Using the Embodiment-Projection-Role Paradigm within Drama Therapy to Develop Affective Social Competence in Children

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A Research Paper

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts (Creative Arts Therapies)
Concordia University
Montreal, QC, Canada

August 2014

CONCORDIA UNIVERSITY

School of Graduate Studies

This is to certify that the research paper prepared

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Entitled: Using the Embodiment-Projection-Role Paradigm within Drama Therapy to Develop Affective Social Competence in Children

and submitted in partial fulfilment of the requirements for the degree of

Master of Arts (Creative Arts Therapies; Drama Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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Abstract

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Margaret A. Powell

Affective Social Competence (ASC) is a dynamic, interconnected model of socio-emotional skill, articulating the development of emotional expression (EE), understanding (EU), and regulation (ER) (Halberstadt, Denham, & Dunsmore, 2001). This theoretical research paper uses integrative literature review and intervention research methodologies to identify how play, in the context of drama therapy, can support the development of ASC. Research indicates that elements of play are related to growth in ASC subdomains, including social play with peers and parents, and physical, object, and pretend play experiences. Based on this research, the Embodiment-Projection-Role (EPR) paradigm is identified as an ideal framework for building ASC drama therapeutically (Jennings, 1990; 1998; 1999; 2005; 2011; 2012a; 2012b). Specifically, *Embodiment Play*, using movement and sensory exploration of the environment, supports emotion regulation, helping the child explore physiological and emotional experiences and practice coping and regulation strategies. *Projective Play,* externalizing ideas and experiences onto toys and objects to manipulate them, supports emotional expression. It assists in the expression and mastery of emotional content for children through symbols. *Role Play* is related to emotion understanding, which requires the ability to take the perspective of another, and decode emotions. Through pretending to be someone else, children strengthen their abilities to role reverse, empathize, and understand the emotions of others. A program for building ASC in children aged four to ten using the EPR paradigm is described, including client and therapist roles, setting and materials, goals, exercises, and session structures.

Acknowledgements

I'd like to gratefully acknowledge first my advisor, Bonnie Harden, for her enthusiastic and authentic support and affirmation as I developed this piece of research. I'm also grateful to Shea Wood, who created an inspiring and motivating space for its initial proposal and development in our research class.

To my many teachers: The faculty of Concordia University's Drama Therapy program- Stephen Snow, Yehudit Silverman, Jessica Bleuer, Jason Butler, and Susan Ward, as well as Ron Miller and Paul Mazeroff at McDaniel College, Westminster, MD, who were there at the very beginning. Thank you for your mentorship and support, for guiding and shaping me into the therapist I am becoming.

To the clients I'm privileged to work with- for inspiring me with your resilience and creativity, and for demonstrating to me firsthand the transformative power of play. It is my sincere hope that this work will continue to support others to experience the fullness of the human experience- emotionally, playfully, and completely.

To my companions on this journey: my incredible cohort- Craig, Caitie, Lisa, and Jade, as well as Charles, Ida, Katia, Mel, and Helene. Thank you for countless laughs, tears, hugs, late nights, jokes, understanding looks, and moments of inspiration and gleam. These two years have been some of my most transformative, and it is due to your presence. Thanks, too, to the art therapy cohorts, my AT co-facilitators- Jazmine, Renee, and Andrea, the drama therapy cohorts before and after me, and the NADTA Student Committee and community for so much more of the same, in your own unique ways.

To the family I chose- especially Katie Ridgway, Britt Burr, Brooke Hain, Meg Magee, and Caitie Brennan, just thank you. You've kept me sane through this process with your visits, texts, calls, chats, and constant support, laughter, and love in my life. Words can't express how much you mean to me. My life is better because you are in it.

And finally, to my family- most especially Mom, Dad, and Mike- thank you for instilling in me the values that make me a good therapist, and more importantly a good person; for listening to me babble on about this work that I'm so deeply passionate about; and for your constant, never-ending support of this passion- financially, physically, mentally, emotionally, completely. You never stop believing in me, and you've taught me to believe in myself. **I love you more.**

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Introduction

Emotions are primary units of communication and connection for individuals engaging in any social context. It is an essential feature of our humanity that we can experience emotional reactions to the world around us, communicate those feelings to one another, and identify, understand, and be affected by them in others. The ability to experience, communicate, and understand emotions enriches and deepens our interpersonal experience and is necessary for effective and competent social interactions.

The development of emotional skills occurs in parallel to other human developmental processes, including physical, cognitive, and social growth, as well as play development. While play is considered by many theorists a massive, elusive construct, it is clearly an essential feature of childhood and development, seen consistently, though with slight differences, across cultures and even species. Though play takes time and energy, may involve risks, and often appears to be without goals or motivations beyond pure enjoyment, it is a highly observed, distinguishing phenomenon in childhood. And it very well may help shape the rest of our developmental experiences, either through its own features and content, or through the environment and conditions it creates, allowing for flexibility, experimentation, and growth.

This study explores the relationship of play processes to the development of *Affective Social Competence* (ASC), a construct, defined in full next, which essentially describes the development of emotional regulation, expression, and understanding in social contexts (Halberstadt, Denham, & Dunsmore, 2001). Through review of the literature, this study establishes play as a therapeutic process in its own right and an essential feature of the practice of drama therapy, and evaluates research into the

relationship between play and ASC. This study goes on to recommend and describe a potential intervention, using play processes indicated by the research, to develop ASC in children. While the intervention is purely theoretical, and has not been implemented or evaluated, it is hoped that it lays the groundwork for further investigation into the benefits of play, especially play with therapeutic intention and framework, for social and emotional development, in childhood and across the lifespan.

Methodology

The primary research question for this study is: How can play, in the context of drama therapy, support children to build ASC? A substantial body of literature indicates correlation between characteristics of play experiences and skill in ASC and its components, but at this time, no specific models using play to target ASC skills exist for evaluation. This paper seeks to fill that gap by proposing a model of drama therapy, supported by the literature, which uses play to intentionally build skills in ASC.

Theory and clinical practice are intimately related, and often inform one another (Bruscia, 2005). This study uses methods drawn from both theoretical research, namely the integrative literature review (Whittemore & Knafl, 2005), and intervention research (Carroll & Nuro, 2002; Fraser & Galinsky, 2010).

Integrative Literature Review Methods

Integrative reviews allow researchers to synthesize related research using diverse methodologies. For the purposes of this study, a systematic literature search was conducted using the databases provided by Concordia University Libraries' Creative Arts Therapies Major Sources, namely: ERIC, ProQuest dissertations and theses,

PsychArticles (APA PsychNET), PsychInfo (EBSCOHost), and PubMed (Medline) (For a list of search terms and categories used, see Table 1).

Table 1

Integrative Literature Review Search Terms

Category	Term
Emotion Regulation	Emotion/al Regulation Affect Regulation
Emotion Expression	Emotion/al Expression Affective Expression
Emotion Understanding	Emotion/al Identification Emotion/al Knowledge Emotion Understanding Emotional Literacy Emotion Learning
Emotion Intelligence, Competence, & Development	Affective Social Competence Emotional Competence Affective Competence Emotional Intelligence Emotional Development

Articles were retrieved if they contained the words "Play" or "Drama" in combination with one of the above phrases in the title. A total of 46 artifacts (articles, theses, dissertations, and book chapters) were analyzed to form the body of data for this study.

This review focused on evaluating and synthesizing research outcomes and generalizing to an overall theory of the role of play in ASC development. Each category was reviewed, with a focus on relevant and significant outcomes, and a secondary focus on methodology. A matrix was created to record information from sources, including population, variables, significant findings, and methodological limitations, to reduce data and examine patterns (Whittemore & Knafl, 2005). Conclusions drawn are presented in a narrative format.

Intervention Design Methods

Intervention design proceeded according to the first two steps of the methodology developed by Fraser and Galinsky (2010): "developing problem and program theories, and designing program materials and measures" (p. 459). In the first step, "risk" and "protective factors" for the development of ASC are articulated, and based on the integrative review, specific features and characteristics of play are presented as "malleable mediators" which may be used to support the development of ASC (Fraser & Galinsky, 2010, p. 462). The second stage develops a manual, specifying goals, exercises and the overall process of the intervention. The manual designates the essential components of the intervention believed to be necessary to effect a change (Fraser & Galinsky, 2010). In pilot intervention research, the goal of a manual is "to define the treatment in broad strokes for preliminary evaluation of feasibility and efficacy" (Carroll & Nuro, 2002, p. 397). Long term goals and short term objectives for ASC development are defined. The intervention design includes elements that are "unique and essential," "essential but not unique," "recommended" and "proscribed" (Carroll & Nuro, 2002, p. 399). Specifying these components makes the model accessible to practitioners. Finally, the manual includes intervention strategies, as well as general delivery strategies.

The goal of this study is to identify the relationship of play to the development of ASC in children through a thorough examination and integration of current research, especially focused on play and drama as a vehicle for skill development. These results then form the theoretical basis for an intervention model using play and drama therapy to develop ASC in child populations who struggle with these skills. Goals, objectives, interventions, and therapeutic circumstances and procedures are described so that a

trained play or drama therapist could implement the model for clinical or research purposes. This model has not been tested, and is still in the realm of theoretical research, but this study lays the groundwork for future efficacy research. Play experiences and emotion skills are significantly related to one another; this study provides the necessary next step, in creating a foundation for experimental research using play interventions to develop ASC.

Play

"Play cannot be defined, because in play, all definitions slither, dance, combine, break apart, and recombine… Play is the free spirit of exploration, doing and being for its own pure joy" (Nachmanovitch, 1990, p. 43).

Definitions of Play

The concept of play is challenging to define for many researchers- it is a foundational human experience, but complex, elusive, and almost impossible to put into words. However, it is easily recognized by observers, with high inter-rater reliability (Pellegrini & Smith, 1998; Saracho & Spodek, 1998). In other words, we know it when we see it!

Nevertheless, many researchers have tried to capture the essence of play in a definition. A few are quoted by Saracho and Spodek (1998), including "Free expression for the pleasure of expression… superfluous actions taking place instinctively in the absence of real actions… activity performed for the immediate gratification derived, without regard for ulterior benefits… [and] activity in itself free, aimless, amusing or diverting" (p. 3).

Criteria to recognize play, include: "flexibility, positive affect, intrinsic motivation, and non-literality," (Krasnor & Pepler, 1980, p. 86) or personal motivation, spontaneity over goals, the use and manipulation of familiar or explored objects invested with meaning, non-literality, flexible rules created within the play, and active engagement of players (Rubin, Fein, & Vandenberg 1983; Saracho & Spodek, 1998). Several conditions for play seem to be necessary, including: "an atmosphere that is familiar (in

terms of props and people), safe and friendly, a minimally intrusive adult, and children who are free from stress, hunger, and fatigue" (Pellegrini & Smith, 1998, p. 52).

Play is defined by drama therapists as: "the laboratory for spontaneous experimentation within the transitional space of the imagination" (Lewis & Johnson, 2007, p. 459), and by play therapists as: "A process in which children discharge energy, express emotions and thoughts, prepare for life's duties, exert their will, achieve difficult goals, and relieve frustrations" (Landreth, Homeyer, & Morrison, 2006, p. 47). Play is free, spontaneous, creative, and engaged in for its own pleasure, but it also seems to have an innate driving force, and myriad benefits for development.

Types of Play

Theorists recognize a variety of types of play in a developmental progression, however classifications vary slightly. Piaget (1962) observed sensory-motor or language based *practice games*, *symbolic games* involving the representation of an absent object, and *games with rules*, which are in essence social. *Constructional games* bridge the gap between play and imitation or work. Smilansky (1968) identified *functional*, *constructive*, and *dramatic play*, and *games with rules*. Courtney (1989) indicated a detailed progression of stages of play and developmental drama, which include *identification*; *impersonation*, subdivided into *the primal act*, *symbolic play*, *sequential play*, *exploratory play*, *expansive play*, and *flexible play*; *the group drama stage*; and *the role stage*, including *role appearance* and *role truth* (pp. 94-98). These stages progress from newborn to 18 years of age. Slade (1995) simply divided play into *projected*, which involves the use of objects in relation to the child, and *personal play*, which involves the body in action. Pellegrini and Smith (1998) suggest that the main types of play are

exploratory, *fantasy*, and *locomotor*. Smith (2005) identifies: *physical activity play*, which includes *rhythmic stereotypies*, *exercise play*, and *rough and tumble play*, followed by *object play*, and *pretend play*, including *sociodramatic play*. Generally, it is accepted that we first play with our bodies and explore our environments, followed by play with objects, and finally, play with the imagination and the self, with a growing ability to engage in and create play with others. Each of these play types have individual functions in human development, and benefits for optimal growth.

Benefits of Play

Play is typically categorized on three types of criteria: content, origin, and structure (Piaget, 1962). Researchers have analyzed the costs and benefits, design, context, and effects of enhancement and deprivation of play to better understand its purpose and benefits, as well as examining play across cultures, in both animals and children (Pellegrini & Smith, 1998).

Play has physical benefits, providing opportunities for exercise and fitness, and for both expending excess energy, and relaxing to build energy back up (Barrett, 1991; Pelligrini & Smith, 1998; Saracho & Spodek, 1998; Smith, 2005). Animal studies also indicate play, and especially physical play, has neurological effects, including on neural maturation, synaptic differentiation, and development of brain structures (Barrett, 1991; Smith, 2005). It may have evolutionary origins, as it seems to recreate both nurturing and aggressive survival behaviors, either to discharge them or to enhance them for adulthood (Barrett, 1991; Pelligrini & Smith, 1998; Saracho & Spodek, 1998; Smith, 2005).

There are certainly a wide range of social benefits: animals use play to build social bonds and to establish dominance, through interaction, grooming, sexual and

aggressive play behaviors, and through play they are better able to send and receive messages and communicate with one another (Barrett, 1991). Children are encouraged to collaborate, cooperate, share, solve social problems, practice perspective-taking, and develop morality and friendship skills in play (Barrett, 1991). Winnicott (2005) has identified that play takes place in the potential space between the caregiver and the child, helping them develop a sense of self, and distinguish "me" from "not me." The child's earliest play experiences occur in a state of immersion with the mother, but guided by the transitional object, the first symbol of the mother, the child is eventually able to objectively perceive the object and begin to play with it, first alone in the presence of another, and later with someone else (Jennings, 2005; Sapienza, 1997; Winnicott, 2005). Parten's (1932) stages of social play development also illustrate this movement towards interactive play, identifying unoccupied, onlooker, and solitary play behaviors, followed by parallel, associative, and cooperative play.

Constructivist theories suggest play is related to the acquisition of knowledge, and the development of language (Saracho & Spodek, 1998). Piaget (1962) considers play to be primarily a cognitive process, through which children learn about the world through accommodation and assimilation. Play builds creativity, spontaneity, and divergent thinking, encouraging curiosity, exploration, problem solving and an experimental attitude towards one's environment. Play also helps build language skills through the use and transformation of symbols, the creation of stories, and the exercise of communication (Piaget, 1962; Barrett, 1991).

Dynamic theories indicate that play is used to develop coping skills and manage and regulate emotions. Psychodynamic theorists assert that play allows for the mastery

of emotionally evocative situations, and reduction of anxieties about future events (Barrett, 1991; Saracho & Spodek, 1998). Vygotsky (2002) believes play is most effective for the gratification of unrealized desires. In play, imagination and reality coincide and are held together. Therefore, things that cannot be in reality can in play, helping children build flexible attitudes towards the world and effective coping strategies for disappointment. Vygotsky believes that play is essential for optimal growth, creating a "zone of proximal development" for a child (p. 16). In play, the child is always "a head taller than himself," (p. 16), practicing mature behaviors and reaching for higher levels of being. Play encourages and supports this growth towards higher orders of thought and experience (Saracho & Spodek, 1998; Vygotsky, 2002).

In an extensive meta-analysis of existing research into the benefits of play, Lillard and colleagues (2013) examined more than 100 studies on play's relationship to: non-social cognitive aptitudes, including creativity, intelligence, problem solving, reasoning, and conservation; social cognition, or theory of mind; social skills; language; narrative skills; and self-regulation, including executive function and emotion regulation. They proposed three possibilities: play might be crucial to development, one of many routes to positive outcomes (equifinality), or it may coincide with another variable, which is driving the skill development (epiphenomenalism) (Lillard et al., 2013).

Overall, the study found low support for play's crucial role in development, though it wasn't entirely ruled out as the cause of development of reasoning, language, narrative, and emotion regulation skills. More research is needed in these areas. Play is likely equifinal, or one of many routes to the development of reasoning skills, and the same relationship is possible for social, language, narrative, and theory of mind skill

development. Play may be an epiphenomenon for the development of language, social, reasoning, and problem solving skills, and it seems to be most likely epiphenomenal for creativity, intelligence, conservation, and theory of mind skill (Lillard et al., 2013). This suggests that play may not be the actual change agent in developing a range of important skills in childhood. However, it is one effective path toward these skills, or may provide the necessary conditions for another change agent to build the skills, indicating its effectiveness as a vehicle for development. Other variables that are likely to be effective at building many of these skills are adult modelling and support, and play content (Lillard et al., 2013). Play and drama therapy, which use play intentionally, with developmental goals, the support and modelling of a trained professional, and shaping of play content to be most beneficial, may then be an effective way to build a range of skills in childhood.

Play Therapy

Play therapy is defined by the Association for Play Therapy as: "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (Nash & Schaefer, 2011, pp. 3-4). There are many theories and techniques within the field of play therapy, ranging from directive to non-directive, and working with individuals, groups, and parent-child dyads (Nash & Schaefer, 2011).

Four concepts guide the use of play as therapy in arts modalities. Play is: the main way children understand and explore their experiences; developmental, with fluid exploration; symbolic; and happens in both a physical space and in a metaphysical therapeutic space between the therapist and client (Cattanach, 1994). Virginia Axline's

(1947) seminal philosophy of play therapy was based on a deeply held belief that children have an innate drive to growth and self-actualization, which is best supported in a nurturing environment of acceptance and permissiveness, and that play is the child's best medium of self-expression. Her eight basic principles of play therapy are an important guiding influence for many practitioners, and include rapport, acceptance, permissiveness, reflection of feelings, returning responsibility to the child, non-direction, patience in the process, and the use of limitations only when necessary for maintaining safety and instilling a sense of responsibility in relationships (Axline, 1947).

A 2000 meta-analysis reviewed the effectiveness of play therapy treatments with a range of populations and difficulties (Bratton & Ray, 2000). Case studies indicate play therapy is effective for treating individuals with "schizophrenia, enuresis/encopresis, anxiety disorders, trichotillomania, selective mutism, withdrawn behavior, acting-out behaviors, sexual abuse, trauma and neglect, learning/academic problems, and various life adjustment problems" (pp. 47-48). The experimental research indicated at least partially positive results for all studies reviewed, but indicated that play therapy was most effective for "self-concept, behavioral adjustment, social skills, emotional adjustment, intelligence, and anxiety/fear" (p. 50).

