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The four-phase CBN Psychodrama Model: A manualized approach for practice and research

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ABSTRACT

This paper presents a four-phase psychodrama treatment model that integrates psychodramatic theory and practice with selected procedures from cognitive-behavioral therapy and narrative therapy (CBN Psychodrama). The model was developed by the authors during their work with Israeli at risk adolescents and focuses on the enhancement of self-control skills and instilling hope. The conceptual framework of the model is presented, followed by a detailed account of its treatment procedures and techniques, thus providing guidance in the form of a manualized approach that facilitates implementation for therapists, and pave the way toward a better integration of practice and research. The implementation of key processes and techniques is presented as a case study, and future directions are discussed.

This paper presents the CBN Psychodrama Model, a four-phase treatment model that integrates psychodrama theory and practice with selected procedures from cognitive-behavioral and narrative therapy. The model was developed as part of the Alony-Hetz Project for the Safe Future of At-Risk Youth (2011–2014), which was designed to foster cognitive-behavioral self-control skills and instill hope. The conceptual framework and a detailed account of the procedures in each phase are presented, as well as techniques in the form of a manualized approach for practice and research. An illustrative case study demonstrates the model in action.

The conceptual framework

Psychodrama and role theory

Psychodrama is a group action method in which participants use role-play to work on their personal and interpersonal problems and possible solutions. The model presented here draws on Moreno's role theory, which defines a role "as the actual and tangible forms which the self takes" (Moreno, 1946, p. 153). Moreno argued that people are all role-players, and that "every individual is characterized with a range of roles that dominate his [*sic*] behavior. . ." (Moreno, 1946, p. 354–355). He claimed that "role is the functioning form the individual assumes in the specific moment he reacts to a specific situation" (Moreno, 1972/1994, p. iv). Based on the above, roles are defined here as *behaviors*, and maladaptive behaviors as *roles worth changing*.

The model integrates Moreno's assumption that "every role has two sides, a private and a collective side" (Moreno, 1946, p. 351). Whereas collective roles are more general, portraying *the* father or *the* sister, private roles are more specific and individual, and thus portray *a* father or *a* sister. Collective roles are called *sociodramatic roles*, and represent shared ideas and experiences; private roles are called *psychodramatic roles*, and represent private ideas and experiences. Nevertheless, "these two forms of role-playing can never be truly separated" (Moreno, 1946, p. 352) because in daily life private psychodramatic roles are enacted within a broader socio-cultural context of general sociodramatic roles.

The structure of our model reflects Moreno's three levels of role engagement, each of which represents increasing depth and freedom:

> It may be useful to differentiate between *role-taking* – which is the taking of a finished, fully established role which does not permit the individual any variation, any degree of freedom, *role-playing* – which permits the individual some degree of freedom, and *role-creating* – which permits the individual a high degree of freedom. (Moreno, 1946, p. 62)

Dayton (1994, pp. 21–22) clarified this definition by specifying that *role taking* refers to the fairly automatic learning of a role by

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imitation or modeling, whereas *role playing* refers to doing what people learn during role-taking while bringing themselves into the role, experimenting with it, practicing, and making adaptations to it. In contrast, *role creating* refers to creating a new role with a unique vision to suit a person's personal talents, needs and desires.

Psychodramatists associate mental health with the ability to create a wide repertoire of roles that enable the individual to act flexibly and adequately, in the right way at the right time (Fox, 1987, p. xiv). Blatner (1991) suggested that using the concept of role to represent a problem or a behavior is more understandable and practical, and is less pathologizing and stigmatizing. In other words, the conceptualization of problems as roles acknowledges clients' ability to differentiate themselves from their behaviors, to step back and reflect on their actions while taking on what Blatner (2006) termed the *meta-role* (i.e., the coordinator of all the other roles, the inner-playwright/director) so as to reevaluate, redefine and modify the different roles they play.

