to come together. This:

> turns dramatic reality into a good arena for expressing difficult feelings,
> testing hypotheses, or re-living memories. In fact, it functions as a
> laboratory where people can explore and experience possible worlds: not
> only past, present and future events, but also...fictional events (p. 273-74).

The act of creativity is "in itself the locus of a powerful therapeutic occurrence – whether it is processed verbally or not" (Pendzik, p. 274). Johnson (1998) similarly describes the transitional spaces as an "aesthetic, imaginal, metaphoric space in which inside and

outside, self and other, are mixed" (p. 89). This transitional space is an imaginary world where the client is able to create an environment in which they feel safe. It is a world they can create and control, where anything can happen; buildings can be built and torn down, people from the past present and future can visit, animals can speak and new and different emotions can be experienced and practiced. This safe imaginary world is where therapeutic change occurs. This 'dramatic reality' will perhaps create an ideal testing ground for individuals in a social skills group, allowing them to test out and rehearse skills in a safe and non-threatening environment.

Dramatic Projection

Dramatic projection is another core concept applied in drama therapy. It is a process whereby the client is able to externalize inner conflicts by projecting aspects of themselves into dramatic material. Due to the fact that internal conflicts are externalized, dramatic projection may allow a client to see the drama therapy in progress, as well as their own development, which cannot be said of certain other therapeutic techniques which clients may perceive as more abstract. Dramatic projection allows for internal conflicts, such as fear, to be externalized and portrayed. It is facilitated or emerges through the use of different drama therapy techniques such as storytelling, masks, puppets, figures and role, allowing for both the client and therapist to choose specific material that will be most comfortable and beneficial. A client may not feel comfortable expressing certain emotions, thoughts or experiences, but the act of projecting them into something that is clearly not them, may allow them to metaphorically express themselves. Adolescents living with AS may not want to or have the tools needed to express themselves. Perhaps dramatic projection is a way in which they will be able to do so.

Distancing

There are times when a client may feel uncomfortable expressing their thoughts and emotions. One core process, distancing, may help that individual feel more at ease, allowing them to work through their problems in a safe and less threatening manner. This process "encourages an involvement which is more orientated towards thought, reflection and perspective...in some situations the use of a distancing approach can help a client create perspective on themselves" (Jones, 1996, p. 106). Distancing allows for the client and therapist to control how closely related a role the client may be playing is to the role(s) they play in real life. A client can be overdistanced (which increases the distance between the work and the client) or underdistanced (which decreases the distance between the work and the client). Whether or not they are over or underdistanced depends on their needs at that moment in time. An individual who is feeling overly emotional and overwhelmed may need to be overdistanced and play a role that significantly varies from their own. On the other hand, a client who is far removed from what is going on in their life may benefit from taking on an underdistanced role, and enact a scenario, or take on a role, from their own current life. Reflecting on how distanced an individual is, as well as their progression throughout a series, may also allow for insight. Did a client begin by being overdistanced and end in a more under distanced manner? Did they remain the same throughout the series? The use of distancing may allow for adolescents living with AS to find a safe and comfortable way of expressing themselves and rehearsing new skills.

Ritual

Ritual is another important core process utilized in drama therapy and can be incorporated into drama therapy sessions in various manners. The formation of a drama therapy session in and of itself generally is a ritual, with a warm-up, main exercise, discussion and closure occurring within every session. Jones (1996) describes a research group that was set up to explore the relationships between ritual and drama therapy. *Some of the positive examples of ritual that surfaced from the study include the following:* "'Ritual has fulfilled an emotional or physical need which resulted in a shared experience – a coming together'; '...the ritual has grown out of a personal need and... it has structure and rhythm which give their own safety and boundary'" (p. 249). These three elements; shared experience, structure and safety and boundary are important elements within group dynamics, resulting in a more trusting and supportive group, which in turn will allow for the group to delve deeper into the material at hand. Devries (1996) in Harris (2009) explains that ritual events assist in making life predictable, a trait which individuals living with AS are likely to appreciate. He continues on to say that, "Absence of access to ritual...undermines the possibility of restitution or restoration, and may instead be conducive to sparking or prolonging conflict" (Harris, p. 79).

Ritual can take many forms and structures. Both Emunah (1994), Harris (2009) and Jones (1996) explain that in this core process, there is usually repetition, pattern, symbolism and metaphor, as well as movement and sound. Ritual may be found in any given exercise, or in the structure of the session and series. Ritual is often incorporated into the opening and closing of the session and may be created spontaneously in one of the first few sessions, or may be pre-planned and thought out by the group. Regardless of

how the rituals are created, they should be formed and shaped by the group members,

allowing them to "assert one's sense of control" (Landy, 1993, p. 17).