Schaefer (1999) identified 25 curative factors in play therapy: "self-expression, access to the unconscious, facilitating learning, metaphorical insight, abreaction, catharsis, sublimation, alliance formation, attachment, relationship-enhancement, moral judgement, stress inoculation, counterconditioning, power/control, competence, self-control, creative problem solving, fantasy compensation, reality testing, empathy, behavioral rehearsal, accelerated development, sense of self, physical health, and

distraction" (pp. 8-12). Therapists can choose which therapeutic factors are most applicable for a client, and target them in their subsequent work through play therapy (Schaefer, 1999). Eight therapeutic powers for play therapy have also been identified: "Communication, emotional regulation, relationship enhancement, moral judgement, stress management, ego boosting, preparation for life, and self-actualization" (Nash & Schaefer, 2011, p. 4).

Play in Drama Therapy

In her 1997 master's thesis, Sapienza used interview and case study data to compare and contrast the practices of play therapy and drama therapy on fifteen variables: "Materials, therapeutic relationship, goals, role of the therapist, phases, assessment, interventions, techniques, interpretation, directiveness, structure, distance, metaphor, types of play, and verbalization" (pp. 5-6). She found many similarities, especially in goals for self-expression, the container of the therapeutic relationship, the use of metaphor and symbol, as well as a variety of types of play, and the importance of verbalization of feelings, along with allowing the play to speak for itself (Sapienza, 1997). There were many similarities in the use of materials and the recognition of a beginning, working through, and termination phase, with some slight differences, in that drama therapists recognized the emergence of roles as a way to monitor progression through phases, and included costumes and props for role play more often than play therapists (Sapienza, 1997). Drama therapists were also more actively engaged in the child's play, versus play therapists, who, in the spirit of non-directiveness, waited to be invited to join (Sapienza, 1997). The largest differences were seen in the use of interpretation, which was more direct in play therapy than in drama therapy, the use of

techniques in assessments and interventions, and especially the concept of distancing, which seems to be unique to drama therapy. Drama therapists recognize a continuum of relationship to emotional material, from under-distanced, or extremely emotionally involved, to over-distanced, or cognitive and separated. They use dramatic tools, including projective devices, as well as direction in enactments, to modulate distance and help the client achieve aesthetic distance, or a therapeutic balance of emotional involvement and activation. This language seems to be unique to the field of drama therapy (Sapienza, 1997).

However, the use of play, and especially dramatic play, is a foundational concept in the practice of drama therapy. Jones (2007) considers playing one of the core processes in drama therapy practice. Play is used in drama therapy both specifically as interventions, and philosophically, generating an attitude of expressiveness and creativity within the therapeutic process (Jones, 2007). It is used deliberately as an intervention within a therapeutic treatment plan, as a vehicle for growth and change, as opposed to the unguided, spontaneous, natural play of children (Jones, 2007). Drama therapists use "sensorimotor/body play, imitation activities, play with objects, play with symbolic toys, projective work with toys in the creation of small worlds, rough and tumble play, make-believe play involving taking on characters, and games" in service of therapeutic goals (Jones, 2007, p. 168). Jones (2007) illustrates a developmental play-drama continuum including: sensorimotor., imitative, pretend, and dramatic play and drama, moving from simple engagement with one's environment, through the use of symbol and representation with objects, the body, and reality, to more sophisticated awareness and use of plot, character, and audience or witness.

Play is foundational to the practice of drama therapy. Dramatic play is the first phase in the Five Phase model, used to encourage spontaneity, creativity, and group cohesion (Emunah, 1994). Free play is central to Developmental Transformations, which uses levels of interpersonal play to encourage flexibility and free association (Lewis & Johnson, 2007). Role play is inherent in the practice of Role Method, and he cites it as a conceptual basis (Lewis & Johnson, 2007). Irwin, Gersie, Cattanach, and Jennings have all made seminal contributions to both the fields of drama therapy and play therapy in their work with children (Sapienza, 1997; Lewis & Johnson, 2007). Play is a significant vehicle for the change processes of the modality (Jones, 2007). "Drama therapy accesses the therapeutic effects of both creative drama, in that it expands one's empathy and perspective taking ability, and dramatic play/play therapy, in that it facilitates behavioral changes and learning skills" (Manning, 1993, p. 13; Sapienza, 1997, p. 36).

Affective Social Competence

Emotions form an essential component of social interactions. They provide a structure for us to conceptualize and communicate about our own experiences and those of others, and to share our internal experiences in the social realm. Halberstadt and colleagues (2001) created a detailed model of emotion skills at play in adept social functioning.

ASC is a dynamic model highlighting three interconnected components, supported by four necessary abilities in each. It is defined as "the efficacious communication of one's own affect, one's successful interpretation and response to others' affective communications, and the awareness, acceptance, and management of one's own affect," (Halberstadt et al., 2001, p. 80). According to the construct of ASC,

proficient social interaction requires the ability to *send emotional messages*, *receive emotional messages*, and *experience emotion*, or practice *emotion expression*, *emotion knowledge*, and *emotion regulation* in relationships with others (Halberstadt et al. 2001). In all three, one must: 1. demonstrate awareness of the relevant affective state; 2. identify the affective state; 3. embed it into the social context, including an awareness of appropriate display rules and norms, the background of the social interaction, and its continuing flow; and 4. manage the affective state itself in its communication, reception, or regulation. The skill of management also requires: managing the clarity and conciseness of the emotion, and both false and real signals for relevance, appropriateness, and usefulness in the social interaction (Halberstadt et al., 2001) (see Figure 1).

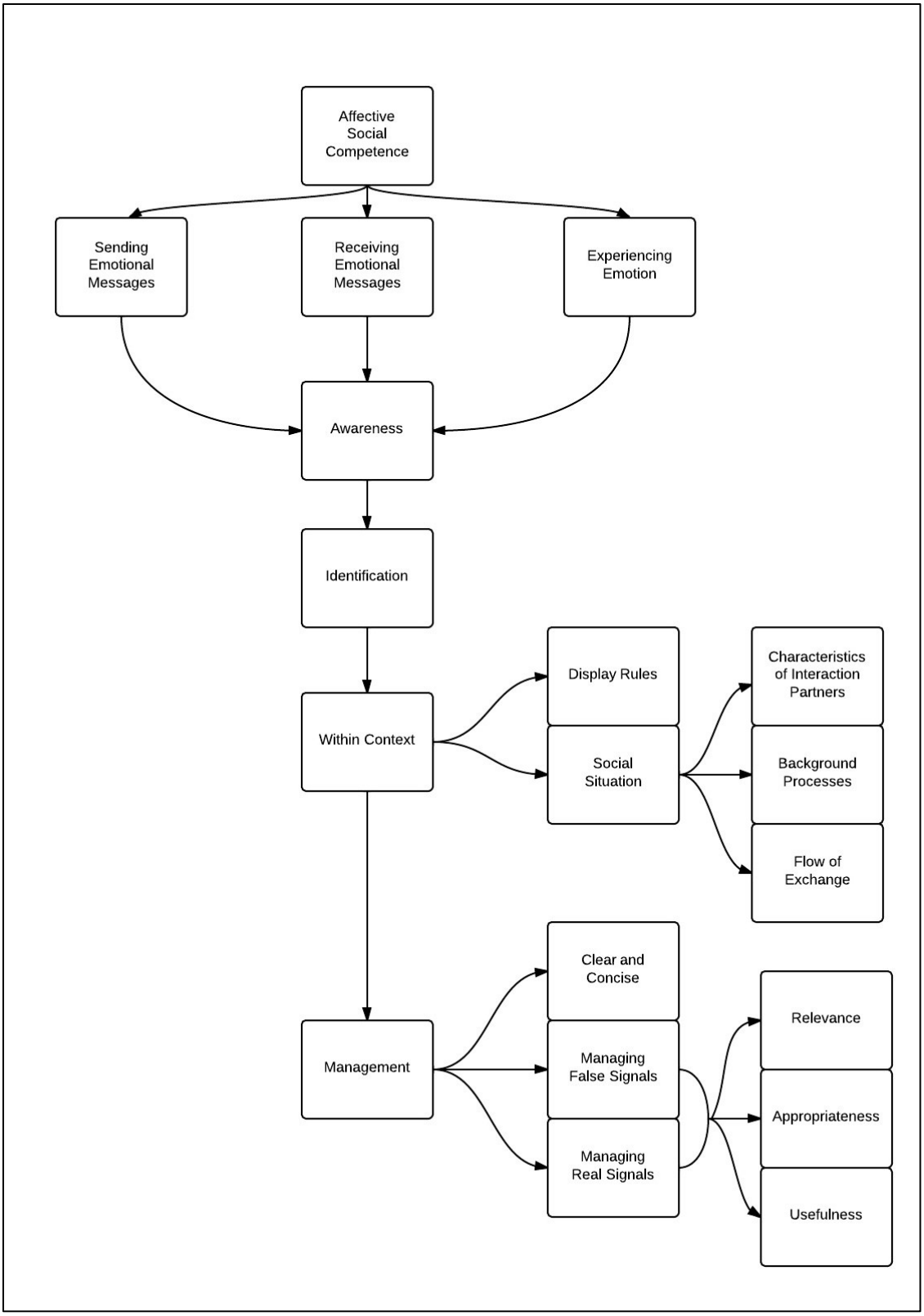

Figure 1. Flowchart describing the components of Affective Social Competence (Halberstadt et al., 2001)

Halberstadt and colleagues (2001) state that their model is cyclical and interconnected, with each component influencing the development and effective practice of another. They use the visual metaphor of a pinwheel, suggesting that triggers to set the model in motion can come from anywhere, and the activation of one component affects that of the others. A closer look at each component can help concretize the skills and competencies integral to the ASC model.

Sending Emotional Messages

To effectively communicate one's emotional experiences to others, it is necessary to first become aware that an emotional message should be sent (Halberstadt, et al., 2001). This includes both an internal, personal focus, including awareness of one's physiological and psychological experience, tuning in with one's body, mind, and heart, and an external, social focus, including awareness of one or more others as target for an expression, awareness of motivations and purposes for communicating, and goals or needs that could be met through the communication.

From there, it is necessary to identify the message to be sent, as well as the appropriate method of communication (Halberstadt, et al., 2001). This involves a range of skills, including utilizing a developed emotional vocabulary to match physiological and/or psychological experiences with the relevant emotion, identifying the target and goal of the communication, and crafting the message using a range of media, from verbal, or perhaps even written or electronic communication, to vocal tone, sound, facial expression, gesture, posture, or touch.

Next, one must utilize the macro and micro social context of the emotional communication (Halberstadt, et al., 2001). The intensity of the communication is

modulated based on the goal, the recipient, and the setting. Display rules and norms on a cultural, societal, interpersonal/relationship, and individual/personality level influence the appropriate sending of an emotional message. As the message is being sent, and after, one monitors the social interaction itself- the recipient, reactions, influence of the setting and context, etc.

Finally, one must manage the process of sending the emotional message (Halberstadt, et al., 2001). It is necessary for the message to be clear and concise, for it to be received and interpreted successfully (Halberstadt, et al., 2001). We must evaluate the signals we send for their relevance, usefulness, and appropriateness. And these signals apply to both real and false signals- there are times when sending false signals may be considered to demonstrate higher levels of ASC: when we mask our disappointment at losing a game, and enthusiastically congratulate the winner, for example (Halberstadt, et al., 2001). According to the model of ASC, we must send the signals that are most relevant and helpful to the social interaction at hand, and mask both the signals that are relevant but inappropriate or not useful, as well as those that are irrelevant to the social interaction at hand. We must be able to evaluate the relevance, usefulness, and appropriateness of the messages we might send, authentically or in-authentically, and apply them within the social interaction (Halberstadt, et al., 2001).

These interconnected skills happen almost instantaneously as we communicate emotional messages socially, and the degree of finesse with which we employ the skills is related to our developmental progress and social and emotional maturity (Halberstadt, et al., 2001). One cannot identify appropriate emotional messages without first being aware of the need to send one, and children are likely to have a less sophisticated awareness of

social conventions and subtleties, as well as real and false signals, and message simplicity and clarity than adolescents or adults.

Receiving Emotional Messages

Identifying and decoding emotional messages from others requires skills in perception, perspective-taking, and interpretation. One first becomes aware of an emotional message being communicated by another (Halberstadt, et al., 2001). Signals might include: facial expression, use or lack of eye contact, body posture and space, gesture, sound, tone of voice, verbalization, use of silence, or written or electronic communication. It is important to also note the surrounding social context and situation, and consider possible intentions of the communication.

Next, one identifies the meaning of the message, matching it to an appropriate emotion (Halberstadt, et al., 2001). This requires skill in emotion recognition and labeling, or emotional literacy. It may also be necessary to identify both overt and covert emotional messages, as people are not always direct or clear in the way they express emotion (Halberstadt, et al., 2001).

The message is then placed within the social interaction context (Halberstadt, et al., 2001). One must evaluate the intensity and quality of the communication as related to the situation, examining its relationship to expected display rules within the social environment, as well as hypothesize about the purpose for the communication, intended goals of the sender, and desired and/or appropriate response options. It is also necessary to recognize the individual differences that might occur in the sending of an emotional message. Here, skills in perspective taking and theory of mind, or being able to place oneself in another's shoes, to perceive their experience, are essential (Halberstadt, et al.,

2001). The message should also be evaluated based on background processes, such as location, relationship between sender and receiver, others present, time, social situation, etc. Considering the social interaction itself, including precipitating events and possible goals can also help to help decode the message accurately.

Finally, one must manage the receipt of the message, recognizing signals appropriately within macro and micro social contexts, and understanding the message without the need for repetitions or clarifications (Halberstadt, et al., 2001). One must also manage false signals, identifying them and either ignoring or acknowledging them based on what is more beneficial for the success of the social interaction, as well as real signals, which should also be evaluated for relevance and usefulness (Halberstadt, et al., 2001). Relevant signals should be accepted, and likely acknowledged. Depending on the goals of the social situation, unhelpful messages, such as mixed feelings, should be acknowledged or ignored as appropriate. It is important to avoid over or under interpreting emotional expressions as well (Halberstadt, et al., 2001).

Experiencing Emotion

The experiencing emotion stage begins much like the sending emotional messages stage: with the awareness of an emotional event, based on physiological or psychological experiences and precipitating factors, as well as the social context and goals of the situation (Halberstadt, et al., 2001). Usually one can identify the general valence of the emotional experience as either positive or negative based on these initial signals (Halberstadt, et al., 2001). It is then necessary to identify the emotion, matching the physiological and psychological signals to a possible emotion and exercising emotional literacy. It is important to accurately interpret the emotional experience, and to notice

nuances between similar emotions to make the distinction. It may also be useful to identify goals within the social setting as well as possible coping resources and strategies in the situation, both internal and external.

One must then begin to understand the emotional experience within the social context (Halberstadt, et al., 2001). Awareness of display rules, such as using appropriate emotion scripts for the social situation, as well as applying appropriate and effective coping resources as necessary is essential (Halberstadt, et al., 2001). It is also necessary to continue to manage the interaction flow, through acknowledging differences in the experiencing of and reaction to emotions between interaction partners, awareness of background processes that might affect the experiencing of emotion either positively or negatively, such as location, time, social setting, and the presence of others, and awareness of the overall flow of the interaction and how it affects the experiencing of emotion, perhaps including any relevant precipitating events, contexts, goals, and the relationship itself (Halberstadt, et al., 2001).

The final step is the process of actually managing one's emotional experience, practicing emotion regulation. The authors note that a clear definition of emotion regulation is not agreed upon by most researchers, but most agree that it does not always involve decreasing emotional intensity; at times when it is socially advantageous, it may be necessary to amplify one's emotional experience as well (Halberstadt, et al., 2001). In ASC, it is necessary to have a clear experience of emotion, as opposed to either ruminating on or dismissing an emotion (Halberstadt, et al., 2001). As well, we must manage any false self-signals that don't reflect our true feelings, and manage our real signals, retaining or enhancing those that are relevant and helpful, diminishing relevant

but not helpful emotional experiences, and inhibiting signals that are unhelpful in the social context (Halberstadt, et al., 2001).

Target Populations

Three specific populations that might experience difficulties with ASC have been identified (Halberstadt et al., 2001). First, individuals with *autism spectrum disorders (ASD)* seem to have difficulty sending emotional messages appropriately, experience challenges receiving emotional messages, perhaps at the awareness or identification level, and may struggle with managing emotions, especially within social contexts (Halberstadt, et al., 2001). Similarly, children diagnosed with *behavior disorders* typically struggle with impulsive and aggressive, or withdrawn and anxious social behaviors. Their emotional messages seem more negative, and they act in ways that are more socially inappropriate, externalizing or internalizing difficult emotional experiences. They may be less aware of their social surroundings, and are limited in the ways they receive emotional messages from others, and their awareness and control over their own emotional experiences can be either extremely low or extremely high, leading to limitations in experiencing and regulating their own emotional states appropriately (Halberstadt, et al., 2001). Finally, children who have *experienced maltreatment, abuse, and trauma* have a range of impoverished emotion skills, including an underdeveloped emotional vocabulary and difficulty naming emotional states or communicating emotional messages, challenges recognizing emotion in others, and difficulty managing their own emotions, especially when they intersect with those of others, such as a caregiver or other influential adult (Halberstadt, et al., 2001). Because their boundaries between "me" and "not me" have been violated, they struggle to distinguish between

their own emotional experiences and those of others. Further work with these populations might enhance researchers' understandings of the developmental trajectory of ASC, the linkages between components, and the creation of interventions to build ASC. The intervention created here will specifically address these populations.

Self-Factors

Ten "self-factors" play a role in one's propensity for and developmental trajectory of ASC (Halberstadt et al., 2001). These include: "worldview, self-concept or self-schema, demeanor, temperament, process orientation towards relationships, knowledge of display rules, knowledge of implementation strategies, motivation to interact with others and be skilled in those interactions, and behavioral and schematic flexibility" (Halberstadt et al., 2001, p. 105). These self-factors suggest that an individual's personality characteristics, social preferences and tendencies, perceptions and ways of being perceived, as well as intrinsic or taught social awareness and ability all play influential roles in the development of ASC.