Role and Role-Play

All over the world one may find mothers, fathers, sisters, bankers, lawyers, sales

associates, drug dealers, criminals, friends and enemies. What makes one different from

the other is a set of behaviors assigned by society. This is a definition of the word role

(Doly, 1998). Many drama therapists have written about this drama therapy technique.

Moreno (1953) viewed human beings as role players. He wrote, "every individual is

characterized by a certain range of roles which dominate his behavior, and that every

culture is characterized by a certain set of roles which it imposes with a varying degree of

success upon its membership (p. 88).

Landy (1993) uses role in order to heal psychological distress. Some of this

psychological distress can be seen through role ambivalence; the contradiction in

conflicting roles. Landy states that role ambivalence can occur in three various ways:

through conflicting qualities within a single role; between two different conflicting roles;

or as an existential conflict within one's self. Many individuals attempt to avoid these

conflicts. Avoidance, however, may not lead to balance, but to even more distress and

conflict. Landy therefore suggests that through drama therapy, particularly through role

method, one can find a way to live with conflicting roles, creating a more harmonious

life. Although individuals work with a fictitious role within a session, ultimately they

attempt to extract its true significance in order to apply it to everyday situations. An

adolescent living with AS certainly may have conflicting roles. For example, they may

feel conflicted in their roles as a friend, student, daughter, son, athlete, artist, Christian,

Muslim, store clerk, waitress etc... In addition to these types of roles that adolescents generally struggle with, they also have the role of an adolescent living with AS.

Landy (1993) compares role to Jung's archetypes and attempts to demonstrate that roles are present in clinical situations, everyday life and in literature. In order to clarify this, he created six categories of roles in everyday life. These six categories include somatic roles (roles that are inherited and genetically based), cognitive roles, affective roles, social/cultural roles (which are then subdivided into family roles, political and legal roles, socioeconomic roles, work roles, authority and power roles, spiritual roles), and aesthetic roles.

Blatner (2007) explains the usefulness of role-play, stating that not everyone is going to feel completely comfortable exploring, discussing and enacting their own roles (which is typical in verbal psychotherapy). Through the use of drama therapy and more specifically role-play, individuals are able to play more distanced roles – roles that are not themselves but instead a fictional character. They are able to project themselves into these fictional roles. One way in which Blatner uses role-playing is by having group members explore and practice how they would deal with various social problems. Role training (Sternberg & Garcia, 2000) is another term used to refer to the use of role where individuals are able to practice what to say and do in different situations.

Sociodrama

Sociodrama is a group action method in which social situations are acted out spontaneously in order to aid the group members to express themselves and problem solve (Sternberg & Garcia, 2000). Blatner (1996) defines sociodrama as the exploration of a problem involving a role relationship relevant to a group of individuals. This drama

therapy technique allows for individuals to embody situations that are of interest. They are able to explore different social situations and put themselves into someone else's shoes, learning perspective taking and empathy (Sternberg & Garcia). As previously discussed, individuals living with AS have difficulty in regards to theory of mind. They have trouble understanding that their perspective is not the sole perspective, and therefore putting themselves into other people's shoes may be challenging to them. Sociodrama allows this skill to be practiced; through exploring various social issues, group members are able to practice perspective taking. Sociodrama brings together groups of individuals who may share a common role, for example having Asperger's Syndrome, or having social difficulties. By having these shared roles, experiences and concerns, the group can work together to name a problem they would like to solve or have a superior understanding of (Sternberg & Garcia). Eckloff (2006) states that sociodrama has three primary aims. The first aim is to increase the comprehension of a specific social situation. The second aim is to increase each group member's internal and external reflections regarding roles in relation to that social situation. Finally, the third aim is to allow for an emotional release, or moment of catharsis in relation to the expression of feelings regarding this social situation. This emotional release, or catharsis, is the difference between a regular social skills group, and a drama *therapy* group with an emphasis on social skills. This difference will be discussed in further detail in a later chapter.

A sociodrama session has a particular shape to it. It begins with a warm-up, the moment in which the group focuses on what is going on in the group, instead of their individual lives outside of the group. The group leader aids the group members to let go

of the roles that they have just been playing, allowing them instead to take on the role of

a group member (Sternberg & Garcia, 2000). The warm-up is also the time in which the

theme of the session will emerge. This can be done in many different ways. One way in

which the leader can facilitate the emergence of a theme, is by providing a lecture or

discussion about a certain subject (Eckloff, 2006, Sternberg & Garcia). This lecture can

be provided by the group leader, or from the group members themselves. Sternberg &

Garcia find that this is a particularly useful method when using sociodrama to facilitate

the learning and practice of social skills due to the fact that the members may not have

the tools or knowledge necessary (such as making eye contact) to create a relevant

sociodrama. They also recommend breaking larger skills into groups of small skills so as

to not overwhelm participants. Other ways a theme can emerge include having the group

meet in small groups to discuss subjects that are of interest to them, or to use props, such

as photographs, newspaper articles or objects that may bring out topics and ideas

(Eckloff). Following the warm-up is the enactment. The group leader may facilitate a

conversation with the group as to how they would like to enact the chosen theme. The

leader may then set up the room, designating certain areas, pieces of furniture or props to

represent various things. Roles are then either chosen by the group members themselves,

or assigned by the leader. In a therapeutic setting, "the director may suggest to a client

that he play a specific role in a sociodrama, as she feels that his playing the role will help

him. This practice is referred to as a therapeutic role assignment" (Sternberg & Garcia, p.

198). Once roles are established, the leader can help them go deeper into the role by

interviewing them (Eckloff). The last part of the session is called the sharing. After the

enactment, group members are encouraged to express their own feelings and experiences

regarding the enactment. It should be emphasized that they are sharing their own experiences and not criticising or judging the other members.

The Proposed Drama Therapy Program

Design

This program is designed for a group of approximately 6-10 high school students. An even number of members is ideal, as it makes partnering work far easier. The series is designed to take place once a week for an hour and a half, for twelve weeks. Techniques such as role play and sociodrama will be implemented into this program with the purpose of expanding skills within the three components likely to affect positive social development: cognitive processing and pragmatics; self-awareness; and perspective-taking and connectedness (Martinovich, 2006). The goals, objectives and exercises within this program will draw on the skills and characteristics within these three categories. Throughout these three areas, an emphasis is also placed on what Schneider (2007) calls 'The Big Three': vocal tone, body language and facial expressions. As discussed earlier, individuals living with AS often have difficulty reading body language (which include gestures and posture), as well as facial expressions. They will not necessarily understand that someone is frowning or smiling or waving goodbye. They also have difficulty interpreting vocal tone. This in turn makes reading emotion, understanding sarcasm and pragmatics extremely difficult. Throughout the drama therapy sessions these three elements are therefore explained, taught and rehearsed at the beginning of the series, and reinforced throughout. Emphasis is placed on these three methods of expression, highlighting the different manners in which individuals communicate with each other and how these three methods can change how someone else can interpret our attempts at communication. Many of the exercises, especially those towards the beginning of the series, emphasize dramatic play. Dramatic play uses

improvisation, theatre games and playful interactive exercises focusing on both physical and social interactions (Emunah, 1994). These types of exercises allow group members to begin feeling comfortable both in the play space, and with the modality. They also allow the group members to get to know one and other. Some of these exercises are adaptations of theatre games in which the origins are unknown and have been used and modified by many different practitioners including Viola Spolin (a pioneer for theatre games), Richard Courtney and Renee Emunah. They therefore may remind the reader of similar exercises they have encountered in theatre, other creative arts therapy modalities or in verbal psychotherapy.

Ritual

The structure of the program includes time for a warm-up at the beginning, and then discussion and closure at the end. These have purposefully been left open in order to allow the group to create their own opening and closing ritual. Individuals with AS enjoy repetition, routine and ritual (Martinovich, 200; Richler et. al., 2007), and allowing them to create their own opening and closing rituals will allow members to take ownership and pride in the group. Each group is different, and will go through exercises at various paces. It is important to note that the session plans are guidelines, and that there may not be time for all of the exercises to be done. It is up to the discretion of the therapist to take note of the pace and atmosphere of the group and choose whether or not to cut out an exercise, to push it to the next week, or to speed the pace up.

The Role of the Group

Due to the fact that this program is geared towards the exploration of social skills with the goal of strengthening peer relationships, it is most ideal for the therapist to work

with a group rather than with individuals. Although both individual and group therapy

each have their own benefits, Aronson (2004) explains that the adolescent peer group

plays a central role within this developmental age group. Aronson adds that within the

peer group identity is formed, self-esteem and intimacy are developed, bodily changes are

incorporated into one's self-image, and finally separation from family begins. The peer

group also offers sanctuary and universality, one of Yalom's therapeutic factors (2005),

emphasising that group members are not unique in their problems and that they are going

through the experiences and processes together. "This natural propensity for group

affiliation, together with adolescents' strong need to detach from adults around them,

makes group therapy a practical and sensible treatment modality for this age group"

(Aronson, 2004, p. 174).

Martinovich (2006) explains that a group is beneficial in regards to changing

patterns of thinking, due to the fact that during discussions and exercises, other group

members contribute alternate ways of thinking and being and reinforce efforts to change

patterns. Group work allows not only for the development of team building, sharing,

cooperative skills and turn taking, it allows for opportunities to practice social skills and

to form friendships with individuals who may have similar experiences and interests.