Related Models

ASC is compared to, and distinguished from, several other models of socio-emotional skill, including *social competence*, *emotional competence* (Saarni, 1990, 1997, 1999), *emotional intelligence* (Mayer & Salovey, 1997), and *social information processing* (Crick & Dodge, 1994). Social competence is distinguished from ASC because of its broader focus on a range of skills necessary for effective social interaction, without the specific attention to emotion-related skills (Halberstadt, et al., 2001). Social information processing, similarly, explores the ways we encode and decode messages, including emotions, viewing the process from a communication and behavior standpoint

(Halberstadt, et al., 2001). Emotional intelligence acknowledges the importance of recognizing, understanding, expressing, and regulating emotions, but considers it a facet of general intelligence, and mostly focuses on the building of these skills individually, as opposed to within relationship (Halberstadt, et al., 2001). Emotional competence (EC), perhaps the most similar construct to ASC, lays out eight skills necessary for effective emotional functioning: awareness, recognition, use of emotion expression language, empathy, understanding that inner state does not always match expression, coping and self-regulation, centrality to relationships, and emotional efficacy in control and accepting of one's own emotions (Halberstadt, et al., 2001). EC also acknowledges the internal and external factors that influence the development of these skills. The construct of ASC breaks down the development of emotion skill into discrete steps, acknowledges the transactional nature of the skills, as well as their development within relationship and social interaction with others, and articulates a streamlined model to illustrate this dynamic, developmental learning process (Halberstadt, et al., 2001).

Criticism and Reponses

Eisenberg (2001), in her response to the initial model of ASC, proposes that experiencing emotion, or emotion regulation, is the central skill within the model, and a necessary precursor to effective emotional expression and understanding , as well as general social interaction. Effective emotion management prevents us from sending inappropriate messages or misinterpreting messages from others due to over arousal. The review also suggests that the model describes what effective ASC looks like but could better articulate specific skills necessary, such as emotion regulation and social cognition. Eisenberg notes the absence of proactive coping skills in the experiencing emotion

dimension, and suggests that those who can manipulate their environment and experience to anticipate and prepare for emotional experiences before they occur show exceptionally high skill in this domain. Finally, the review discusses self-factors related to ASC, reflecting on both personal factors, such as shyness, and cultural values and differences and their influences on the development of ASC (Eisenberg, 2001).

Saarni (2001) mentions similar elements that could enhance the model of ASC, namely a discussion of the way children acquire skills to make meaning of symbolic emotional communications through cognitive processing. This critique suggests that experiences of "language, narrative, representation, scripts, and discourse" allow children to learn how to make meaning from abstract signals of emotion, and eventually to control and utilize them to communicate socially (p. 126). Developing the ability to use an "emotion laden lexicon," including both emotion labels and metaphor, as well as theory of mind and perspective taking skills are necessary for the development of ASC as well (p. 126). Saarni also explores additional contextual factors that may play a role in the way ASC manifests, including power and status, degree of closeness in the social relationship, degree of desire for emotions to be public or private, and an individual's goals in self-presentation. Finally, Saarni suggests that any construct that explores competence must articulate specific goals for development and measurement, though she highlights the frequently subjective nature of this process, and suggesting that morals and value judgements can help navigate this process (Saarni, 2001).

Halberstadt, Dunsmore, and Denham (2001) replied to these critiques. They first agreed that emotion regulation is an essential skill, but maintained their stance on the transactional, cyclical nature of the ASC model, citing instances where expressing

emotion can help one regulate, as much as regulation is essential to emotional communication, for example. In individual skill development, emotion regulation may be central, but in social context, interaction of the three skills is necessary (Halberstadt et al., 2001). They also suggest that the ability to implement proactive coping skills may be contained within the articulated self-factors, as this skill would rely on creativity, flexibility, and motivation (Halberstadt, et al., 2001). Halberstadt and colleagues agree that adequate schemas for conceptualizing emotional meanings should be added to the list of self-factors relevant to ASC, but suggest shyness is difficult to measure, and is encompassed by the existing "demeanor." They state their goal was to articulate the model in clear and measureable terms, so that in the future, strategies for observing, assessing, and supporting the development of ASC could be explored more fully.

Current Research

Limited research has been conducted utilizing the construct of ASC. Three separate studies have explored the ways gender affects the relationship between ASC and peer relationships (Dunsmore, Noguchi, Garner, Casey, & Bhullar, 2008), the role of parents' beliefs and attitudes about emotions on developing aspects of ASC, specifically emotion recognition (Stelter, 2010), and the relationships of different types of play to levels of ability in all three components of ASC (Lindsey & Colwell, 2013), respectively.

Gender. Dunsmore and colleagues (2008) evaluated preschool children's level of skill in the three domains of ASC as related to sociometric measures of peer relations, specifically popularity and reciprocal friendships. Forty-two unacquainted children, ages 3.5-5 were enrolled in a weeklong playschool program. Their social interactions were videotaped, and initiation and conflict interactions were coded for ASC behaviors.

Children also participated in an emotion knowledge pretest, which measured expressive knowledge (labeling a facial expression image), stereotypical emotion knowledge, (identifying a puppet's emotion after a short vignette), and nonstereotypical emotion knowledge (identifying a puppet's emotion after a short vignette, in which the puppet reacted differently than the child would have in the situation, based on a parent report). Finally, after the playschool week, children were interviewed about their relationships with peers in the group (Dunsmore et al., 2008).

Results indicated patterns of gender differences. Specifically, higher sending and experiencing scores were associated with friendship for girls, while nonstereotypical emotion knowledge was associated with friendships for boys. As well, nonstereotypical emotion knowledge predicted peer acceptance for girls, while higher experiencing skill as compared to the small group they primarily interacted with, predicted lower peer acceptance for boys (Dunsmore et al., 2008). The authors hypothesize boys who regulated their emotions at high levels might have been perceived as disengaged by their peers (Dunsmore et al., 2008). Overall, findings indicate that there may be observable gender differences in the ways that ASC is related to peer relationships for children; reciprocal and individualized emotion communication is necessary for girls, while perceived engagement and awareness of individual differences are important for boys (Dunsmore et al., 2008).

Parents. Stelter's (2010) dissertation investigated the effects of parent's beliefs and behaviors as related to emotions of anger and sadness, on the development of children's ASC. Parents of fourth and fifth grade students were asked about their beliefs of both the value and danger of anger and sadness for children. They then participated in

an emotion-story-sharing board game with their children, and observers noted their encouraging and discouraging behaviors discussing and expressing anger and sadness. Children were also rated on their emotion recognition in a photo task (Stelter, 2010). While no significant correlations were found, patterns indicate that parents are important socializers of children's emotion skill, and therefore ASC. It seems important for parents to be open to exploring difficult emotions like sadness and anger with their children to develop well rounded abilities to identify and use emotions socially. As well, children may indicate to their parents a desire to explore difficult emotions (Stelter, 2010).

Play. Lindsey and Colwell (2013) were the first to investigate the relationship of play to the development of ASC in preschool children, providing the inspiration for this paper. The study followed 122 children of roughly five years old. The children were evaluated for: receptive language skill; emotion knowledge skill, calculated by averaging their ability to label facial expressions in photographs and line drawings (emotion recognition), and their ability to hypothesize emotion from a vignette (emotion situation understanding); and emotion regulation skill based on a mother report of "soothability" and "emotionality" (p. 339). Emotion expression scores were taken from systematic videotaped observations of the children's interactions in a university childcare program over two years. Intensity of each instance of positive and negative emotion was rated on a scale of one to five, and averaged to create a composite emotion expression score (Lindsay & Colwell, 2013).

The videotaped observations were also coded for the amount of time children spent engaged in play, specifically physical and pretend play. Five categories of play were observed:

> (1) *exercise play*: gross locomotor movements that occur in the context of play and are characterized by physical vigor but that may or may not be social (e.g. running, jumping, climbing, swinging, tumbling) and may or may not involve objects (e.g. balls, bats, tricycles, monkey bars); (2) *R&T [rough and tumble] play*: any playful contact or agonistic behavior that is performed in a playful mode, that is social in nature (e.g. tickling, wrestling, boxing, play fighting, kicking, hit and run, chasing), and that is characterized by positive emotion; (3) *fantasy play*: using play objects to represent other objects, including verbal relabeling of objects; (4) *sociodramatic play*: assuming play roles, including role transformations; and (5) *other play*: any play activity not fitting into one of the above categories (i.e., functional, construction, singing, drawing) (Lindsey & Colwell, 2013, pp. 341-342).

Every thirty-second interval a child was engaged in one of these types of play was recorded, and play could be counted in multiple categories simultaneously. Scores were summed and divided by total play time for a proportion score for each type of play. Thus, Lindsey and Colwell (2013) compared children's abilities in emotion knowledge, regulation and expression with the amount of time they spent engaged in exercise, rough and tumble, fantasy, and sociodramatic play.

Researchers investigated correlations between play types and ASC domains at the beginning and end of the child care program, compared changes in correlations between time one and time two, ran regression analyses to determine which types of play predicted ASC skill, and investigated gender interactions.

Results indicated that high levels of sociodramatic play are related to greater positive emotion expression and less negative emotion expression in both boys and girls. The correlation between sociodramatic play and positive emotion expression dropped below significant levels for boys at time two, but it was not significantly different than time one (Lindsay & Colwell, 2013). Sociodramatic play significantly contributes to increased positive and decreased negative emotional expression in boys and girls. It predicts greater positive emotional expression in boys (Lindsay & Colwell, 2013). Rough and tumble play was also positively correlated with boys positive emotion expression, and significantly contributed to greater positive and negative emotional expression. Specifically, it seems to predict greater overall emotion expression in boys, and less overall emotion expression in girls. It predicted greater positive emotional expression in boys, and marginally lower positive emotional expression in girls (Lindsay & Colwell, 2013). Finally, exercise play was positively correlated with positive emotional expression, and negatively correlated with negative emotional expression in both boys and girls, and predicted lower levels of negative emotion expression (Lindsay & Colwell, 2013).

Fantasy and sociodramatic play were positively correlated with emotion knowledge in girls, and at time two, the same correlation was found for boys, in rates that were significantly different than at time one. Both types of play significantly predicted emotion knowledge, though slightly more for girls (Lindsay & Colwell, 2013). Rough and tumble play was also positively correlated with emotion knowledge for boys, but not significantly (Lindsay & Colwell, 2013).

Sociodramatic and fantasy play were both positively correlated with emotion regulation for girls at time one, but this relationship did not hold at time two, and was significantly different than time one (Lindsay & Colwell, 2013). Rough and tumble play was significantly correlated with emotion regulation for boys, and though the same relationship was not found at meaningful levels for girls, the relationship was not significantly different in girls than in boys (Lindsay & Colwell, 2013). Exercise play also positively correlated with emotion regulation for both girls and boys (Lindsay & Colwell, 2013). Overall, sociodramatic, rough and tumble, and exercise play predicted emotion regulation skill, with no significant gender interactions (Lindsay & Colwell, 2013).

Overall, these results indicate an important and significant relationship between physical and pretend play experiences and the development of ASC skill in children. The specific patterns of relationship, including physical play and emotion regulation for boys and girls, and expression and knowledge for boys especially, and pretend play and emotion expression and knowledge for both boys and girls, to varying degrees, lay the groundwork for the intervention developed here.

Literature Review

The results of Lindsey & Colwell's 2013 study indicate that pretend and physical play make important contributions to the development of ASC. Additional investigation into existing literature on this topic was undertaken, and the results are presented here, in a narrative, integrative literature review. The relationships of play and drama to components of ASC are described, beginning with experiencing emotion, or emotion regulation, following the comments of Eisenberg (2001) that it may be a foundational skill to ASC. Certainly, the awareness of emotions is the first step in all three

components of ASC (Halberstadt et al., 2001). This is followed by exploration of play and drama's role in emotion expression and emotion understanding, followed by other related models, including emotional intelligence, competence, and development. It should be noted that this review focuses on significant results, and was conducted by a drama therapist who believes in the benefits of play and its relationship to the target skills, which may have unintentionally allowed for some bias in its creation.

Emotion Regulation

Fifteen studies from 1997 to 2013 explored the relationship of play and drama to emotion regulation. Eight were correlational studies, with one study comparing groups. One study was a qualitative review of a group process, one proposed an intervention, and four reviewed existing literature in the field. Most studies focused on children ages 2 to 10, with two studies exploring adolescents ages 13 to 16.

Emotion regulation is defined as "the process by which children monitor and control their emotional states and their expression to adapt to different social situations or demands," (LaFreniere, 2013, p. 183). It includes extrinsic and intrinsic strategies to either amplify or inhibit emotion, depending on social needs and goals (Tobin, Sansosti, & McIntyre, 2007). Factors in development include bio-behavioral processes such as heart-rate and hormone production, temperament, interaction, and socialization, including attachment, social referencing, and peer engagement (Tobin, Sansosti, & McIntyre, 2007). Play is likely to be an important factor in developing emotion regulation. Both animal and child studies indicate that despite its energy, time and vulnerability costs, it is an important activity for young to engage in, suggesting important benefits, such as fitness, energy modulation, exploration and establishment of social roles, practicing and

internalizing cultural skills and values, building social bonds, and developing skills in emotional expression and control (LaFreniere, 2011; 2013). Active play, and especially rough and tumble play with another seem to have an especially important role in this development (LaFreniere, 2011; 2013). Emotion regulation skill development can be supported by parents, teachers, and significant adults through preventative actions such as offering structure and genuine attention and validation of emotional experiences, teaching affective and behavioral skills, and using interventions which focus on identifying the functions of behavior and positive discipline tactics, designed to increase appropriate behaviors and decrease problem behaviors, replacing them with more effective ones (Tobin, Sansosti, & McIntyre. 2007).

Children, and especially girls, who engage in frequent pretend play, and demonstrate organization, imagination and comfort tend to be rated as having higher emotion regulation skills (Galyer & Evans, 2001; Hoffman & Russ, 2012). Expressing more affect, a greater range of affect, and more positive affect, as well as being able to handle an emotionally arousing event in play, and continue playing, are also all related to higher emotion regulation abilities (Galyer & Evans, 2001; Hoffman & Russ, 2012). Level of play skill may not be related to emotion regulation skill beyond expected parallel developmental growth (Seaborne-Borda, 2010).

Emotion regulation skill does seem to be related to how well children play with others, however. Children from an early intervention preschool program who were more emotionally labile were more likely to be disruptive or disconnected in their play with peers, while children with higher levels of emotion regulation were more likely to play interactively (Cohen & Mendez, 2009). Interestingly, children who engage in reticent

behaviors, observing but unoccupied in play of their own, were found to have higher emotion regulation skills, while children engaged in solitary play did not, which may indicate that emotion regulation is required to approach and observe the play of others (Spinrad et al., 2004). It is worth noting that gross motor play without objects was categorized as reticent behavior, which may lend support to the idea that physical play is related to emotion regulation skill, though it was not investigated specifically (Spinrad et al., 2004). A 2007 review of research indicates that solitary passive play, such as reading, puzzles, and art, is related to problem solving skills, peer acceptance, and emotion regulation, while active play is related to peer rejection and externalizing, and reticent behavior is related to anxiety and internalizing (Cheah, Nelson, & Rubin, 2007). Play patterns are related to dispositional factors, neurological factors such as brain shape and chemistry, and social factors including culture and parenting (Cheah, Nelson, & Rubin, 2007).

Parents as play partners are strongly related to emotion regulation skill development in children. In a study of infants at three and nine months and two years, infant affect expression, maternal synchrony, or mirroring of the infant, and maternal affect attunement all predicted symbolic play skill later, as well as the ability to talk about internal states, an important component of affect regulation (Feldman & Greenbaum, 1997). Children that pretend with their parents frequently, ideally daily, demonstrate higher emotion regulation than those who don't (Galyer & Evans, 2001). Rough and tumble play (RTP), especially, seems to benefit from an involved parent partner; Flanders and colleagues (2010) found that children who engage in RTP with a father who demonstrates "low dominance" in the play are more likely to have poor emotion

regulation skills and high levels of physical aggression up to five years later. The same relationship was not found with fathers who were more dominant in the play, suggesting that these fathers were able to contain their play, and may have modeled or taught emotion regulation and coping skills when play became aggressive or out of control (Flanders et al, 2010).

Creativity, too, is related to emotion regulation (Yeh, 2008), indicating that creative interventions may be a positive way to build these skills. Yeh (2008) also noticed a relationship between creative drama opportunities in a Taiwanese classroom and creativity, suggesting that emotion regulation could be built through creativity and drama. Goldstein (2010) found that preadolescents and adolescents in acting classes made gains in empathy and emotional expression, as well as exploring other emotion regulation options, such as suppression and disengagement. The acting classes did not explicitly teach these skills, but instead seemed to focus on physicality, character motivation, and perspective-taking, which may have indirectly supported the students' emotional growth. Turner (2005) advocates for the integration of art, play, and storytelling interventions with Eye Movement Desensitization and Reprocessing (EMDR) practices for building affect regulation strategies in children, suggesting that creative interventions are the best way to integrate cognitive processing with emotional expression. Interventions can incorporate the EMDR's rhythmic eye movement and tapping with drawing, storytelling, metaphors, imagery, projection, embodiment, and games (Turner, 2005).

Finally, playback and forum theatre techniques have been used successfully to help adolescent immigrants and refugees build emotion regulation skills. In their

qualitative study of a group process, Moneta and Rousseau (2008) indicate students had underdeveloped intrinsic regulation skills, but used storytelling, music, enactment, humor, active participation, and ritual container to build collective regulation strategies, supported by traditional interventions like emotion labeling and empathy building.

Taken together, these studies indicate that play is an effective vehicle for building emotion regulation skills. There is some support for the use of both pretend and physical play, including rough and tumble play, for the unique contributions they make in allowing children to experience and modulate emotional arousal. Attentive adult support as well as peer interaction seem necessary for emotion regulation development. Dramatic and creative interventions seem to support this growth as well, and provide a container for collective emotion regulation.

Emotion Expression

Thirteen studies from 1977 to 2012 explored the relationship of play and drama to emotion expression. Four were correlational, three compared groups to one another, five offered case studies, and one reviewed current literature. Most studies focused on children ages 4 to 10, but one focused on infant affect expression and two explored interventions with adults.

"Play is a form of self-expression, and symbolic play is a vehicle for expressing feelings," (Landreth, Homeyer, & Morrison, 2006, p. 47). Children naturally use play to concretize, externalize, organize, and cope with their emotional experiences, modulating distance, discharging pent up emotion, experimenting with solutions, and mastering circumstances. Play media helps to facilitate this process: "Toys are like the child's words and play is the language of expression," (Landreth, Homeyer, & Morrison, 2006,

p. 48). Various types of play materials and processes can elicit and support different emotional experiences: For example, dolls and toy food can support nurturing play, animals and toy soldiers might allow aggressive play safely, and role play can help children to explore and make sense of situations beyond their experience (Landreth, Homeyer, & Morrison, 2006). Children's actions in play also facilitate the expression and containment of emotions. Humor and joy in play provide collective experiences of bonding and acceptance in a social context. Limit testing in play, on the other hand, can be an expression of anxiety, and when adults provide boundaries, children experience feeling contained by structure and expectation, as well as accepted and validated in their emotional experiences (Landreth, Homeyer, & Morrison, 2006).

Ability to express emotion in pretend play is related to the way children express emotions and engage socially (Kaugars & Russ, 2009). Children who pretend more often, more comfortably, and with higher quality have fewer internalizing problems, and integrate better with peers (Kaugars & Russ, 2009). These benefits are also seen in children who express more and a greater variety of affect in pretend play (Kaugars & Russ, 2009). Affect variety, frequency, and comfort in pretend play is also related to greater positive emotional intensity (Kaugars & Russ, 2009). Finally, affect, comfort, and quality in pretend play is related to divergent thinking skills, as well as primary process responses on the Rorschach test, indicating that children who play, and express emotion through play, may have higher creativity and problem solving skills, and explore and manage wish fulfillment through play (Russ & Grossman-McKee, 1990).

Children express more emotion in play than in non-play (Kim, 1996). Expressions of interest are most common in solitary and parallel play, especially

construction play, while joy is most common in cooperative social play, such as chase, games with rules, and rough and tumble play (Kim, 1996). Rough and tumble play is also related to higher expressions of anger and fear (Kim, 1996). A study of infant-mother play indicates that behaviors that validated and maintained the infants' play increased the infants' smiling and interest, while directive actions such as introducing new toys or redirecting attention reduced interest and smiling (Garner & Landry, 1994). There were some patterns related to the infants' high or low risk prenatal development, but these results indicate that allowing children to direct their play affords them greater opportunity to express emotions naturally.

A few studies have explored emotion expression in special needs populations. Children with autism spectrum diagnoses appeared to express less positive affect, and had more trouble affectively engaging with their parents in play than children with Down syndrome (Bieberich & Morgan, 2004). Children with Down syndrome who engaged in object play, and demonstrated more active exploration, showed more enthusiasm, engagement, and positive affect expression in play (Motti, Cicchetti, & Sroufe, 1983). As well, higher levels of symbolic play skill were related to earlier ages of appropriate emotional expression as infants (Motti, Cicchetti, & Sroufe, 1983). Finally, children with cerebral palsy express more imagination, more affect, and less negative affect in adaptive play conditions, where physical modifications are made to both the toys and their play postures to help them better engage in play (Hsieh, 2012). These results indicate that engagement in play, especially object play, in a way that is manageable and accessible, can support children from special populations to increase their emotional expression.

A few interventions explored the use of play and drama to increase emotional expression. A qualitative study found that the use of emotion labeled balls gave adults an opportunity to practice being emotionally expressive, and increased the expression of some emotions (Hoffman, 2003). Drama therapy interventions, including sound and movement, physicalization, improvisation, masks, text work, and exploration of personal stories, were used to increase emotional expression with a group of adult actors. Qualitative research and observation indicated that many of the actors in the group had restricted affect due to personal experiences. Processing these experiences in action helped them access a greater range of expressivity (Porter, 1996). Similar drama therapeutic work in the "Relationship Lab" with Vietnam veterans experiencing PTSD used projective enactment and role play to provide aesthetic distance and a dramatic container, allowing for the exploration of delicate, sensitive subjects, and greater flexibility, authenticity, depth, and catharsis in emotional expression (James & Johnson, 1996). These results were also observed in using playback and forum theatre processes, as well as emotion labeling and enhancement of positive emotional experiences with immigrant and refugee adolescents. Participants grew in their ability to express and name emotions directly through the process (Moneta & Rousseau, 2008). Finally, Harter (1997) used both dramatic play and a projective drawing activity to help a child organize conflicting but simultaneously held emotions.

This body of research indicates that pretend, projective, object, dramatic and role play experiences may be supportive in building emotion expression abilities in both children and adults, especially when the experiences are child-led and accessible to their level of development and ability. Experiences of externalizing and projecting emotional

experiences onto objects, images, or roles that can be manipulated support the expression and exploration of emotion.

Emotion Understanding

Only four studies from 1996 to 2011 investigated play and emotion understanding. Two were correlational, one was a case study, and one included features of both. All used toddlers, preschoolers, and early elementary school children, ages approximately 2-7.

First, play continues to be an important container for expressing and understanding one's own emotional experience. Peer play therapy offered to toddlers and preschoolers from at-risk family situations clearly demonstrated this phenomenon (Raya, 1996). Boys from high risk situations were more likely to express negative themes of anger, while the therapeutic container helped them manage the intensity of these emotions. A mixed gender group of children in state protective care emerged, exploring themes of fear, danger, and threat in their play, with joy growing over time. A third group of primarily females engaged with positive themes, like sharing, cooperation, joy, and love. All children seemed to improve in their complexity of emotion representation skill. The author suggests that they ways the children explored understandings of their own emotional experiences in pretend play might indicate "sources of both vulnerability and resilience for the storytellers" (Raya, 1996, p. 149). A similar case study observed that children in foster care used play with their biological mothers to explore emotional themes related to their real experiences (Haight, Black, Ostler, & Sendan, 2006). Pretend play offered opportunities for mothers to support their children in processing trauma, naming and identifying feelings, offering comfort, creating recapitulative experiences,

and encouraging hope for the future. When supported by a trained therapist, play can be an effective vehicle for processing emotional experiences.

Play is also related to understanding emotions in others. The ability to recognize, label, and predict emotions in photos and puppet vignettes was related to and predicted interactive play for boys, while poor skill predicted disconnected play for boys (Mathieson & Banerjee, 2011). Though these results were not replicated for girls, they may indicate that emotion understanding is a necessary precursor to social play. Alternatively, engagement in quality pretend play, including scenarios that are organized, elaborate, and imaginative, is correlated with abilities to describe one's own emotional experience and understand others' emotions (Seja & Russ, 1999). For girls, fantasy play and frequency of expressing affect in play was also related to higher skill in emotion understanding, but not for boys (Seja & Russ, 1999). Expressing emotion in play alone may not be enough to build emotion understanding; skills exercised in quality pretend play, such as perspective taking, may also be also necessary.

Play, and especially pretend play, offers children the opportunity to explore and come to terms with their own emotional experiences, as well as to practice perspective-taking and other cognitive processes to better understand the emotional experiences of others. Emotion understanding is also necessary to support competent social play in children, especially boys.

Emotional Competence, Intelligence and Development.

Emotional competence and emotional intelligence were both identified as models comparable to ASC. Additionally, emotional development seems to encompass many of the skills explored in this literature review. Three studies (2001-2011) investigating play

and drama and emotional competence were retrieved. Two were correlation studies with preschoolers and four and five- year olds, and one was a group comparison with 3 and 4 year olds. Three studies (2001-2011) investigated emotional intelligence experimentally with children aged seven to ten, a qualitative case study for children in grades one and two, and a theoretical preventative intervention for children in grades one to eight. Nine studies (1972-2009) were related to emotional development, including five literature reviews, three comparison studies with preschoolers, ages 3.5-5.5, and two interventions.

Socialization in play seems essential to the building of emotional competence. Children who engage in joint pretend play have higher understandings of emotions. Pretend play in girls was related to parent-rated emotion regulation, and teacher-rated emotional competence, while physical play in boys was related to emotional competence (Lindsey & Colwell, 2003). Boys in playgroups that involved both positive expression of and response to emotion had higher social competence as rated by parents and teachers. Positive playgroup members were more likely to be securely attached and have fewer externalizing behaviors, as well (Denham et al., 2001). An interesting trend emerged when exploring the relationship between children's sociodramatic play and their level of risk based on socioeconomic status (SES) (Bailey, 2011). For preschool children from low risk families, emotion knowledge increased and anger bias was reduced as amounts of sociodramatic play increased. However, for medium and especially high risk SES families, sociodramatic play was related to decreases in emotion knowledge, and increases in anger bias (Bailey, 2011). This suggests some qualitative differences in play for children from high and low risk backgrounds. Data came from free play situations, so structured interventions and support for emotional content might affect these results.

In the only experimental study found in this literature review, child-centered play therapy groups were offered to children with at least one Axis I diagnosis (Doubrava, 2005). While no measureable effects on emotional intelligence or behavior were found compared to a control group, evaluation questionnaires indicated that children and parents found the group to be a positive, supportive experience, and one that they would repeat and recommend to others (Doubrava, 2005). Children indicated they had fun, made friends, followed rules, and expressed feelings, while parents indicated growth in their children's ability to identify, express, and manage emotions, and reductions in problem behaviors (Doubrava, 2005). Observations of the groups indicated that children created a "social microcosm" in which they engaged with one another, built relationships, handled conflict, and developed emotional skills (Doubrava, 2005). Similar results were found in a qualitative evaluation of a group intended to build emotional intelligence, literacy, and self-esteem in first and second graders (Chasen, 2003). The researcher observed that the structure of play gave children the permission to safely explore emotions outside of what is conventionally accepted, that it both encouraged and contained a range of emotions, and affirmed them through a group experience. Indications of emotional intelligence growth were noted in evaluation measures, as well as parent and child responses at the end of the group (Chasen, 2003). A preventative intervention for school age children for emotional intelligence suggests that role-play is the best vehicle for emotional development, due to its opportunities for experimentation, self- awareness, and perspective-taking (Martin, 2001).

Many play and drama-based interventions are indicated for emotional development. Wolfgang (1983) found that children who were evaluated as physically

clumsy, fearful, or dependent engaged in more construction play with structured materials, like blocks, puzzles, or Legos, while children who were withdrawn engaged in construction play with more fluid materials, such as finger paints and sand. They hypothesized that these children were drawn to these types of play for their benefits- structured construction play can help children gain mastery over their environments, while fluid play may help a child be more expressive. Sensory play was also used to develop self-regulation and emotional expression and understanding skills, through play exercises, awareness and observation, and teachable moments (Maynard, Adams, Lazo-Flores, & Warnock, 2009). While there were no measurable changes in labeling or expressing emotions, researchers anecdotally observed growth in personal sharing about emotional topics, interactions with peers, and emotion learning (Maynard, Adams, Lazo-Flores, & Warnock, 2009). Researchers have indicated that play-based interventions may be effective for helping visually impaired children express internalized emotions, such as aggression (Tait, 1972), to systematically desensitize children with autism spectrum diagnoses to emotionally arousing experiences, and help them rehearse alternative coping strategies (Levine & Chedd, 2007), and to help children in daycare settings heal from prenatal and perinatal traumas (Maggs, 1997). A literature review of studies using drama to build social-emotional skills in special needs populations indicated increases in positive social interactions for children and adolescents with visual impairments, emotional-behavioral difficulties, learning disabilities, and social-emotional and cognitive challenges, but authors offered criticisms about research design, (Jindal-Snape & Vettraino, 2007). These criticisms could be extended to most of the studies reviewed here, indicating that more stringent research in this field is valuable and essential.

Research suggests evaluating socio-emotional and play skills may be a subjective process (Gagnon, Nagle, & Nickerson, 2007). Parents and teachers had low agreement on these measures, except for sensitivity, including children's coping mechanisms and abilities to play with others. Along with some procedural differences for measures evaluated, authors hypothesized that parents and teachers have different interactions, perspectives on behavior, and levels of tolerance (Gagnon, Nagle, & Nickerson, 2007). But play clearly has benefits in modulating energy, encouraging fitness, building problem solving skills, social bonds, and emotional competencies (Erickson, 1985). Through play, children organize emotional experiences, modulate distance, practice emotion skills, imitate role models, internalize emotion learning, master environments, and express and explore emotion in a socially acceptable way (Kwon & Yawkey, 2000).

> To be a self-confident and positive person, children use pretend play opportunities to learn to deal with their feelings, to have empathy for others' feelings, and to develop healthy emotional outlets. To become emotionally competent, parents and caregivers must encourage children's appropriate expression of feelings, provide warm interactions with children, and be role models for positive emotional expressions. (Kwon & Yawkey, 2000, p. 12).

Play, and specifically intentional, play-based interventions designed and supported by caring, competent adults within a therapeutic container, are indicated as effective means for building emotional skills, including regulation, expression, understanding, intelligence, competence, and development, in children.

Problem and Program Theories

Affective Social Competence: Risk and Protective Factors

ASC has been established as construct of socio-emotional skill, involving the ability to experience emotion and send and receive emotional messages, or regulate, express, and understand emotion. Sub-skills within this process include awareness, identification, engagement with the social context, and management (Halberstadt et al, 2001). ASC is affected by both inherent personal and cultural characteristics and values, developmental processes, and socialization experiences (Halberstadt et al., 2001).

ASC development is closely tied to socialization opportunities (Halberstadt et al., 2001). ASC develops and is practiced in relationship, so children who have low socialization opportunities, at home with parents, siblings and family members, and at school and in the community with peers, teachers and significant others will likely experience difficulties in ASC development, while children with higher socialization opportunities may have more developed ASC. Socialization opportunities may be affected by socioeconomic status, family trauma, engagement in a community, and access to social supports and resources.

ASC is a developmental process, and therefore level of competence is also tied to developmental maturity and processes, including cognitive, physical, and obviously social and emotional development (Halberstadt et al., 2001). Individuals with developmental delays may have challenges in ASC- autism spectrum disorder is a prime example, cited by Halberstadt and colleagues (2001). Trauma, abuse, and neglect are also major risk factors for ASC because it compromises the child's container for

development, including inconsistent or invaded experiences of boundaries, trust, and safety (Halberstadt et al., 2001).

ASC is also affected by a variety of self-factors. Some are likely to be more fixed, including temperamental characteristics such as intensity, the ability to use flexible attention processes for coping and regulation, and motivation to interact with others in a skilled manner (Halberstadt et al, 2011). These may be able to be supported, but seem less likely to be dramatically changed or modified.

Several self-factors may be flexible or malleable (Fraser & Galinsky, 2010), and could conceivably be supported by therapeutic intervention. These include:

- *Worldview,* or predictions and expectations of the world- those with a hostile worldview may have difficulty engaging affectively and authentically, while those who perceive the world more positively will be more motivated to interact, building ASC (Halberstadt et al, 2010).
- *Self-concept/schema,* or predictions and expectations about oneself, including perceptions of worth and abilities- those who have a higher self-perception will be more likely to engage with others socially and emotionally, in ways that are flexible, persistent, spontaneous, and effective (Halberstadt et al., 2010).
- *Demeanor,* or behavior and affective self-presentation- individuals with more open and positive demeanor likely have higher ASC (Halberstadt et al., 2010).
- *Process orientation* or awareness of relationship mechanics, and ability to use them flexibly- those who are aware of the micro dynamics of

relationships will be more likely to engage with them effectively in ASC (Halberstadt et al., 2010).

- *Knowledge of display rules*- those who understand how emotions are conventionally expressed and utilized within the cultural and societal context will be more likely to demonstrate ASC (Halberstadt et al., 2010).
- *Knowledge of implementation strategies*- those who have and can use strategies to effectively communicate, understand, and regulate emotion necessarily have higher ASC (Halberstadt et al., 2010).
- *Behavioral and schematic flexibility*- those who are open to modifying and building both their social and emotional behaviors and perceptions will have higher ASC (Halberstadt et al., 2010).

Finally, cultural and personal values and experiences and personality traits contribute to the differentiated presentation of ASC across individuals and communities. These factors should be taken into consideration when observing, exploring, and supporting the development of ASC.

Play as a Malleable Mediator

We have also established that play has physical, neurological, evolutionary, social, and emotional benefits in development, including problem-solving, perspective-taking, the development of a sense of self, exercise of communication skills, learning and creativity processes, spontaneity, curiosity, exploration, and experimentation in one's internal, external, and social environments and experiences. We learn to play with our bodies, with objects, and with our imaginations, roles and "selves", in an increasingly social way over time. Research indicates that play may be one route to the development

of a variety of social and emotional skills, or that it at least is related to the necessary conditions for their development, including modelling and support from a caring adult, and play content (Lillard et al., 2013)

The literature review conducted here indicates that play, and certain play conditions have further effects on, and relationships to, the components of ASC. Emotion regulation is related to: frequent, skilled, expressive, and enjoyable pretend play; positive social play with peers; attuned, containing play with parents; opportunities for physical, and rough and tumble play, as well as quieter play activities; and dramatic play experiences, both practically in exploring physical and mental aspects of character, as well as using the creative dramatic process as a container for emotion, in children ranging in age from 2-10, especially. Emotion expression is related to frequent, quality, expressive, and enjoyable pretend play; it facilitates the expression of emotion, differently depending on play type; and, when grounded in accessible, adaptive object play, it is especially effective for children with Down syndrome and cerebral palsy, as well as children ages 4-10. Emotion understanding in others is a precursor to interactive play, and play provides a container for understanding our own emotions. As well, pretend play seems to be related to the ability to describe our own emotional experiences, and understand those of others, especially for ages 2-7. The effectiveness of pretend play to support emotion knowledge may be related children's levels of risk in their environments, but group work seems to support the development of overall emotional skills, through anecdotal evidence.

The risk and protective factors of ASC suggest that it develops in relationship- therefore interventions to support ASC should be social. It is a developmental process,

and therefore it is logical to use a developmental paradigm in supporting it. Malleable self-factors affecting ASC include: worldview, self-concept/schema, demeanor, process-orientation, knowledge of display rules and implementation strategies, behavioral and schematic flexibility (Halberstadt et al., 2001). These factors can all be supported by playful therapeutic interventions. Play encourages a positive, creative, and flexible experience of oneself and the world. Social and emotional rules and conventions are embedded implicitly in the process, and can also be made explicit, and practiced through role play and dramatization.

Jennings (1999; 2011) suggests that playing is preventative, while play therapy is curative, and based on the research in this study thus far this seems to be the case. Opportunities for play in a variety of forms, individually and with peer and parent play partners, can support the development of ASC. In instances where ASC difficulties or deficiencies are indicated, perhaps due to developmental delay, behavioral disorder, or experiences of trauma and maltreatment, play experiences within a therapeutic container may be indicated. Play is an established therapeutic field in its own right, and a foundational, core process in drama therapy (Lewis and Johnson, 2007; Jones, 2007). The intentionally therapeutic frame of play and drama therapy inherently includes a supportive adult to contain the play and model and support social and emotional skills, as well as to contain and support the content of the play itself. Taken together, intentional play experiences in a range of developmental forms, in a social context, with an adult to model and contain both the play and the social and emotional processes in the therapy experience are likely to have an extremely positive effect on the development of ASC.

Embodiment-Projection-Role Paradigm

The Playtherapy Method, also known as the Embodiment-Projection-Role (EPR) paradigm, was developed by British dramatherapist Sue Jennings in the early 1990s. It is based on observations of children's natural play development from birth to age seven, and mirrors many of the other theories of play development discussed earlier, including phases for body and environment play, symbolic play with toys, objects, and images, and dramatic play with roles, characters, and scenes (Jennings, 1999). Beyond simply observing this play development, however, Jennings (1994; 1998; 1999; 2005; 2011; 2012a; 2012b), goes on to describe experiences, activities and materials that can nurture, support, and enrich these natural stages through drama therapy. EPR is considered "value-free" and can be applied to any psychotherapeutic or child developmental process (Jennings, 2005). "Since EPR is an observed and accurate developmental progress in life itself, we can take it as a structure for applied dramatherapy," (Jennings, 1998, p. 121).