"Building a sense of friendship and teamwork entails encouraging team members to

acknowledge the value of other members, listen to their experiences and interests, and not

dominate the floor" (Martinovich, p. 68). Yalom explains the benefits of group

psychotherapy quite nicely,

> Not only does the small group provide a social microcosm in which the
>
> maladaptive behaviour of members is clearly displayed, but it also

becomes a laboratory in which is demonstrated, often with great clarity,

the meaning and the dynamics of the behaviour. The therapist sees not

only the behaviour but also the events triggering it and sometimes, more

important, the anticipated and real responses of others (2005, p. 42).

The idea of the laboratory is an ideal metaphor. Group members have the opportunity to

discuss their own experiences, learn new skills, experiment, rehearse, explore new

knowledge and investigate their effects. The group can have typically developing peers

incorporated into it as active members, although it is not necessary. The benefits of

having typically developing peers join the group, is that they can serve as positive role

models, and can be helpful when demonstrations of an exercise are necessary which

might take certain group members longer to comprehend (Martinovich).

The role of the therapist

Although the group itself contributes much to therapeutic process, the relationship

between the group and the therapist is also an important aspect in both group therapy as

well as in this particular program. Yalom (2005) states that, "Underlying all

considerations of technique must be a consistent, positive relationship between therapist

and client" (p. 117). In order for this to be achieved, the group therapist must have

concern, acceptance, genuineness and empathy. Yalom continues on to explain that

though the therapist may challenge the group, or individuals within the group, there is

always an underlying sense of acceptance and concern. Yalom also explains that the

therapist has three key tasks; to create and maintain the group, to build a group culture

and to bring to the group the idea of the here-and now. Throughout these three tasks, the

therapists job is to "create the machinery of therapy, to set it in motion, and to keep it

operating with maximum effectiveness" (Yalom, p. 117). Aronson (2004) states that the characteristics necessary of an adolescent group therapist include a sense of humour, as well as the capacity to provide consistency, stability and constancy at all times, including during times of aggression and anger.

Individuals with Asperger's Syndrome have a deficit in social behaviour and therefore the leader should establish a list of expected rules and behaviours to be followed throughout the series. Additionally, the group can add their own rules to the list, creating a therapeutic contract in order to establish trust and comfort within the group. Individuals will react differently to the group setting. Participation should be encouraged, but not forced. The leader should explain that participation is never mandatory and that observing can also be a valuable way of learning. Participation can also be encouraged in various ways. The leader can pose open questions, lead group discussion in 'rounds' style, invite members to share experiences, can break the group into dyads or small groups for discussions, or can invite members to share in a non-verbal manner (for example, through a sculpt, or journaling). Many of the exercises that follow encourage the use of group discussion before and/or after exercises. These group discussions are important ways to teach skills, process experiences as well as rehearse social skills. Turn taking, eye contact, listening, body language and tone are all necessary in a discussion.

Assessment

One important element to consider in regards to the creation of a drama therapy program utilized within a school is assessment. What are the goals of this program? How can a therapist, teacher or parent assess where a student is at with respect to these goals, at the beginning, middle, and end of the program? What part do the drama therapists, educators, support staff as well as parents play in the assessment of the child?

The social relations of an adolescent with Asperger's Syndrome may differ in a supervised drama therapy group with a therapist, than during social time (such as lunch, recess) or within the classroom. Due to the fact that this program is intended to explore social skills with the goal of fostering positive peer relationships, an initial assessment will be done by the parent(s)/legal guardian(s), as well as the adolescent's teacher(s). Although there are various methods of assessment currently being utilized, the method of assessment used within this program will be the Autism Social Skills Profile (ASSP), an assessment tool which measures the social functioning in children and adolescents with ASD (Bellini & Hopf, 2007). According to Gresham, Sugai, and Homer (2001), identifying social skills deficits is an essential aspect of creating an effective social skills program. Once the strengths and weaknesses of each child are known, effective treatment goals can be put into place. Using a Likert Scale, the ASSP targets three main areas of social skills: social reciprocity, social participation/avoidance and detrimental social behaviour (Bellini & Hopf). The ASSP takes approximately 15-20 minutes to fill out, and can be done by parents, psychologists, educators, social workers or support staff. It can be used as a basis for intervention, but can also be used in the creation of Individual Education Plans (IEPs). Finally, it can also be used as a measurement of

intervention progress. For this reason, the parent(s)/guardian(s) and teacher(s) will fill it out at the beginning, halfway through the series as well as at the end, in order to measure progress. The benefit of using this assessment tool is that it is designed specifically to target the deficits of individuals living with ASD, whereas other social skill measurements are often too broad or general. The reasoning behind having the teacher(s) and parent(s)/legal guardian(s), and not the therapist fill out this questionnaire, is that a strong knowledge of the typical behaviours of the student is necessary in order to answer the questions. Using this method of assessment may also prove to be a useful research tool, tracking the effectiveness of this program.