The first stage, *Embodiment,* involves sensory and physical exploration of the world. Children experience themselves in the world, and the world itself around them, through movement first of the whole body, and then of individual parts, as well as through the senses (Jennings, 1999; 2005). This development is supported by movement and collaboration with another, especially an adult body, to work both with and against in movement and connection (Jennings, 1999). This encourages experiences of both "we" and "I", the development of trust in oneself and in another, and the understanding of one's "body self" (Jennings, 1999; 2005). Experiences of both safety and "ritual" through rocking, soothing touch, being held, etc., and "risk," through bouncing, leaping,

pushing, pulling, etc., develop healthy attachment, and the ability to explore one's world, because of the secure base to which to return (Jennings, 1999; 2005).

Embodiment experiences can be distorted through being under-held, or neglected, over-held, or overprotected, or violated, or maltreated or abused (Jennings, 2005), and corrective experiences are necessary in these experiences. Embodiment play processes can be anxiety-provoking for therapists, because touch and physical contact is highly stigmatized in our profession and society due to tragic abuses, as well as fear and misunderstanding. Therapists can combat this through using movement and touch in groups, pairs, and threes, through explaining the use and importance of embodied processes in detail to both parents and children before the intervention begins and incorporating it into the therapeutic contract, and through things like family experiences of embodiment play (Jennings, 2005). As well, embodiment play does not require touch exclusively. Tools such as hoops, string, balls, and scarves can facilitate body contact for those resistant to touch. Play experiences should be expanded to the other senses also.

Embodiment play techniques include:

- Gross body movement involving the whole body
- Fine body movement with different body parts
- Sensory movement involving textures, sound, taste, smell, and sights
- Singing games which name body parts as they are touched
- Rhythmic movement and dance
- Sword play and wrestling
- Creative ideas of moving as monsters, aliens, mice

- Stories with sounds and movement (Jennings, 2005, p. 68).

More recently, the development of the Neuro-dramatic Play (NDP) model for use with mothers and unborn and newborn children to assist with healthy attachment has also been included either before or within the Embodiment play phase (Jennings, 2011; 2012a; 2012b). Through consonant (simultaneous), echo (mimicry), imitative (mirroring), interactive (initiate and vary), and improvisational play, including sensory, rhythmic, and dramatic content, social relationships and attachment are built between the child and caregiver (Jennings, 2011; 2012b).

The transition to the next play phase is assisted by Winnicott's (2005) transitional object. This first symbol of the absent caregiver is "both ritualized and creative" (Jennings, 2005, p. 66). While it must stay the same, and represents security, it can also change in play, becoming a hiding place, a mask, or a plaything (Jennings, 2005; 2012b). *Projection* play involves play with things outside of oneself (Jennings, 1998). It allows the child to engage with the external world, outside the boundaries of his or her body, using a wide range of media (Jennings, 1998; 1999; 2005). Children use objects and images symbolically, creating patterns, representations, and eventually scenes (Jennings, 1999). The projective play stage can be said to contain its own EPR process, as children move from embodied projection, and the sensory exploration of materials, such as finger paint, water play, and the touch, smell, sound, sight, and taste of a range of objects; to pure projection, or creative and construction play, in which things are built, drawn, or made from pieces, parts, and the child's imagination; to role projection, in which stories are told, aided by toys, figures, dollhouses, and puppets (Jennings, 2005).

Projection play techniques include:

- Play with substance: sand, water, finger paint, clay, plasticine
- Play with pictures: crayons, paints, drawing, collage with varied media
- Play with bricks and counters: patterns, constructions, "all fall down"
- Play with toys: sand tray stories, sculpts
- Play with scenes: dollhouse, puppets (making puppets too)
- Play with natural media: pebbles, bark, twigs, leaves (Jennings, 2005, p. 70).

The transition to the third stage of play is marked by another object, often a symbol of authority, such as a magic wand, a sword, or a uniform. This object appears along with the emergence of narrative structure, improvisation, and scene-making, and enables the child to be both an actor and director in the play (Jennings, 2005; 2012b).

The third stage of play, *Role*, encompasses dramatic play, and the ability to take on other personas and create imaginary events (Jennings, 1998). It allows the child to play with real and imagined identities, with relational closeness and distance, sameness and difference (Jennings, 1999). It encompasses what can be known as "the paradox of drama," which states that I come closer to my lived experienced by being distanced from it through the container of role (Jennings, 1999; 2005). For this reason, role play especially can become emotionally charged, and it is necessary at the end of play to derole the players, the objects used in the play, and even the space itself, to strip them of their meaning and return them to their original identity (Jennings, 2005). This is also a necessary step in projective play often- it is important that the play be put away fully, to

allow for the full transition from the dramatic reality back into the everyday reality (Jennings, 1998; 1999).

Role play techniques include:

- Use simple roles with single feelings: the angry person, the sad person; and maybe draw faces of the people
- Create animal characters that interact
- Use favourite stories to enact together
- Use the dressing up box to allow a dramatised story to emerge
- Use a mask as a starting point for a story
- Use the idea of writing a TV script together and then enact it
- Use ideas that have been generated through projective play (Jennings, 2005, p. 72)

While EPR is first and foremost a developmental process in early to mid-childhood, Jennings also considers it a life-long cycle, which we often return to in different orders at different times, and which may even influence our choices of hobbies, careers, and life paths as we mature (Jennings, 2005). Missed or distorted experiences in any of these areas could possibly be related to difficulties later in life; for example, Jennings (2011; 2012a) suggests that struggles with body image, eating disorders, bodily aggression, and self-harm might are embodied acts, graffiti, tagging, arson, and even destruction of art creations in young children are projective acts, and we can take on unhealthy and destructive roles, such as bully, victim, or destroyer (Jennings, 2011). A case study of an EPR group for children with behavioral difficulties found that these elementary school children were functioning at an emotional level of two to three, and

were unable to engage in role play experiences; however, they were extremely engaged in embodiment and projective play, and even reverted to their typical problem behaviors without E and P materials and processes immediately available to them (Jennings, 2012a). This developmental paradigm is powerful, and has lasting effects on our developmental trajectory.

Competence in EPR/NDP is essential for a child's maturation:

- It creates the core of playful attachment between mother and infant
- It promotes sensory, embodied, rhythmic, and dramatic playing
- It supports the child in creating images through clay and art materials
- It establishes the dramatized body i.e., the body that can create
- It encourages the structures of storytelling and their interactive potential
- It is the basis of developing empathy through echo play and mimicry
- It forms a basis for the growth of identity and independence
- It gives a child the experience and skills to be part of the social world.
- It strengthens and further develops the imagination
- It contributes to a child's resilience through a balanced integration of ritual and risk
- It enables a child to move from "everyday reality" to "dramatic reality" and back again, appropriately
- It facilitates problem solving and conflict resolution
- It provides role play and dramatic play, which in turn create flexibility. (Jennings, 2005, p. 65; Jennings, 2011, p. 17; Jennings, 2012a, pp. 179-180; Jennings 2012b, p. 1)

Now that it has been defined, and its importance described, we can point out that the EPR paradigm pairs especially well with the core skills involved with ASC. The pairings are not exclusive, and each play stage likely affects all three skills. However:

- *Embodiment Play* is especially related to *Experiencing Emotion* or *Emotion Regulation.* Embodiment play focuses on experiences within and using the body, including sensory, rhythmic, and early dramatic play, using movement and exploring one's environment (Jennings, 1998; 1999; 2005; 2011; 2012a; 2012b). It can help the child become more in touch with internal physiological and emotional experiences and find and practice both internal and external regulation and coping strategies, which are often sensory or movement based (Jennings, 1999). "The body is the primary means of learning, and all learning is secondary to that first learned through the body," (Jennings, 2005, p. 67).
- *Projective Play* is related to *Sending Emotional Messages,* or *Emotion Expression.* Projective play involves putting something outside of ourselves, externalizing our internal thoughts, images, and experiences, and manipulating them. It is symbolic work, and therefore is related to the development of communication skills. It supports the externalization, processing, and expression of emotional content for children. "Projective play is important for learning how we organise the world outside, and also to be able to have imaginative responses to the world of flexibility and change" (Jennings, 1999, p. 57).

- *Role Play* is related to *Receiving Emotional Messages,* or *Emotion Understanding.* Emotion understanding requires practicing theory of mind and empathy in imagining and decoding another's feelings. Role play, playing at being another, inherently provides opportunities to practice perspective taking. Through pretending to be someone else, children strengthen their abilities to role reverse, empathize, and understand others' emotions. "I learn about myself and others through taking the role of the other" (Jennings, 2005, p. 71).

Jennings (1998) herself explains it best:

> During these three stages, not only is an understanding of everyday reality and the imagination being developed, but the child's understanding of selfhood and otherhood is being established… The EPR is the bedrock of children's development into adulthood- it is not their psychological or physical or emotional development- it is their dramatic development- from which all other development emerges. The dramatic development that enables the body self and other, the projective self and other, and the role self and other to become established, means that it influences all physical and mental life and relationships. I am unable to relate to other people unless I have developed my own 'self and other identity'. EPR means identity, and identity means a social construct more than a psychological one. (p. 61).

EPR is therefore the recommended paradigm for the development of ASC within a program of drama therapy.

Intervention: Drama Therapy using the Embodiment-Projection-Role Paradigm for Affective Social Competence (EPR-ASC)

Purpose and Design

The purpose of the model of drama therapy, known as EPR-ASC, is to build ASC skills in children. It employs a drama therapy method using the principles of the EPR paradigm, and informed by Axline's (1947) play therapy principles. Drama therapy and EPR are indicated based on analysis of current research and its compatibility with the skills of ASC. Group work, as opposed to individual work is indicated to provide socialization and context for the practice of ASC skills. The program will use a closed group model with a dual focus, primarily on creativity and expression, and secondarily on tasks, skills, and learning (Jennings, 1986; 1990). Creativity and expression groups work to "develop the latent resources of the client through creative drama" (Jennings, 1990, p. 32), while tasks and skills groups try to "achieve skills in communication, confidence, social interaction, and self-presentation" (Jennings, 1990, p. 35). The focus of the group will be on creativity and play experiences, but where appropriate, didactic interventions such as behavioral rehearsal, role play simulations, and group problem solving will be used to reinforce ASC skill development.

EPR-ASC is recommended for children aged four to ten, though it could be adapted for adolescents, teenagers, adults, and seniors. It is appropriate for children with and without formal DSM-V diagnoses, with few contraindications, though adaptations may be required. Groups should be composed of three to five children within two years age span of one another (i.e. 4-5, 6-7, 8-10), and a balance of internalizing and externalizing tendencies in the children, based on assessments (Schaefer, Jacobson &

Ghahramanlou, 2000). Groups can be run by one therapist, but two co-therapists are preferred where possible. Jennings (2011; 2012a) strives for 1:1 or even 2:1 adult to child ratios in her NDP and EPR groups, using volunteers and students as well as professionals, and this is exceptional. At least one therapist must be a fully trained, and ideally credentialed, drama therapist. Sessions should be 1.5 hours in length, held weekly for 16 weeks, not including intakes, though longer or shorter series are possible. Natural breaks at holidays should be observed, and if a leader is not available, session should be cancelled. This is another reason co-therapy is preferred, as one can run the group in the absence of the other.

EPR-ASC group members should have individual files, containing assessment and intake information, treatment plans using ASC goals and objectives, and weekly progress notes including relevant themes and therapeutic experiences, both individually and as a member of the group. These files should be maintained by the lead therapist, and kept in a locked filing cabinet. Therapists are also recommended to keep their own process notes to assist with planning and digesting the session. Jennings (1999) and Jones (2007) provide excellent examples of process and progress notes.

Recruitment of group members may depend on the setting where the group is implemented. Recommendations may come from teachers in a school, pediatricians or open recruitment in a community setting, or agency or hospital workers in institutions and programs. An intake interview and assessment should be conducted with the child and family before the start of the program, described below. Treatment goals should be developed based on feedback from parents, teachers, and the children themselves, and should use ASC language. Parents, teachers, and children should approve the goals, and

they should be consistent with organization guidelines and treatment plans as well, where applicable. A team approach is preferred.

The EPR-ASC program can be conducted in a wide variety of locations, providing the space is private and minimally modifiable. Room setup will be discussed below. Minimally, the location needs to have the appropriate emergency resources (alarms, first aid kit, etc.), and a single leader should not run the group without access to at least one other adult in case of emergency. Finally, all therapists, as well as student and volunteer assistants, should have regular professional supervision. This will also be discussed in more detail next.

The Therapist

Characteristics. The therapists leading an EPR-ASC group should ultimately be playful, compassionate individuals with a deep love of and respect for children. Axline (1947) has a detailed list of qualities for an effective play therapist. Some are inherent, such as sensitivity, patience, a good sense of humor, honesty, sincerity, kindness, understanding, friendliness, dependency, steadiness, resourcefulness, and courage of convictions. Others are encompassed in the way the therapist views and treats children, communicating respect, interest, acceptance, appreciation, and trust in their abilities to grow and accomplish things themselves, in their own time and in a safe and holding space (Axline, 1947). Still others may come with training, including the ability to be assertive, alert, straightforward, mature, professional, consistent, confident, and relaxed. Therapists can be taught to maintain confidentiality, personal balance, self-discipline, and to handle issues like record-keeping, termination, or avoiding emotional over-involvement (Axline, 1947). While age, gender, and physical appearance have no

bearing, attitude towards the child and the therapeutic process certainly does. "Successful therapy begins with the therapist," (Axline, 1947, p. 66). More recent theorists agree. Schaefer and colleagues (2000) add that therapists should be "cheerleaders," with a "fun-loving" and "positive affect", as skills learned in pleasant circumstances are more likely to be remembered (pp. 301-302). Therapists also need "kid-handling skills" (Schaefer et al., 2000, p. 302). A survey of play therapists found that "patience, flexibility, love of children, empathy, warmth, and genuineness" are most important while "theoretical knowledge and technical skills are less important and easier to acquire" (Nash & Schaefer, 2011, p. 10).

Training and Supervision. The lead therapist for an EPR-ASC group should be a fully trained and ideally accredited drama therapist. Student and volunteer assistants should have some exposure to Jennings (1986-2012), Axline (1947), and Jones (2007) at least. All should follow an applicable code of ethics (Jennings, 1990; NADTA, 2013). Therapists should experience the techniques they use before implementing them with clients, including EPR processes (Jennings, 1998; 1999; 2005). Drama therapists should be in touch with their roots and roles as creative artists (1990; 1998; 1999), as well as their motivations in practicing (1998; 1999). Jennings (1998) offers a series of reflexive exercises for drama therapists in exploring their dramatic roots and ways of practicing, including a mandala for one's inner vulnerable child, playful artist, therapist, and supervisor (Jennings, 1990; 1998; 1999).

The development of an internal supervisor is no substitute for an external supervisor, however, and EPR-ASC therapists should engage in regular supervision practices. This should include reflection on the events and themes of sessions,

relationships of the clients with the therapist and one another, tracking of goals and objectives, planning for future sessions, and troubleshooting issues, as well as support for self-care and balance in the therapists' own life. "Supervision, by providing support and feedback, helps keep all the processes moving forwards and enables the leader to discuss details, to plan ahead, and to function with the right degree of compassionate detachment" (Jennings, 1986, p. 11).

Supervision can help the therapist deal with issues of transference and countertransference that may arise in the EPR-ASC sessions. While drama therapy has the benefit of transferential themes being directed at and explored through the play and play objects, rather than directly onto the therapist themselves, awareness of the conscious, subconscious, and unconscious dynamics between therapist and client is essential for the therapeutic process (Jennings, 1999). Common transferential themes for children include the good or bad parent, and the all-powerful fantasy (Jennings, 1999). These themes should be explored but not indulged, and parents should be made aware of underlying needs indicated by them (Jennings, 1999). Therapists, too, may experience protective and nurturing countertransferences, or triggering and repulsive ones, which should be managed so as not to influence the therapeutic relationship.

Role. Within the session itself, the EPR-ASC therapist maintains several roles simultaneously: playmate or even play thing, actor, supervisor, and container. Ultimately, they provide "time, safe space, appropriate materials, and preparatory experiences," to encourage the play process (Jones, 2007, p. 169). They maintain active involvement throughout the session, whether they are leading a directive activity, or participating in a non-directive, child-lead play scenario. The therapist must be fully

engaged in the play, but also must maintain an observing stance, aware of practical issues such as time, as well as observing the themes and emotional cues of the child and managing the play experience through distancing techniques as necessary.

Interpretation, however, isn't essential to the EPR-ASC therapist role; "We have invented interpretation in order to explain things, and probably to reduce our own anxiety" (Jennings, 2005, p. 72). While we may want to know what a child's play "means," "maybe we need to learn to bear 'not knowing', to stay with the chaos and allow the meaning to emerge" (p. 72).

Two skills that are essential to the therapist's practice within all play, and especially that lead by the child, are tracking and reflecting. Tracking involves narrating the child's play actions to communicate interest and value, while reflecting involves naming the emotions expressed in, and motivations behind the play (Cochran, Nordling, & Cochran, 2010). In EPR-ASC, the use of these interventions throughout the entire session models and reinforces the development of emotional vocabulary, highlights the practice of ASC and appropriate social skills, provides opportunities for behavioral and relational reflection, and strengthens the therapeutic alliance. Tracking and reflecting interventions should be balanced across participants in the group (Schaefer et al., 2000).

Session Preparation and Processing. The EPR-ASC therapist must engage in adequate preparation and planning for the session, coming in with a plan for the structure of the session, but also prepared to engage with the group spontaneously and flexibly, following their cues as needed (Jennings, 1986). This is a skill that will develop over time for the therapist, and often more detailed planning will occur early on, with flexibility coming later; this often mirrors the group process and their needs (Jennings,

1986). The therapist should engage in their own warm up and preparation for the session, letting go of preoccupations and preparing themselves physically, mentally, emotionally, and creatively to be as present as possible to the group (Jennings, 1986). This is a personal process that should be discovered by individual therapists, but might include deep breaths, moments of meditation, a break of some sort before the session begins, a physical warm up, or a creative process. Following the session, a similar debriefing process may be necessary, both individually and within a therapeutic team. Therapists should also engage in a form of record keeping, both recording themes and progress for clients' files, as well as process recordings for themselves, including events, dynamics, and perceptions of the process. Jennings (1999) provides a nice example, which includes recording space for specific EPR engagement, as well as other reflections. These recordings will help the therapist track clients' progress, themes, and responses to activities, manage issues of transference, countertransference, and group dynamics, prepare for supervision, and plan for future sessions.