The therapist may not necessarily have that knowledge, and will therefore use various drama therapy exercises at the beginning of the series which will allow for the identification of each group member's area of strengths and challenges, as well as which drama therapy techniques and/or methods would best be utilized when working with the group. These can include group gross motor activities such as a ball toss, as well as improvisational exercises. Through exercises such as these, the therapist will be able to assess the communication skills, play skills, gross motor skills, tendencies, habits, strengths and weaknesses of each group member, as well as the group as a whole, in order to develop an effective treatment plan. It is important to note that the therapist will also have all of the information gathered from the ASSP. Due to the fact that the ASSP will be filled out three times throughout the session, the therapist will have a strong indicator of the progress being made both within the group, as well as how much is being transferred to the classroom and outside life.

Session Plans

<u>Session # 1</u>

Objective: **Introductions, group cohesion, skill identification (identifying emotion through the face, body and voice).**

Structure:

1) **Introductions.**

   Goal: To learn the names of other group members, to begin to build group cohesion.

   Group members introduce themselves, stating their name, and two things that they'd like the other group members to know about themselves. Starting out with this type of concrete exercise will allow the group members to get to know each other, and will hopefully also put them at ease.

2) **Name game (Ball toss).**

   Goal: To continue learning the names of other group members, to physically warm up the body, to begin working on non-verbal communication (eye contact).

   This exercise is a continuation of introductions, allowing the group members to truly absorb all of the other member's names. A name game is also an ideal opportunity to begin physically warming up the group. In ball toss, group members make eye contact with another member, state their name, and then toss them the ball. Eventually the speed is increased, and more than one ball is introduced. This allows for group members to become physically engaged, to learn names and to begin working on non-verbal communication (eye contact).

3) **Emotion Commotion!**

   Goal: To introduce the 'Big Three'

   This exercise is intended to begin introducing certain skills to the group, particularly the big three (face, body and voice). The group can either remain in a circle, or break into dyads. The group leader will call out one of the big three and an emotion. Group members will portray that emotion in whichever of the big three are named. It would be ideal to have some of the group members embody the emotion, and others watch in order to be able to discuss how they were embodied, what worked and what did not.

4) **Emotional Greeting**

   Goal: To continue exploring and rehearsing the 'Big Three' in a more realistic situation.

   Group members divide into dyads, and stand across the room from each other. An emotion is called out by the group leader, and the dyads walk towards each other. When they reach their partner, they must greet each other using the emotion that was named.

5) **Discussion and Closure.**

<u>Session # 2</u>

Objective: To continue to build group cohesion, to begin to explore empathy and connectedness and to continue building upon the skills learned in session #1.

Structure:

1) **Rhythm Circle**
   Goal: Synchrony, empathy, connectedness
   Sitting in a circle with their eyes closed, the group spontaneously begin to rhythmically make sound together. A theme, such as the beach, the city, at night etc..., can be given although it is not necessary.

2) **Self-expression using symbolism and metaphor**
   Goal: To describe one's self using symbolism and metaphor. Self-awareness, cognition.
   This exercise begins with a discussion regarding symbolism and metaphor. What are they? How can they be used to describe a person? The leader can give examples (I'm strong so I am like an oak tree, which is also strong) and then ask group members for more examples. Following the discussion, each group member is asked to create a list of words and/or sentences that they would use to describe themselves. Once they have finished the list, they are to create a symbolic and metaphoric artistic representation of those words and sentences. This can be done as a painting, drawing, or collage. Once the representations are complete, each member presents their work to the group, explaining how they symbolically represented themselves. It is important to let the group know in advance that they will be sharing, so that they include things they feel comfortable expressing to the group.

3) **Flexible phrases.**
   Goal: To practice portraying emotions using proper facial expression, body language and vocal tone, but also to properly identify emotion in others. Pragmatics, Perspective taking.
   The therapist/group leader prepares simple phrases, or has the group prepare simple phrases. In small groups or pairs, group members rehearse saying these lines using different emotions, focusing on the big three. Once the groups have rehearsed, they perform the phrases for the rest of the group, who are then able to guess as to which emotion they are portraying. Discuss which characteristics were present indicating a certain emotion. What made him sound angry? What specifically about her made her look sad? What is ok to discuss in public, and what type of things should be kept private? As stated previously, one of the main deficits in an individual living with AS is the lack of theory of mind. "This deficit makes it difficult for these youngsters to take the perspective of another person. Therefore, they do not have an understanding of how others interpret what they say or do.

4) **Discussion and Closure (Begin working on/discussing opening and closing rituals).**

<u>Session # 3</u>

Objective: continue to build group cohesion, to begin to explore empathy and connectedness and to continue building upon the skills learned in session #1 and #2.

Structure:

1) **Warm-up/Opening**

2) **Mirroring**
   Goal: Synchrony, empathy, connectedness
   Beginning in dyads, and then moving into small groups, and then finally the group as a whole, one member leads a movement while her partner mirrors.

3) **Open scenes.**
   Goal: To practice portraying emotions using proper facial expression, body language and vocal tone, but also to properly identify emotion in others. Pragmatics, Perspective-taking.
   This exercise has the same concept as flexible phrases, but with four lines instead of one. It is an expansion on the same skills, portraying and interpreting emotions (with a focus on the big three). By having four lines, group members are able to portray emotions to a slightly deeper level.

4) **Gibberish scenes.**
   Goal: The goal of this exercise is to examine unspoken language, how much is portrayed without even saying a word. Pragmatics, perspective-taking.
   Depending on the skill level of the group, members are divided up into small groups and are then either given a short scene (similar in length to the ones in open scenes), or create their own scene, which they are then to perform in gibberish (a made-up language). As they rehearse, they must focus on how to portray what the scene is about using their face, body and voice – but no words. Once the groups have rehearsed, they are to perform the scenes in front of the whole group, and other group members are able to guess as to what the scenes were about. Discuss WHY they think the scenes were about this or that...what clues were they given? It is important to note that group members may not feel comfortable working in gibberish at first. If this is the case, begin by using mime or give group members one sound that they are to repeat instead of creating their own gibberish. Once group members feel more comfortable, they can then incorporate gibberish into the scene.

5) **Discussion and Closure.**

<u>**Session # 4**</u>

Objective: Perspective-taking, turn-taking and cooperative skills

Structure:

1) **Warm-up/opening ritual**

2) **Emotional Orchestra**
   Goal: Perspective-taking, turn-taking
   The group stands in a choir formation, with the leader standing in front as the conductor. Each group member chooses an emotion, and vocalizes that emotion in any manner they choose, but only when the conductor points at them. The conductor can indicate members to increase or decrease their volume, or their speed. Discuss what it felt like to have everyone vocalizing at once, vs. in smaller groups or individually.

3) **Star of the show!**
   Goal: Perspective-taking, turn-taking, theory of mind
   The leader or the group chooses a situation in which a group of people are bidding for attention (actors on a stage, at a dinner table, students in a classroom etc...) The group then acts out that situation, which is then followed by a group discussion about how it felt. How did they feel? How do they think the other characters in the scene felt? What could they do differently in a similar situation? How does this relate to their lives?

4) **Freeze**
   Goal: To increase spontaneity, build cooperative skills.
   Three group members improvise a scene. If necessary, a theme or plot can be suggested to get the exercise started. Another group member calls out freeze at any given time, and the three members acting freeze on the spot. The member who called out goes up and takes the place of one of the three, standing in the exact position as the previous group member. They then begin a new scene with new characters and a new plot, and the other group members must accept the new idea. This is repeated as many times as time permits.

5) **Discussion and Closure**

<u>**Session # 5**</u>

Objective: To increase cognitive processing and pragmatics

Structure:

1) **Warm-up and opening ritual**

2) **Word games.**
   Goal: To understand, implement non-concrete/literal language.
   The leader distributes a handout with definitions and examples of the following: symbols, simile, hyperbole, metaphor and personification. The group discusses what they are, when they should and should not be used (humour and sarcasm) and can attempt to come up with some of their own. They then break into small groups and are asked to create a scene using one or two of the expressions. Again, were they properly used? Why? Why not?

3) **Knock Knock!**
   Goal: Proper use of humor, Concrete literal thinking, pragmatics.
   The group divides into small groups, whereupon each group will receive a joke. The small groups then have a chance to interpret the joke, and rehearse telling it with appropriate social language. They are then performed for the entire group, and similarly to flexible phrases and open scenes, the group can guess at the interpretation. The goal of this exercise is to examine language and humour – play on words, double meanings, expressions and sayings and puns. After all of the groups have performed, the group can be asked if they know any more jokes. Discuss appropriateness of jokes and humour, how a joke can sometimes hurt feelings etc...

4) **Discussion and closure**

<u>**Session # 6**</u>

Objective: To increase listening and cooperative skills, to work on pragmatics and the use of non-literal language

Structure:

1) **Warm-up/opening ritual**

2) **One line/one word stories**
   Goal: Listening and cooperative skills
   Sitting in a circle, a story is told by the group as a whole, with each individual telling one line of the story at a time. Once the group becomes comfortable with this, it can be switched to one word at a time.