The Client

ASC encompasses skills that are necessary for all people, regardless of age, culture, or ability. Anyone can experience ASC difficulties, or seek to improve their ASC, and this intervention suggests that EPR is an effective model for building ASC in anyone and everyone. However, adaptations may need to be made based on these and other factors. Because these adaptations are beyond the scope of this paper, here we focus on the application of EPR-ASC with children ages 4-10, in a school or community setting, with notes on the special populations highlighted by Halberstadt and colleagues (2001): autism spectrum disorder, behavioral disorder, and experiences of maltreatment.

In this case, group members may come from school, pediatrician, community referrals, or open advertisement. Parents and children should be invited for an intake session of approximately 1.5 hours. A second session may be necessary. In the intake session, the therapy process will be discussed, a contract will be established, and discussion and play assessments will be conducted to determine the appropriateness of the group for the child.

Parents and Teachers. Children come to us as part of a system, members of family, educational, and social communities. For them to have the best opportunities for healthy growth and development, their systems must be interconnected and synchronized, and for this reason, EPR-ASC is most effective when conducted systemically. Parents will often be the ones to bring their children to the therapy initially, and are the experts and best sources of information about their children. They will also need support in both understanding the process and helping their children. Parents and children together should have the drama therapy process explained to them, including a basic explanation of the therapeutic benefits of play and drama, a description of some of the interventions and materials used, and expectations of participating in the group. Open discussion of the purpose and necessity of embodiment techniques and the use of safe, appropriate touch in EPR-ASC is essential, with ample opportunity for parents to ask questions, and full transparency on the part of the therapist. Agreement to the use of embodied techniques and therapeutic touch should be explicit in the therapeutic contract (Jennings, 2012).

Parents may have many questions about the therapy process, and the therapist should be prepared to answer them, using reflective listening skills. Parents should also be made aware that therapy is a process, and effects may not be seen overnight; in fact at times negative behavior bursts may be seen early in the therapy process (Jennings, 1999).

On the other hand, parents may feel guilty that their children are struggling, and may resent the therapist for helping where they could not (Jennings, 1999). Therapists must be compassionate and supportive, using a team approach. When providing suggestions for home interventions, a wondering stance, and remembering that parents ultimately know their children the best, is important (Jennings, 2011).

Confidentiality policies may also be a source of anxiety for parents, and the therapist should explain the importance of privacy for children, and the place of confidentiality in the therapeutic process. Children may share about their process what they choose and when they choose, and should not be pressured (Jennings, 1999). Parents can be reassured that they will be provided with general information about children's progress, and will be consulted about any significant problem behaviors or issues as appropriate. Once this information has been covered, parents should sign an informed consent for the child to participate in the therapeutic process; the child should also provide assent verbally or ideally in writing (Jennings, 1999).

Where resources are available, EPR-ASC could be complemented by a parent group, offering support and information about ways to support the development of ASC skills, through home play activities, peer socialization opportunities, and the use of emotional vocabulary (Schaefer et al., 2000). At the least, handouts and written literature about EPR play and ways to facilitate ASC development at home should be made available to parents. Therapists can also make themselves available for consultations as needed, to provide additional support at home (Jennings, 1999).

Teachers and the school environment are also extremely influential for children. Working in tandem with the education system can provide additional support for

children, and providing classroom teachers with literature on ASC, EPR play, and even interventions they can incorporate into the classroom can continue to reinforce ASC development, and help generalize the skills to other environments (Schaefer et al., 2000). These connections and programs can be initiated in the intake interview.

Assessment. After the initial discussions with parents and children and establishment of informed consent and assent, an assessment of the child's history, ASC capabilities, and play preferences and abilities should be conducted. The purposes of an assessment are to get to know the child, begin to build a relationship, and to identify preliminary goals as well as possible supportive interventions (Jennings, 1990).

The Play and Story Attachment Assessment (Jennings, 2012a) is especially effective for the EPR-ASC program. It gathers information in three parts- developmental history, responses to play materials, and responses to storytelling. Parents and children together are interviewed about pregnancy, birth, and developmental experiences. Children are then invited into the playroom, given the opportunity to explore materials in the room, and observations of E, P, and R engagement are recorded. The assessment also notes the child's tendencies to play alone or invite the therapist in, to sustain engagement or move around, play styles and play quality (Jennings, 2012a). The final piece of the assessment is the child's engagement with stories. Stories with emotional themes can be told, and the child should also be evaluated on their ability to make up a story through joint story-making with the therapist, story prompts, or the six-part story assessment (Jennings, 2012a). Play engagement and story themes are recorded on pie-charts and check lists (found in Jennings, 2012a). Notations identify developmental play level and preferences, so children can be evenly matched with peers, and interventions planned.

In EPR-ASC, information should also be gathered on children's emotion regulation, expression, and understanding capabilities. Subjective information may come from parent interviews, and observations of the child in the intake session and at play. Objective information could be gathered using parent measures such as the Emotion Regulation Checklist (Shields & Cicchetti, 1997), and the Emotional Intensity Scale (Bachorowski & Braaten, 1994), and tasks like the Affect Knowledge Test (Denham, 1986) which asks the child to identify emotions in images and vignettes, and the Affect in Play Scale (Cordiano, Russ & Short, 2008), which measures pretend play abilities and emotion expression in play. Results will assist in treatment planning and goal-setting.

Inclusion and Exclusion Criteria. Beneficial qualities for participants in group drama therapy include: "Willingness to take risks with self and ideas, generosity of spirit in relation to others' creativity, potential to use imagination…capacity to distinguish between reality and fantasy… [and] motivation to change and see things from a new perspective" (Jennings, 1990, p. 60-61). Children appropriate for an EPR-ASC group will ideally have some skills to engage in verbal and pretend play, though adaptations for nonverbal clients and those with difficulty imagining are possible, especially through this developmental paradigm. Some degree of social interest is also useful, though with enough volunteers, children with low social motivation can be provided with a one-on-one aid to support their engagement (Jennings, 2011). Contraindications for participation in the group may include extremely disruptive or aggressive behaviors, possible psychotic or suicidal tendencies, and possibly intense separation anxiety (Schaefer et al., 2000). In these cases, recommendations for alternative services should be made, including possible individual therapy utilizing EPR methods (Schaefer et al., 2000).

Notes for Special Populations. Jennings (2011) provides insight into adapting NDP and EPR interventions for children with attachment difficulties, fostering and adoption experiences, teenagers and young adults, autism spectrum disorder (ASD) diagnoses, and learning difficulties. We briefly discuss adaptations for ASD, behavioral disorders, and maltreatment history, as targets for ASC support (Halberstadt et al., 2001).

Children with ASD may need additional support in developing social connections. Many engage in self-stimulatory behaviors, including movements and sounds which have a rhythmic, embodied quality. These can provide an excellent starting point for play and engagement through imitation and slight variation, especially for children with limited verbal ability (Jennings, 2011). Social cues and emotional literacy skills may also need to be broken into smaller steps and taught explicitly, as these are often areas of particular challenge (Jennings, 2011). Exaggerated facial expression work can help with emotion recognition, while puppet work may be more accessible than role play to assist with in-vivo emotional understanding (Jennings, 2011). Emotional and social interactions should be commented on frequently within the group, especially pointing out successes.

Children with behavioral diagnoses may need additional structure and boundaries to contain chaotic behavior, or extra support to encourage participation from children who are withdrawn or anxious. Embodied limit setting, discussed later, can provide the containment children may be asking for through their chaotic behavior. Embodiment work is also indicated, including vigorous movement for expending energy, and relaxing, rhythmic movement and touch to build regulation skills (Jennings, 2011). For children who are withdrawn, approach should be gradual, using materials such as fabric, hoops, and balls, for embodiment connection, before moving into sensory, rhythmic, and touch

experiences (Jennings, 2011). Projective play may be formal and rigid, and opportunities for mess and experimentation should be gently encouraged. Role may be especially difficult, and a prompts and props may assist with the transition (Jennings, 2011).

Children who have experienced trauma through maltreatment and abuse will need time to establish trust and safety in the playroom, and to develop a healthy attachment to the therapist and to peers. Embodied work will be important, as trauma is primarily a bodily experience. Projective work, too, can help contain, manage, and eventually master emotionally charged experiences; monsters are a common theme (Jennings, 1999; 2011), and it is important to have toys and materials that are smaller than the child and can be manipulated, controlled, and dominated by them to assist with this process (Jennings, 1999). Container work, either creating containers to keep things in, or experiencing containment themselves, in forts, crawling tubes, boxes, under pillows and fabric, etc., may also be important and reparative (Jennings, 1999).

These notes are brief guides to ways this intervention can be adapted to focus on the additional needs of a few specific populations. When implementing this intervention with these groups, the therapist will need to do additional research and adaptation to understand and effectively meet their needs more completely.

Setting and Materials

The drama therapy space, or "story room" (Jennings, 2005) should be a room set apart for the purpose of conducting drama therapy , or else it should be a space that can be physically transformed. Ideally it is not used by group members for other purposes (i.e. their regular classroom), as this can lead to confusion. It should be large, open, and well lit, ideally with enough space to designate different areas for play (see Table 2).

Table 2

The EPR-ASC Room

Area	Purpose	Features		
		Essential	Recommended	Supplemental
Soft	Storytelling, relaxation, safe physical play, "breaks," as needed (see "limit setting")	Pillows	Blankets, mats	Couch, mattress
Wet	Messy and water play	Sand containers and toys	Water containers and toys	Sink, basin
Art	Creative play	Child-sized table and chairs	Cupboards for materials and storage	Easels
Toy	Projective play	Rug or mat for playspace		Shelves for containers of small toys, areas to store larger playsets (e.g. dollhouse)
Drama	Role Play	Open space for creating scenes	Bins, shelves, and/or coatrack for storing props/costumes, materials for creating environments (boxes, rehearsal cubes, a crawling tube, a climbing frame)	A raised stage, a puppet stage

Note. (Jennings, 1999)

Walls, floors, surfaces, and structures should be easily cleaned and free of sharp corners or dangerous edges. Lockable cupboards are extremely useful, as well as open, child-accessible shelving (Jennings, 1999). Pleasant colors and art on the walls, especially pieces that represent diversity and multiculturalism are welcome additions (Jennings, 1999). Modifiable lighting, including dimmers and spotlights are ideal (Jennings, 1999).

Ideal spaces are hard to come by, and therapists must often work in transformed, shared spaces. An indicator of a play space is helpful for children, such as a mat or a rug, and quiet and action areas divided. It needs minimally a table and chairs, and open space, and where possible, a sink for water play and art (Jennings, 1999).

A variety of materials are useful for the practice of EPR-ASC (see Table 3). Categories are flexible- play materials can be used in unlimited ways. In a permanent room, materials should be stored on shelves and in containers, accessible to the children, but easily packed away. In a portable kit, materials should be stored neatly in containers or bags; pencil pouches work well for small items.

Table 3.

EPR-ASC Materials

Play Type	Subtype	Materials		
		Essential	Recommended	Supplemental
Embodiment	Movement	String	Pillows	Streamers
		Balls- various sizes	Blankets	Hula Hoops
			Scarves	Parachute
	Sensory	Hand cream	Essential Oils	Wipes
		Bubbles	Shaving Foam	
		Sensory box:	Savory and	

(table continues)

Play Type	Subtype	Materials		
		Essential	Recommended	Supplemental
Embodiment	Sensory	Squeakers, whistles, lavender, perfume, nuts, raisins, chocolate, mints, holograms, small toys, hand cream, silk Sand tray (i.e. small pan or cat litter tray) and play sand (wet and dry)	sweet snacks Savory and sweet snacks and fruit Texture box/bag: Carved or made out of textured material, such as canvas, velvet, etc. Inside: variety of textures- velvet, sandpaper, wool, fur, fabric, play slime, jelly balls, rough and smooth stones, marbles, scrubbing brushes, crumpled paper, nature items, (i.e. egg shells, twigs, shells, fossils) Water basin and water Shovels Cups Saucers Funnels Spray bottles	

(table continues)

Play Type	Subtype	Materials		
		Essential	Recommended	Supplemental
Embodiment	Sensory		Feeding bottles Water pistol	
	Rhythmic Play	Drums- various sizes Maracas Rhythm sticks Shaker eggs Kazoos Tape/CD/MP3 Player, speakers, and a variety of music		Cymbals Tambourine Clappers Claves Rain stick Whistles Harmonica Bells
Projective	Art	Playdough Finger paint Crayons Markers Pens Pencils Paper- variety of sizes, colors, textures (i.e. computer paper, finger paint paper, card stock, construction paper, textured paper) Glue Tape- Scotch, masking, duct Scissors	Slime Modelling clay/plasticine Washable paints Watercolors Paintbrushes- various sizes Magazines and newspaper Ribbon/yarn Fabric Scraps Construction toys- blocks, Legos, Lincoln logs, K'nex, etc.	Aprons/shirts/smocks Charcoals Pastels- oil and dry Stapler Hot glue gun Glitter/jewels Beads Cotton balls Pipe cleaners Collage items Tubes Junk materials (building and tinkering) Puzzles

(table continues)

Play Type	Subtype	Materials		
		Essential	Recommended	Supplemental
Projective	Art	Google eyes Paper bags Popsicle sticks Gloves and socks Boxes- appliance, shoe, small		
	Sculpting and worlds	Animals- zoo, wild, farm, land, water, air, adult, and baby. Monsters/dragons, and dinosaurs People figures Cars Airplanes Doll house- open front, flexible furniture, culturally representative families, range of members	Figurines- families, superheroes, characters, nesting dolls Shells Stones Twigs Jewels Miscellaneous small objects	Trees Gates and fences
	Other	Baby dolls Bathing toys Doll bed/blanket/pillow Tea party set Finger puppets- people, animals, characters Hand puppets- people, animals, characters	Stuffed animals- small, large, and very large	

(table continues)

Play Type	Subtype	Materials		
		Essential	Recommended	Supplemental
Projective	Storytelling	Collection of books/stories- fairy tales, myths, legends, picture books, cultural tales		
		Postcards and images- landscapes, people, art		
Role	Dress up	Hats		Wigs
		Bags		Shoes
		Accessories- glasses, jewelry		Costumes
		Masks- stick, eyes, half face, full face		
	Scene Cards and Prompts	Scene starters	Movement instructions	
		Feelings cards	Sound instructions	
			Character cards and pairs	
	Props	Telephones		Megaphone
		Walkie Talkies		Camera
		Magic wand		Binoculars
		Sword and shield		

Note. (Jennings, 1990; 1999; 2011; 2012a; 2012b)

Session Structure

Drama therapy encompasses a beginning, middle and end in both the series and the session, with similar goals and processes on both scales (Jennings, 1986; 1998; 1999). The "warm up" is about therapists and group members getting to know one another, developing relationships, and preparing for their work together; the "development" stage contains the creative and expressive engagement and interaction within the session and group process; the "closure" stage includes reflection, integration, and a ritual ending of the group process, either for the week or the series (Jennings, 1999).

In EPR-ASC the series can be structured around the EPR developmental process, using five sessions focusing on embodiment work, five on projective work, and five on role work, with one introductory session (Jennings, 2012a). This session should be focused on introductions, establishing group norms, and initial interactions.

First Session. The first session should begin with a narrated tour of the space and materials, and five to ten minutes of free exploration for the group, during which the therapist should be actively involved in tracking play behavior and reflecting emotional experiences. The therapist should offer several warnings as the exploration time winds down, and provide support for the children to transition to a group experience. They gather for a warm up, which should include an embodied *Name and Hobby* game, in which group members introduce themselves and mime something they like to do. The group then repeats their name and mirrors the action back, or older groups might enjoy repeating those before, in longer and longer sequences. This should be followed by a *Sound and Movement Check In,* which will become a group staple. Individuals state their

name and how they are currently feeling, i.e.: “My name is Maggie, and today I’m feeling happy.” The participant then demonstrates this feeling with a sound and a movement, which the group then repeats and reflects back: “That’s Maggie, and she’s feeling happy (Action).” One or two more embodied name games might follow- a popular one called *Group Juggling/Name Volley* uses a ball, or sometimes a series of balls, thrown to group members as their name is said (Jennings, 1986; Emunah, 1994). Another is *Dude/123,* in which group members stand in a circle, close their eyes, count to three, and then look up at someone else in the circle. If they make eye contact, they should say, “DUDE!” excitedly, high five, and switch places- saying each other’s names can be added into this game. These name games should be active and physical, and keep the group engaged, but they should slowly taper off in rhythm and intensity, grounding the group for some discussion and projective work.

Group members should next be given two large pieces of poster board, stapled together on three sides to create a pocket. They should write their names and decorate it in any way that they choose. This will become their portfolio for storing any artwork they make until the end of the series, and this should be explained. When everyone has finished decorating, group members can pair up with a partner (the therapist can participate if necessary), and share their creation with one another. Older children may also share about the origins of and feelings about their names, or other personal information they feel comfortable sharing (*Name Likes, Name Stories, Name Meanings;* Jennings, 1986). This should be timed, so each individual has a minute or two to share. Partners should introduce one another to the group, encouraging simple role playing.

The group should next work together to establish a contract, including guidelines for behavior. They should be brief, simple, and few, phrased positively (do versus don't), and should come from the group, though respect for group members, therapists, materials, and playroom should be included in some way (Schaefer et al., 2000). The rules should be written on a large piece of poster board, either signed or decorated by members of the group to signify agreement, and then posted somewhere in the room. They may also choose a group name together at this time, to encourage a sense of camaraderie and cohesion (Schaefer et al., 2000).

Finally, the group should engage in a closing ritual, which will be returned to over the course of the group process. Possibilities might include exercises like *Magic Clay (Pass the Substance;* Emunah, 1994), in which individuals mime sculpting something that represents their experience, *Magic Box* (Emunah, 1994), in which group members symbolically place items or feelings into an imaginary box, and take others out, or *Relaxation/Visualization Exercises* such as deep breaths with eyes closed, and picturing the group, process, and week ahead (Jennings, 1986). The purpose of the closing ritual is to allow the group to de-role, let go of any images or processes from in the group, and transition out of dramatic reality and back into everyday reality (Jennings, 1998; 1999). Group should then calmly be dismissed to their waiting parents.

Subsequent sessions will follow similar structures.

Free Play (15 minutes). The group begins with a personal, individual greeting from the therapist to each child on entering the room, and an opportunity for free play with the materials in the space for fifteen minutes. This serves several purposes. First, it allows the group members to engage in EPR experiences in a self-directed way, with

exploration, experimentation, flexibility, and spontaneity. They are also able to modulate their social interactions themselves, engaging in solitary, parallel, or cooperative play processes as they desire. This freedom to explore and experiment allows group members to practice ASC skills on their own, and also offers an important opportunity for the therapist to observe and assess the group, as a whole and as individual members, on EPR preferences and engagement, social skills, and ASC skills. This can support treatment planning, tracking of progress, and intervention development, in both current and future sessions. Free play allows the group members to develop a social microcosm (Yalom, 2005), and develop peer relationships independently. It also provides an opportunity for the building of the therapeutic alliance, as the therapist should be an active player at this time, as well as an observer, tracking, reflecting, and engaging. Finally, practically, it allows a small grace period for latecomers if necessary. The therapist should offer five, three, and one minute warnings to clean up, materials should be put away, and the group should gather in the drama area, in a seated or standing circle.

Check In (10 mins.). The check in serves an important purpose, both in the session structure, and in building ASC competencies. It signals the beginning of the structured group process, brings the participants together, and encourages emotional self-expression, understanding in others, and regulation in managing the expression. ASC skills are explicitly practiced, highlighted, and reinforced in the check-in.

In groups with younger or less expressive members, a *Sound and Movement Check In* is enough. Older or more expressive groups might enjoy check-ins that incorporate EPR experiences. *Emotion Sound and Movements, Emotion Rhythms* on percussive instruments, or *Emotion Dances* allow group members to express with their

bodies. Drawing a simple picture (*Emotion Picture*), molding a small sculpture with Playdough *(Emotion Playdough)*, or choosing objects in the room or group members to create a sculpt *(Emotion Object Sculpt; Emotion Group Sculpt)* can be projective devices for a participant to share with the group how they are feeling, as could describing ones' feeling as a color (*Emotion Color)*, texture *(Emotion Texture)*, or weather pattern (*Emotion Weather)*. Miming the emotion, either as a demonstration or with a scene context *(Emotion Mime; Emotion Scene),* or choosing a posture, gesture, hat, scarf or prop, and introducing oneself as an animal or a character to represent the emotion provides a role form of check in *(Emotion Animal, Emotion Character)*.

The group can be given the same check in, or can choose from an E, P or R option. However, check-ins should be short, simple, and require little preparation or clean up. As well, no matter the method used for a check in, the participant sharing should be given the opportunity to name their emotion, encouraging labeling and emotion expression, and the group should be encouraged to identify and reflect the emotion back in some way, encouraging emotion knowledge. The group can guess the emotion, the sender can confirm, and the group can reflect, or the sender can state their emotion, with the group repeating and/or mirroring.

Warm Up (10 mins.). The warm up follows the check in, and prepares the group for the main activity of the session. It will often use embodiment and physical preparation, though it may also be projective or role-preparatory. Warm up/s may introduce the theme of the session, or develop skills or generate ideas necessary for engagement in the main activity (Jennings, 1986; 1998). They should be simple, engaging, and goal directed, based in ASC and EPR.

Main Activity (45 mins.). The main activity should provide some opportunity to engage in E, P, and R play, with a focus on one type for five sessions, beginning with embodiment, into projection, and role. It should balance individual expression with group engagement, and should target and reinforce specific ASC skills, allowing for practice and development in action. However, the focus should be on self-expression, exploration, experimentation, and creative engagement and play. Both warm ups and main activities can be chosen from a brief list of interventions provided (see Table 4). They can also be taken from the therapist's own repertoire of creative and dramatic experiences, or from resources of theatre games and drama therapy interventions. It may also come from the warm up play of the children, and may be more or less directive depending on the group's abilities. It is not recommended to return to pure free play, however, as engagement and interaction of all group members with one another is essential for ASC development, and this is best accomplished through the orchestration and support of the therapist. Interventions should be chosen and implemented intentionally, with an awareness of its relationship to EPR processes and ASC goals. The main activity should have an arc in terms of energy level and engagement.

Closure (10 mins.). The group should end with a closing ritual that is consistent week to week (though it may take a few sessions to establish), and meaningful and effective for the group. As stated before, the purpose of the closure is to wind down the group experience, to de–role the characters, objects, and space used in the play from any dramatic identities, to provide opportunities for reflection and integration if appropriate, and to leave the dramatic reality and re-enter everyday reality in a calm, grounded manner before dismissal (Jennings, 1998; 1999).

The final sessions of the series are not planned here, as group closure is highly personal, specific to the group and its process. However, termination is an important issue, and the therapist should "begin with the end in mind," and help the group to prepare early on. A countdown, ideally with some sort of concrete intervention, like a calendar, should begin in Session 11, with five sessions left. The last three sessions should have increasing focus on review and celebration themes (Emunah, 1994), remembering where the group has been and looking forward to where group members will go, and providing opportunities for group members to affirm one another and say goodbye, through play experiences.

Goals

Following are a list of goals applicable to ASC. While not exhaustive, these can be a starting point for individual treatment plans, as well as group session plans.

Emotion Regulation.

- To increase awareness of physical sensations, and their location in the body
- To increase awareness of personally emotionally triggering situations (positive or negative)
- To increase awareness of physical signals of emotion
- To expand emotional vocabulary
- To expand ability to correctly match emotional experience with label
- To increase ability to articulate a social goal in an emotionally arousing situation
- To increase repertoire of internal coping resources and strategies
- To increase repertoire of external coping resources and strategies

- To increase ability to apply coping resources and strategies in an emotionally arousing situation
- To increase awareness of social display rules for emotional intensity
- To increase awareness of individual differences in experiencing emotion
- To increase ability to identify relationship factors that may affect emotion experience
- To increase ability to identify environmental factors that may affect emotion experience
- To develop strategies to maintain a social interaction during and emotionally arousing event
- To reduce rumination on emotional experiences
- To clarify and enhance emotional experiences
- To increase precision with identifying emotional experience
- To increase ability to ignore/diffuse socially unhelpful or irrelevant emotions
- To increase ability to enhance socially relevant and helpful emotions

Emotion Expression.

- To increase awareness of others through observation
- To increase awareness of social goals for communicating emotion
- To increase awareness of one's own emotional state
- To increase emotional vocabulary
- To increase ability to accurately name emotion states
- To develop abilities to demonstrate emotions accurately through facial expressions, vocal tone, sound, gesture, or posture

- To develop abilities to use “I statements” in emotion expression
- To increase awareness of emotional display rules in emotion expression- location, relationship, cultural, goal related
- To develop abilities to monitor the receipt of emotional expressions
- To ensure that emotion expressions are clear and concise
- To develop ability to send socially relevant and helpful emotional messages
- To develop ability to mask socially irrelevant, unhelpful, or false emotional messages

Emotion Understanding.

- To increase ability to observe physical details about another
- To observe facial expressions, body postures and space, eye contact, gesture, vocal tone, verbalizations, use of silence
- To develop ability to mirror above manners of emotional expression
- To develop ability to identify emotional messages from above expressions accurately
- To develop ability to identify overt and covert emotional expressions
- To develop ability to understand the affective meaning of emotional expressions
- To develop ability to hypothesize about goals from communication partner
- To develop ability to evaluate message related to situation
- To increase ability to recognize individual differences in emotional expression
- To develop ability to take another’s perspective
- To develop ability to hypothesize about and describe another’s subjective experience

- To develop awareness of characteristics of communication partner
- To develop awareness of situational context: location, social situation, relationship, others present, etc.
- To develop awareness of the subtext of the social situation, including precipitating events, possible goals, etc.
- To develop ability to receive emotional messages without repetition
- To develop ability to recognize signals within cultural, familial, and individual contexts
- To develop ability to identify false signals, their underlying purpose, and to respond to them appropriately.
- To develop ability to identify relevant and helpful emotional messages and respond to them appropriately
- To develop ability to identify irrelevant and unhelpful emotional messages and respond to them appropriately.
- To avoid over or under interpreting communications from high or low expressive individuals.

(Halberstadt et al., 2001)

Interventions

Recommendations for intervention resources include: Creative Drama in Group Work (Jennings, 1986); Acting For Real: Drama Therapy, Process, Technique and Performance (Emunah, 1994); Improvisation for the Theater, 3rd Edition (Spolin, 1999); Introduction to Developmental Play Therapy: Playing and Health (Jennings, 1999), and Healthy Attachments and Neuro-dramatic Play (Jennings, 2011), among others.

Table 4.

EPR-ASC Exercises

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
Embodiment	**Movement** Energy Focus (Jennings, 1986) Stretch and Shake (Jennings, 1986) Statue Shapes (Jennings, 1986) Pushing and Pulling (Jennings, 1986) Walking (Jennings, 1986) Circles and Lines (Jennings, 1986) **Breath and Voice** Yawning and Sighing (Jennings, 1986) Deep Breaths (Jennings, 1986) Humming (Jennings, 1986) The Balloon (Jennings, 1986) Resonators (Jennings, 1986) Tongue Twisters (Jennings, 1986) **Group Interaction and Touch** Trust Walks (Jennings, 1986)	**Movement** Rolling: into the room, "in jelly" (Jennings, 1999) Floor work: folding and unfolding (alone or with a partner), starfish (unstick) (Jennings, 1999) Pushing: back to back- ride, resistance, move together in threes, trying to get in or out of a group (Jennings, 1999) Crawling: under, over, bridge, tunnel (Jennings, 1999) Rocking: one person lying on the others backs (Jennings, 1999) Playful movement (Jennings, 2011) Skipping, hopping, hula hooping, hopscotch. Character and story movements- logs, elephants, tiny spaces, balls, screws, wires, pancakes (Jennings,	Candles (melting) (Jennings, 1986) Ice Cubes/Snowmen (melting) Seeds (growing) Re-acknowledging Group (Jennings, 1986) Structured Movement (Jennings, 1986) Directed Ritual (Jennings, 1986) Group Movement (Jennings, 1986) Weather Map Massage Story- different patterns and actions for rain, thunder, lighting, mixture, sun, and rainbow. (Jennings, 2011). Luft Balloon- blow up and pop(Jennings, 2011)

(table continues)

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
Embodiment	Group Fall (Circle Fall) (Jennings, 1986) Back Lift (Jennings, 1986) Color Touch (Jennings, 1986)	2011) Walk with an imaginary balloon, dog (Jennings, 2011) Character and animal movements Movement Stories- See EPR Exercises **Rhythmic Play** Heartbeat (Jennings, 2011) Pulses (Jennings, 2011) Rhythms- floor, clapping (Jennings, 2011) Drumming- copy, messages, name, group rhythms, improvisation (Jennings, 2011) Singing and marching games (Jennings, 2011) Poetry and Rap **Playground Games** *Directions* Red Light Green Light Mother, May I? Simon Says Freeze Dance Musical Chairs	

(table continues)

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
Embodiment		*Touch* Body Parts (Jennings, 1986) Fruit Basket Duck Duck Goose People to People Tag (many variations) *Group Interaction* Froggy, Froggy, Where's Your Neighbor? What Time is it Mr. Wolf? (Jennings, 2011) Grandmother's Footsteps (Jennings, 1986) Fox and Lambs (Jennings, 1986) Sharks and Dolphins 123 (Dude) (Jennings, 1986) Zip Zap Zop Whoosh Bonk Hand clapping games (Down by the Banks, Soup Macaroni, Ms. Mary Mac, Patty Cake) I've Got Mail Journeys	

(table continues)

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
Embodiment		Group in Unison (Jennings, 1986) Similarities and differences (Swan, goose, penguin, flocking) (Jennings, 1986) Group Similarities and Differences (first letter of name) (Jennings, 1986) *Props* Ball Games Balloons- Keep it up, Volleyball (Jennings, 2011) Hoops- Musical Hoops, The Floor is Lava (Jennings, 2011) Parachute (Jennings, 2012b)	
Projection	What Affects Feelings (Chart/drawing) (Jennings, 1986)	**Sensory** Messy Play- sand, water, dough, clay, finger paint, corn flour, custard powder, starch and water, cooked pasta, puddles and mud, nature, wet sand tray and water trough. (Jennings, 2011) Food- preparation, exploration, tasting (Jennings, 2011)	Atmosphere (guided imagery) (Jennings, 1986) What am I Taking Away? (Jennings, 1986) Symbolic (Images for Others) (Jennings, 1986) Private Feelings- Diary (Jennings, 1986)

(table continues)

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
Projection		Sensory/Texture Bags/Boxes (Jennings, 1999) Hand cream, essential oils (Jennings, 1999) **Art Making** Mapping (Jennings, 1986) Pathways (Jennings, 1986) Houses (Jennings, 1986) Miniature Houses (Jennings, 1986) Group Relations (Jennings, 1986) Collage (Jennings, 1986) Graffiti Table (Jennings, 2011) Different media (therapist create simultaneously, or co-create) (Jennings, 2011). Draw a Handprint (Jennings, 2012a) Draw a Self-portrait (Jennings, 2012a) Clay modelling (Jennings, 2012a) Puppet making Masks (Jennings, 1986)	

(table continues)

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
Projection		My feelings Public/Private Different feelings Before and after (session) Diary (over time) **Object Play** Balloons (P-E) (Jennings, 1986) Pass Balloon/Pass Ball (P-E) (Jennings, 1986) Spectograms- Free objects (Jennings, 1986) Spectograms- Given objects (Jennings, 1986) Spectograms- Animals (Jennings, 1986) Spectograms- Miniatures (Jennings, 1986) World Technique (Jennings, 1999) **Group Work** Islands (P-E) (Jennings, 1986) Pairs (P-P) (Jennings, 1986) I Spy (Jennings, 1986) Change the Baton (This is not a Stick)	

(table continues)

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
Projection		(Jennings, 1986) Change the Object (Jennings, 1986) Mime the Object (Magic Clay) (Jennings, 1986) Free Sculpt- Here and Now Feelings (E) (Jennings, 1986) Free Sculpt- Metaphor (The Martha Game) (E) (Jennings, 1986) Free Sculpt- Diagonal (E) (Jennings, 1986) Directed Sculpts- Here and Now Feelings (E) Directed Sculpts- Metaphor (E) (Jennings, 1986) **Storytelling** Group Story-making Listening to/Telling Stories Tableaux 6 Part Stories Toy Scenes Puppet Scenes	
Role	Opposites (Jennings, 1986)	**Group Interaction** Killer Wink (Jennings, 1986) Survival (Journey)	Role Change (Jennings, 1986)

(table continues)

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
Role		(Jennings, 1986) Planning Escape- can be followed by enacting, depicting (P) and remembered (R) (Jennings, 1986) **Role Preparation** Words in Mood (Color Your Words) (Nursery Rhyme, adverb) (Jennings, 1986) Ways of Walking (E) (Jennings, 1986) Line Repetition Ways of Sitting (E) (Jennings, 1986) Feelings (Jennings, 1986) Becoming a Character (Jennings, 1986) Famous People Party (Jennings, 1986) **Improvisation** Opening Lines (Jennings, 1986) Ending Lines (Jennings, 1986) The Park Bench (Jennings, 1986) The Old House (Jennings, 1986) The Meeting	

(table continues)

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
Role		(Jennings, 1986) Other Scene Starters (Jennings, 1986) Mask Scenes	
EPR		**Story/Scene Stimulus** Picture (Jennings, 1986) Rosebush Exploration (Jennings, 1999) Monster Exploration (Jennings, 1999) Texture/Sensory Box/Bag (Jennings, 1999) **Therapeutic Stories** Oseo Story- Journey (Jennings 1999) Log Story- Movement, Journey (Jennings, 1999) Boat Story- Movement, Journey (Jennings, 1999) Magic Forest Story- Movement, Relationships (Jennings, 1999) The Child Who Disappeared Story- Relationships	

(table continues)

Play Type	Session Section		
	Warm Ups	Main Activities	Closures
EPR		(Jennings, 1999) Quest/Archetypal stories- Journey, Movement, Relationships (Jennings, 2011)	

Other Considerations

Two significant issues therapists face in practice are limit setting and confidentiality. Recommendations for handling these issues within the EPR-ASC model are addressed here.

Limit Setting. The model for limit setting in child-directed play therapy is commonly known as ACT, an acronym for the steps of the intervention: 1. Acknowledge the child's emotions and motivation behind their action. 2. Communicate the limit. 3. Target an alternative (Sweeny & Landreth, 2011). Jennings (2011) modifies this model, incorporating it into the EPR paradigm. In her version, she advocates for the therapist to echo the child's physical, projective, or role activity, engaging with it in an acceptable way (i.e. suggesting a game of catch, sloshing paint in an acceptable place, or creating a complementary, appropriate character). This is followed by setting the limit, and transforming the activity, adding an active component to Sweeny and Landreth's (2011) more passive suggestion of an alternative.

In this intervention, we advocate a combination of the two limit setting methods. Sweeny and Landreth's (2011) acknowledgement step serves the functions of labelling the child's emotional state, bringing something that may be unconscious to

consciousness, validating it, and modelling emotion understanding, affirming and reinforcing appropriate emotional expression, and encouraging emotion regulation through the acknowledgement of an emotional state; therefore, it has an important effect on ASC development. Jennings' (2011) inclusion of an mirroring intervention further helps to communicate interest in, engagement with, and acceptance of the child's emotional communication, while modelling a more appropriate way to communicate physically, and is therefore desirable as well. Both models indicate that communicating the necessary limit is the next step, followed by an opportunity to engage in an alternative behavior. There are benefits to initiating a new, more appropriate behavior, but this may eliminate some of the child's autonomy, which may not always be preferable. Therefore, in the EPR-ASC model, therapists should use what we will call the "Embodied ACT method" for limit setting:

1. Acknowledge the child's emotion state and behavior motivation, while echoing or mirroring their behavior in a more appropriate way.
2. Communicate the limit
3. Target an alternative behavior, and if therapeutically beneficial, model.

Following the principles of Axline (1947) and Sweeny and Landreth (2011) in child directed play therapy, limit-setting should be used sparingly, for issues of the safety of the child, therapist, or other group members, or the materials and space. Common instances in which limit setting will be necessary include: physical aggression, unsafe behaviors, socially unacceptable behaviors, and behaviors that are disruptive to the therapy process (Nash & Schaefer, 2011).

In practice, especially when issues of safety are imminent, it is not always possible to implement the "Embodied ACT" method in order. There are times when the limit will need to be communicated and enforced first (i.e. blocking a child from hitting a peer). In these instances, this step should be enacted as calmly and gently as possible, to avoid frightening or shaming the child, and should be immediately followed by acknowledgement and targeting of an alternative, to complete the process. This communicates the message that while some behaviors are unacceptable, the underlying feelings are acceptable, and can and should be communicated in a more appropriate way. Jennings (2011) suggests that limit testing is often preceded by "chaos cues" (p. 71), and can be pre-empted or assuaged with interventions such as a calm, rhythmic voice to ground and stabilize the child, as well as reminders of the established playroom contract.