3) **Storytelling**
   Goal: Listening skills, pragmatics, non-literal language
   The leader presents to the group an image which could be interpreted differently by different individuals. The group is then asked to divide into dyads, whereupon they will take turns telling a story about this image to their partner. Group members should be encouraged to remember the big three, to use non-literal language practiced in previous exercise, and to use listening skills. Once everyone has had the opportunity to tell their story, the group is to come back as a whole. One of two things can then happen. If time permits (and depending on the size of the group), each member can tell the story that they listened to, to the group as a whole. This should be followed by a discussion regarding the experience, what it was like to tell the story, to listen to the story, what type of language was used, what they found difficult, easy etc... If the group is too large, or there is not enough time remaining within the session, then the group can go straight from working in dyads to sharing.

4) **Discussion and closure**

<u>**Session # 7**</u>

Objective: Pragmatics and self-awareness

Structure:

1) **Warm-up and opening ritual**

2) **Emotion role plays**
   Goal: Pragmatics, self-awareness
   Role play what we can do when we identify emotions in someone else.
   Remember a time when someone you know was angry, sad, frustrated, happy
   etc... How did you identify that emotion? How did you react? How could you
   react differently? What did you say to them? What should you have said to
   them? Have group members enact these situations, with feedback and
   suggestions from other members of the group.

3) **Self-regulation**
   Goal: Self-awareness and self-regulation
   What makes you happy, sad, angry? Identify those moments so that you can try
   and avoid them, or embrace them. Explore the concept of making choices. What
   choices lead to instant gratification, what are the consequences etc... What fears
   might they have about making choices? Role-play those moments and the various
   outcomes. Ask for suggestions from other group members.

4) **Appropriate social skills and manners**
   Goals: Social appropriateness, conversational skills, listening, connectedness
   Create a scene in which you initiate a conversation. One member states
   something about themselves, or something they find interesting. The other
   partner must then ask three questions to show that they were listening and
   engaged in the conversation. Discuss. Look at body, face, and voice as well.
   What are other situations group members find difficult? (For example: when they
   don't understand something, interrupting a conversation, how do you know when
   someone is bored, if you are uncomfortable, what are social manners, reactions
   etc...) How can you include a beginning, middle and end of a conversation.
   Provide scenarios (school, home, party, job interview), or have them come up
   with their own.

5) **Discussion and closure.**

Session # 8

Objective: Self-awareness

Structure:

1) **Warm-up and opening ritual**

2) **Me in a box**

   Goal: Self-awareness, to explore our private and public selves, to consider how we perceive ourselves, how we believe others perceive us and how we would like to be perceived.

   Each group member is given a cardboard box. They are instructed that they are to decorate the box on the outside to relate to the parts of themselves that they show to the public. The inside should be decorated as their private self...what do they keep from others? After all of the group members have finished, they are to present their boxes to the group, revealing only the information they feel comfortable sharing. What are some of the differences between the inside and the outside? Are there any commonalities within the group? What is the difference between private and public? How do they want others to perceive them? How would they like to be perceived? Is this different from how they believe they are being perceived? Themes from this exercise may be linked to the sociodramas in the following sessions.

3) **Embodied self-awareness exercise**

   Goal: To embody what was discovered in the previous exercise.

   In small groups, group members will create a tableaux representing their experiences. If time permits, these can then move into scenes about self-awareness, public vs. private self and perceptions. Discuss the scenes.

4) **Discussion and closure.**

Session # 9, 10 and 11

Objective: Culmination of all three areas – skills learned in cognitive processing, pragmatics, self-awareness, perspective-taking, and connectedness.

Structure:

1) **Warm-up and opening ritual**

2) **Sociodrama**
   Goal: To explore in an embodied manner, a social situation of interest to the whole group; role-play
   Sociodrama is a group exercise in which a social situation is acted out spontaneously in order for the group members to solve a social problem and express themselves. Possible themes can either be taken from previous sessions or can include (but are not limited to): dating, dealing with parents, first job interview, feeling different, and other social situations such as fighting, school dance, peer pressure, bullies etc... Depending on how long the sociodrama takes, there may be time for a second. The leader should continue to reinforce and bring into discussion all of the skills explored so far (the big three, metaphor and other non-literal language, conversation skills, self-awareness etc...)

3) **Discussion and Closure**

<u>**Session # 12**</u>

Objective: Closure, reviewing work and accomplishments, to begin to look towards the future.

Structure:

1) **Warm-up and opening ritual**

2) **It's my life**
   Goal: Self-awareness, pragmatics, making connections, looking towards the future
   Each group member will create three pieces of art (painting, drawing, time-line, collage, and/or sculpture), each one representing a different part of their life (past, present and future). The leader should remind them that they are able to use symbols and metaphors and to reflect back on all of the exercises and skills that they have participated in during the last twelve weeks. How did they feel when they arrived that first day? Do they feel any differently? What was difficult? What did they enjoy? What will they take with them? Where do they hope to be in the future? How do they feel about leaving the group?.