There may be some instances in which a child continues to engage in limit testing behavior, interrupting the group process, and endangering him or herself and the group. In this instance, the quiet area can be used as a regulatory tool for the child who is struggling to regulate him or herself. This should not be labeled as a punitive "time out" and can instead be referred to as "taking a break." The child can be asked or escorted to sit in the area, simply and without fanfare. If therapeutically beneficial, she or he may be given a sensory tool to use to regulate, but this should not be done if it will reinforce inappropriate behavior. The goal is for the child to develop and practice his or her own emotional regulation measures. The child's behavior in the quiet area should be ignored, and the group process should continue as it was- this can be a moment to reinforce to the group that sometimes managing our emotions can be difficult, and we need to take a break until we are able to better communicate our feelings to others. Once the child

demonstrates more appropriate and regulated behavior, they should be acknowledged and welcomed back to the group process. When two therapists are available, one can support the problem behavior using the Embodied ACT method, and if needed, the quiet area while the other seamlessly continues the group activity- this is ideal.

Removal from the group should only occur as a last resort, when the child's inappropriate behaviors cannot be contained by limit setting or a quiet area break, and is continuing to endanger him or herself, the group, and/or the space. In this case, no children should be left unattended or unoccupied. The group should be provided with an activity that they can engage in independently, while the therapist delivers the child having difficulty to a waiting adult- a parent, teacher, or other professional nearby, depending on the setting where the group is taking place. Again, when two therapists are available, this transition is much more manageable and effective. Ideally, the child should not leave at this time, but instead be supported to regulate his or her behavior and emotions so that he or she can return to the group, or at least repair with the therapist after the group ends.

It is paramount in all of these processes to maintain the positive therapeutic alliance with the struggling child, and to name and affirm their emotional experience while helping them to manage their expression and behavior. The communication should be that while the child's behavior may not be acceptable, the child is fundamentally good, will be supported to develop more appropriate emotional regulation skills, and will be welcomed back to full participation in the group when they are able to enact them.

Confidentiality. Confidentiality is essential to an effective therapeutic process. It ensures that the client feels safe, contained, and valued within the relationship and it is

a primary responsibility of the therapist. Confidentiality measures should be built into the therapeutic contract. Parents and children should both understand that only general feedback about progress will be communicated to the parents, and it is the child's choice if he or she wants to disclose about the content of their experiences in the group.

Client files should be kept under lock and key, maintained by the lead therapist, and when filed electronically, should be password protected using a secure program. The same should be true of client art creations and photographs of work. This can be a challenging matter with many young clients at first, as they are often used to taking home art creations from school and programs. One of the first directive activities in the group is the making and personalization of a large portfolio for storing artwork. A locked cupboard should also be designated for storage of 3D materials, and placing creations into the portfolio or cupboard can then become a ritualized action within the group. It can be made clear to the child that items are being kept safe for them, available to return to if they need, and will be sent home with them at the end of the series, when they can choose whether and with whom they'd like to share them. Often, children come to appreciate, and even crave the safekeeping aspect of this process (Jennings, 1999).

There are instances where confidentiality is trumped by ethical responsibility to the health and wellbeing of our clients. Drama therapists have an ethical responsibility to make a report to the authorities "to prevent serious and imminent danger to client or others and to protect a child, older adult, or other vulnerable person(s) from abuse or neglect" (NADTA, 2013, p. 1). Disclosures of abuse, neglect, or imminent danger are possible in this line of work, and therapists must be prepared to handle them with composure. They should seek supervision, and where possible, when it won't further

endanger the parties involved, reports should be made with the client and family's knowledge. Therapists' utmost responsibility is to their clients' safety and wellbeing-growth and skill development cannot occur when basic needs are not being met.

Change Elements

Carroll and Nuro (2002) suggest that intervention manuals should note their "unique and essential", "essential but not unique", "recommended," and "proscribed" elements to distinguish it from other models.

Unique and Essential. In EPR-ASC, the unique and essential element for therapeutic change is the use of the EPR paradigm within the context of drama therapy, to specifically target ASC skills. Intentionally providing opportunities for both directive and non-directive play in embodied, projective, and role methods, with targeted ASC goals is an intervention not found in other programs, and we believe it is the most effective vehicle for skill development, based on review of the research and observation of connections between the target skills and play processes. This intervention requires the group context, provision of play spaces and materials conducive to EPR play, and opportunities for both child-directed exploration and therapist-led play experiences, paired with goals for ASC development for both individuals and the group as a whole. As well, it requires the awareness and application of the drama therapy principles of dramatic reality, the playspace, and distancing (Jennings, 1990; 1998). Dramatic reality and the playspace acknowledge that within the context of drama therapy, anything is possible. Everyday reality and the imaginary creations are held in the same physical and metaphysical space, and the principal of 'as if' means that objects, identities, and even behaviors and actions can be other than what they are, as long as all players agree (Jennings, 1990; 1998; Jones, 2007). This freedom of expression and experience is

essential to the spontaneous, experimental, and creative learning and development necessary for ASC growth. Distancing supports the modulation of emotional investment in a creative process. Drama therapeutic techniques, including those used in the EPR paradigm, can be powerfully evocative, even for children, especially when sensory or movement processes, projective creations, or scenes and roles are related to real-life, emotionally charged experiences (Jennings, 1990; 1998). Moving back and forth on the EPR continuum can affect emotional distancing, bringing an individual closer to and further away from their felt emotions as therapeutically appropriate. As well, directive techniques, especially in enactments, can support this movement (Jennings, 1990; 1998). And thorough de-roling of individuals, objects, and the space, is necessary before the end of every session (Jennings, 1990; 1998; 1999).

Essential but not Unique. Essential but not unique features of the program include the therapeutic alliance, the application of Axline (1947)'s principles of non-directive play therapy, and Yalom (2005)'s therapeutic factors in group psychotherapy. Rapport and a strong, trusting therapeutic alliance are essential to the effectiveness of any therapeutic intervention. The child must feel safe, supported, and valued within the relationship if any growth is to occur, and it is the therapists' responsibility to create that environment. Axline (1947) eight basic principles of play therapy serve this purpose by communicating the child's worth to him or her implicitly and explicitly. By building rapport, communicating acceptance, permissiveness, reflection of feelings, and respect, allowing the child to direct him or herself, without being rushed, and establishing only necessary limitations, the therapist communicates that the child is a capable, worthwhile, interesting, and valued individual who can be trusted to solve problems, self-express, and

grow (Axline, 1947). This creates fertile space for development for the child. Finally, the group nature of the EPR-ASC intervention means that it invokes Yalom (2005)'s group therapeutic factors, which include: "instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors" (p. 1-2). These factors indicate that there is intra- and interpersonal growth that can only happen in community, as opposed to in individual therapy. Several of these factors are directly applicable to ASC development, including socializing techniques, imitative behavior, and interpersonal learning. In group therapy, group members learn from one another and grow together.

Recommended. Recommended features of the program include the use of the ideal space and materials indicated. We hypothesize that the more opportunities for a wide range of EPR play, the more benefits group members will receive for ASC development. Other recommended elements include involvement of, and where possible, parallel processes for parents and teachers. Parents should be provided with information about both EPR, and ways that they can support and engage in play with their children at home, as well as ASC, and ways they can develop target skills in their children through modelling, feedback, practice, and engagement. This can be done through handouts and written communications, simultaneous parent groups, or both. Teachers can also be provided with handouts and information about EPR, ASC, and ways they can integrate principles from the intervention in their classroom. The more the child is supported by his or her entire system, the more likely it is that positive development will occur.

Proscribed. Finally, few elements are proscribed by this intervention. EPR is not based on a particular theory, and can therefore be integrated into a variety of models of psychotherapy, or utilized as a play intervention. We believe it is most effective in the framework of a drama therapy program, but this has not been tested. Behavioral interventions are recommended against in this model, however, especially tangible rewards such as food or prizes. While these reinforcements can be effective in modifying and shaping behaviors, it can be harder for the skills to generalize to other settings (Jennings, 2011). The play itself should be intrinsically rewarding, as well as the competent social interaction and the successful expression, understanding, and management of emotional experiences. Praise for successful use of skills is not wholly inappropriate, but it is more wholesome and effective when delivered in format of a tracking or reflecting statement from the therapist, returning responsibility to the child, perhaps with a proud tone of voice. The message is the child has within him the capacity for demonstrating skills effectively, and it is emerging, as we knew it could and would (Axline, 1947). As well, creative expressions should never be praised or judged in any way. Even if asked what we think by the child, therapists should validate effort, not product. If a creation is deemed "good," the reverse is possible- it could be "bad." This reflection is internalized by the child, and projected onto him or herself, as well. Finally, anything that endangers the child or the group, or jeopardizes their experiences of autonomy and creative self-expression within the group is proscribed.

Future Directions

Fraser and Galinsky (2010) specified five stages in intervention research, of which the first two, development of problem and program theories, and specification of

program structures and processes, have been explored here. The next steps in their method require the refinement of the method through efficacy tests, which utilize high levels of experimental control to isolate and evaluate components of the intervention. Calculating effect sizes can indicate the most important intervention variables for moderation and mediation, and the intervention can be reconceptualised and refined based on these factors (Fraser & Galinsky, 2010). Effectiveness tests are then conducted, providing feedback from real practice, in "scale conditions," followed by the dissemination of program findings and materials, including results, intervention manuals, and training materials (Fraser & Galinsky, 2010, p. 463). Similarly, Carroll & Nuro (2002) indicate that interventions should be pilot tested for feasibility, evaluated for efficacy in randomized control trials (RCTs), and confirmed for effectiveness in treatment conditions, with intervention revisions at each step.

This intervention, while based on sufficient review of the research of others, as well as analysis of the construct of ASC, the characteristics of play, and the use of the EPR paradigm, is entirely theoretical, and has not been implemented or evaluated for feasibility, efficacy, or effectiveness in practice. The next step in developing this intervention is to use qualitative evaluation methods in an initial implementation, to investigate feasibility and note weaknesses and choice points in the method. Thick description of processes and outcomes, as well as focus groups and simple pre- and post-surveys from a variety of sources could all provide feedback on the feasibility of the intervention in action. The intervention should be edited and elaborated based on this feedback. From there, extensive correlational and experimental analysis methods could

be implemented, to evaluate the intervention's effectiveness at producing the desired improvement in ASC.

Most research in the areas of play and drama therapy, and especially efficacy studies, are lacking in their methodological design and analysis and presentation of results. In Lillard and colleagues' (2013) meta-analysis of play research, methodological limitations included: implications that correlation equals causation (it does not), failure to replicate, experimenter bias, "small sample size, non-random assignment, confounding implementer with the intervention, control conditions that differ beyond pretend play, confounding content with pretend play, and unsound statistical procedures" (p. 3). Future research in the field should use: experimenters and intervention agents who are masked to the research hypotheses and participant conditions, random assignment, equal control conditions, multiple implementers, uniform measures, and rigorous, ethical analyses (Lillard et al., 2013). Evaluators of intervention research deplore the lack of specifics, evidence-based recommendations, and information to replicate the research.

> Research in this area should ideally inform the professionals about the most appropriate drama technique for specific age groups and special needs, group composition (size, ability, etc.), intervention strategy (frequency, duration, number of sessions), outputs (positive effects, negative effects and behaviors that are not affected), any complementary strategies, probability of generalization and maintenance. It should inform the policy makers of the need for including drama in the curriculum, training for drama or special education specialists, etc. (Jindal-Snape and Vettraino, 2007, p. 116).

Hypothetically, a massive scale, ideal evaluation study could test the efficacy of components of this intervention, including EPR, directive and nondirective therapeutic intervention, and general counselling techniques, such as reflection, tracking, limit setting, and modelling, as compared to several other interventions, and a control of no intervention. Participants with varying levels of ASC could be recruited, from both risk and normative populations. Ideally they would then be randomly assigned to one of several conditions: a treatment condition utilizing EPR-ASC; a free play condition, offering materials conducive to EPR, and with supervision, but without therapeutic intent; a social skills condition, utilizing a currently accepted method for building skills similar to the ASC model; and a wait list condition, in which participants do not receive intervention during the course of the trial. Conditions for other models of play or drama therapy could also be included, with enough therapists and participants. After the trial and analysis are completed, all participants would be offered the most successful method.

Therapists in intervention conditions should be blind to the hypotheses of the study, and should be sufficiently trained in their modality and supervised. Decisions would need to be made about the level of interaction of the adult supervisors with the children in the free play condition. As well, care would need to be taken to ensure that the intervention itself was the only difference between groups, both in terms of characteristics, and experiences in the trial. Sample sizes should be as large as possible, to establish sufficient power in the statistical analyses.

Participants could be evaluated on the components of ASC using standardized and validated measures used in other studies; those noted in the literature review here provide a myriad of options. Some of the most common include: The Emotion Regulation

Checklist (Shields & Cicchetti, 1997) and the Penn Interactive Play Scale (Fantuzzo & Hampton, 2000) for emotion regulation, the Affect in Play Scale (Cordiano, Russ, & Short, 2008), and coding methods for emotion expression, and the Affect Knowledge Test (Denham, 1986) for emotion knowledge. Parent and teacher reports of behavior, as well as in vivo tasks will provide a range of perspectives on the child's ASC functioning. Evaluators should be masked to the hypothesis and to the child's condition assignment, and should not be involved in the interventions themselves. Evaluation should occur before the intervention begins, after the intervention ends, and ideally at set times in the future, to measure longitudinal progress, stability of change, and generalizability.

All intervention conditions would ideally be videotaped for coding. In each condition, the amount of embodiment, projection, and role play could be counted, in time units, and EPR could be identified across conditions. It could also be noted if the play was client initiated/developed (nondirective), or therapist/initiated/developed (directive) in the therapy conditions, with frequency noted. Other therapeutic interventions could also be coded on frequency, including tracking, reflecting, behavioral rehearsal, emotional modelling, limit setting, etc. All of these variables could then be isolated and correlated with outcomes on the ASC measures, within and across conditions, to identify which therapeutic processes have the most effect on the development of ASC.

This study proposed here is extremely ambitious, and its feasibility on this scale is unlikely. However, components of the conditions suggested here could be implemented in smaller scale studies, building to the same results over a longer time. It is important to attempt to isolate the many variables included in this intervention, including play experiences from the EPR paradigm, directive and nondirective play experiences, more

common therapeutic techniques and characteristics, the involvement of a caring adult who can model emotional skills, and the experience of social play and interaction, and evaluate their efficacy, both individually and in combination. These evaluations will offer evidence-based support for play and drama based interventions, which is essential for the further growth and development of our field (Lewis & Johnson, 2000). As Fraser & Galinsky (2010) write, "The test of a profession is its capacity to generate knowledge for practice," (p. 465).

This study also has broader implications for creative arts therapists, researchers with interests in child development and emotion development, and for parents, educators, and those looking for services.

It is worth noting that the EPR paradigm was chosen for this intervention design simply for its direct parallels to the types of play investigated by Lindsey and Colwell (2013), which included physical play (exercise and rough and tumble) and pretend play (fantasy and sociodramatic), for its logical and accessible parallels to the core ASC skills, and for this author's interest in the model. Many other drama and play therapy methodologies likely correlate with the conditions of play as a malleable mediator- child-centered play therapy and Developmental Transformations come to mind immediately. As well, though the intervention was developed for a specific age range of children, it could easily be modified for adolescents, adults, and seniors, and adapted for a range of developmental and psychological conditions and levels of functioning, as long as the treatment goals are applicable. The theoretical foundation presented in this paper could serve as a springboard for other creative arts therapists to investigate the effectiveness of a variety of play based interventions on the development of ASC. A welcome addition to

the intervention would be the articulation of a complementary parent support and training program, as well as specific resources and supports for teachers.

More research into the relationship of play to emotional development is also indicated by this study. More rigorous studies, especially longitudinal explorations, ethical investigations of play deprivation, and descriptive studies of play in children's natural environments, with investigation into forms, duration, location, cost-benefits, and functions, can all contribute to our understanding of the relationship of play to emotion, and more specifically ASC development.

Finally, it is hoped that the theoretical basis for this intervention is strong enough to indicate that play experiences, and especially ones that engage the body and the imagination, in relationship with caring and modelling adults, as well as peers, with structure and support, may be an extremely effective vehicle for the development of emotion skills. Parents who play with their children regularly, provide a range of play materials and experiences, and arrange for play experiences with peers, and teachers who use play in the classroom are certainly supporting this development in important ways. Opportunities for movement, creative, and dramatic self -expression are immensely beneficial across the span of development, in areas of emotion skill and beyond.

Conclusion

Imagine, for a moment, how much less vibrant and engaging our social experiences would be if we were unaware of or unable to experience emotions in relationships, to express them to one another, or to understand and respond to them in others. Shared emotional experiences allow us to bond with others, to understand and be understood, and to experience the full continuum of richness of human experience. The construct of ASC articulates the cyclical, interconnected developmental process of building skills in emotion regulation, expression, and understanding. Research indicates that this developmental process, in both normal and challenged iterations, can be accompanied and supported by complementary developmental play experiences.

The paradigm of EPR in our understanding of the ways play develops naturally beautifully complements the process of ASC development. Specifically, though not exclusively, embodied play, in which we explore our physical capabilities and our sensory relationship to the environment, can support our awareness and understanding of the physiological and psychological experiences of emotion, and develop our abilities to identify, access, and practice emotion regulation and coping strategies and skills. Projective play, in which objects and images outside of us become invested with meaning and can be molded, shaped, and manipulated to symbolically express ideas and experiences, can support our ability to use words and actions to symbolically and directly express emotion in socially competent ways. Role play, which allows us to explore characters, situations, events, and experiences that are different from our everyday experience of reality, allows us to perceive the world from a different angle, explore alternative experiences, and ultimately better understand our worlds and those in it,

leading to increased abilities to take the perspective of others, and especially to understand their emotional communications. Additionally, the practice of group drama therapy provides a caring, competent, containing model of emotion expression, understanding, and regulation in the therapist who can initiate, guide, engage in, and support play, processing, and social experiences, as well as a social context in which play and ASC skills can be practiced and developed.

Taken together, the practice of EPR play experiences within the context of a group drama therapy process with intentional goals for ASC development may be an extremely effective method for developing ASC skills in children ages four to ten, both with and without formal DSM-V diagnoses or difficulties; specifically here, autism spectrum disorders, behavioral disorders, or experiences of trauma and maltreatment. The EPR-ASC model is intended to provide both a research and practice foundation for the further development of this and other interventions using play and drama processes to build social and emotional skills and especially ASC.

It is clear that opportunities to play, express, experiment, and explore, spontaneously, creatively, dramatically, and in relationship with ourselves, with others, and with the world around us, enable us to experience the richness of the human experience, not just as children, but across the lifespan. "It is in playing, and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (Winnicott, 2005, p. 73). Once discovered, the self can then encounter other selves, playfully, creatively, emotionally, and completely.

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