3) **The gift**
   Goal: Reinforcing positive attributes, saying goodbye
   The group sits in the circle, along with the leader. The leader holds a box in her hands and explains that she will pass the box to the person on her right. To this person, she will express one thing that she will miss about that person, and then explain what gift she has chosen to (metaphorically) place in this box for that individual. The gift can be something that she feels the person would like, or needs to take with them to continue on their journey of life. This person receives the compliment and gift, and then repeats the process themselves by continuing to pass the box around the circle to the person on their right. By the time the box has moved around the circle, everyone should have both given and received compliments and gifts once.

4) **Discussion and Closure, final goodbye.**

Conclusion

This research paper has explored the available research regarding Asperger's Syndrome, adolescence, social development and drama therapy. Theory and research from these various areas all seem to indicate that there is a need for social skills groups for adolescents living with Asperger's Syndrome. Research seems to indicate that these individuals want friendships and relationships, but do not necessarily possess the tools needed in order to achieve these things. Adolescence is a tumultuous period for many, especially for those individuals who may struggle with social development and peer relationships. Erikson (1968) explains that adolescence is a time in which to explore alternatives in religious, political, sexual and social beliefs and values, as well as interpersonal relationships. If adolescence is the time in which interpersonal relationships are explored, and this is a challenge for individuals living with AS, then it seems as though the creation of social skills groups is both necessary and crucial. As well, the need to communicate their process and experience to the world is immense, however they may not have developed the necessary tools to voice how they are feeling, what they are thinking (Emunah, 1990). What tools then, is the world able to offer these adolescents, in order to help them work through this developmental stage in as healthy a way as possible? Drama therapy is perhaps one modality that would allow for the exploration and voicing of these issues. Drama therapy is able to offer certain techniques, theories and possibilities that are not available in other forms of therapy or treatment. Through drama therapeutic processes such as dramatic projection, distancing, and ritual, and techniques such as role play and sociodrama, adolescents living with Asperger's Syndrome are able to explore their feelings, thoughts and experiences, as well

as learn, develop and rehearse important social skills. These drama therapeutic techniques seem to be extremely relevant to both this developmental phase, as well as Asperger's Syndrome, allowing individuals to experiment with various roles that they may be coming across or desire. The drama therapy space creates a safe environment in which to explore their emotions and experiences as well as embody and rehearse their thoughts. There are many different social skill development approaches and strategies that have been developed and utilized for both home, therapy and school use (Pimley & Bowen, 2007). Many of these approaches, however, tend to focus on one specific impairment such as language, self-awareness or communication skills. These do not allow the adolescent to obtain the means to bring together all of the skills needed to increase adeptness at social interactions. The proposed program would attempt to focus on the many different impairments and deficits these adolescents may be dealing with, looking at both the big picture and the small details, in order to best prepare the group members for the social interactions they are likely to face.

As previously discussed, feeling connected to the world is an important part of adolescent development. Group work allows not only for the development of team building, sharing, cooperative skills and turn taking, but also allows for opportunities to practice social skills and to form friendships with individuals with similar experiences and interests (Martinovich, 2006). This seems to indicate that group therapy, and not individual therapy, would be the most beneficial for this population.

Finally, why should this social skills program be a therapy program and not an educational one led by educators? Due to social difficulties as well as feelings of being different, adolescents living with AS may suffer from low self-esteem, low self-

confidence and even depression. The ability to identify these emotions and feelings as well as their triggers, is a challenging, but important task. The difference between a social skills and a drama therapy group, is that the therapy group has a therapist to help deal with these important issues. Drama therapy incorporates the use of powerful projective techniques which may bring to the surface intense emotions and feelings. A trained therapist will know how to use the transitional space, distancing, and projection to best work with the group at hand, allowing for a safe space to be created and used for exploration and growth. They will also be able to contain and reflect these feelings, and emotions in relation to both the past, present and future, whereas a teacher or group leader may only focus on the skills that need to be learned. Drama therapy therefore allows for the full package; both social and emotional development with the goal of a healthy, balanced quality of life.

Although there is much research supporting the need for social skill development for individuals living with Asperger's Syndrome, there appears to be no research on the efficacy of drama therapy. The literature does however suggest that this particular modality may be extremely appropriate for this population. If this program were to be used as a pilot program, further research could be done on the benefits of incorporating drama therapy into integrated classrooms, filling a gap in research in the creative arts therapies. Although this is a theoretical paper and has not yielded any statistical results, perhaps it will pave the way for further research in this area of study.

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