Cognitive-behavioral therapy

The underlying premise of cognitive therapy is that maladaptive behavior and disturbed emotions result from automatic irrational and negative thoughts, beliefs (i.e., schemas), and assumptions. The aim of cognitive therapy is to uncover these cognitive distortions and change them through cognitive restructuring (Ellis & Dryden, 1997; Leahy & Beck, 2004). Behavioral therapists use behavioral modification techniques to replace maladaptive behaviors with more adaptive ones. Modern cognitive-behavioral therapy (CBT) integrates both cognitive reconstructing and behavioral modification by focusing on the causal links among thoughts, emotions, and behaviors. CBT clients take an active role in that they are asked to monitor their thoughts, feelings, and actions, question the validity of their automatic thoughts, practice relaxation and distraction techniques, and engage in cognitive and behavioral rehearsals that involve role-playing and guided imagination (Ronen, 2011a).

There have been numerous attempts to associate psychodrama with CBT. In a special 2002 issue of the *Journal of Group Psychotherapy, Psychodrama & Sociometry* on psychodrama and CBT, Kipper (2002) and Treadwell, Kumar, and Wright (2002) described a range of CBT techniques that can be used to enhance psychodrama practice (see also Avrahami, 2003; Fisher, 2007; Hamamci, 2006; Jacobs, 2002; Ramsay, 2002; Wilson, 2012). Wilson (2011a, 2011b), who compared the origins and philosophies of the two approaches and explored the relationship between CBT and psychodrama techniques, concluded that all psychodramas involve cognitive change (e.g., change in perceptions and beliefs) and that many CBT strategies can be adapted and used to experiment in action and "play" with new behaviors. The current model innovates by using a drama-based implementation of CBT as well as narrative therapy strategies.

Narrative therapy

The CBN Psychodrama Model emphasizes the triadic relationship among psychodrama, cognitive-behavioral therapy, and narrative therapy (NT). Its primary aim is to reveal the associations between a client's perceptions, emotions and behaviors (cf. Dunne & Rand, 2006; Dunne, 2009). As part of the Social Constructivist approach to psychotherapy, NT emphasizes people's ability, through language, to reconstruct personal experiences as stories. Narratives are created through interpersonal interactions, and by connecting events across time to derive meaning from them (Morgan, 2000). Because people typically come to therapy with a dominant *problem-saturated* narrative, narrative therapists view psychopathology as an outcome of maladaptive narrative construction. The typical goal of NT is to deconstruct problem-saturated stories and re-author alternative stories that support preferred outcomes (West & Bubenzer, 2002, p. 366).

One key process in NT is *externalizing* the problem. The client's problem is conceptualized as a separate external entity, as opposed to the problem being the client him or herself. This externalization helps clients to objectify the problem and to dis-identify with it. As a result, they can perceive problems as changeable products of circumstances or interpersonal processes, rather than as caused by their fixed psychology or personality (Payne, 2006). In NT, externalizing the problem is achieved through conversation. In the model presented here, it is chiefly achieved by means of artistic projection of the problem onto clay or paint (*projective externalization*) and by means of role-paying (*dramatic externalization).* This esthetic externalization not only helps clients to achieve *an esthetic distance* from the problem, which enables them to step back and reflect on the problem, but also to perceive the problem as a distinct entity with which a dialog can take place toward change.

Another key process in NT is *relative influence questioning*, which involves determining the influence of a problem on the client's life, and the client's own influence on the life of the problem (White & Epston, 1990, p. 42). In traditional NT, the former refers to problem-saturated narratives that explain how the problem causes trouble for the client, whereas the latter refers to how the client is "causing trouble" for the problem, in terms of eliminating or weakening it. In our version of relative influence questioning, we first explore a client's reciprocal relationship with the problem focusing on *losses* caused by the problem, as well as possible *gains* the client experiences from preserving or supporting the problem.

Another key NT process is *recalling past exceptions* which refers to situations when the problem is absent or the weakest. These exceptions are unique events that contradict the dominant problem-saturated story ("unique outcomes", Goffman, 1961); namely unique events when the client caused trouble for the problem. Exceptions convey to clients that they have the ability to control the existence or intensity of a problem and help them to construct an alternative narrative. Whereas dominant problem-saturated narratives tend to be rich and thick, alternative narratives with unique events tend to be thin and sparse. It is posited here that some maladaptive roles tend to be overdeveloped at the expense of adaptive roles that are underdeveloped.

Self-control skills and hope

Rosenbaum (1990) and Rosenbaum and Ronen (2013) conceptualized self-control as a set of goal-directed skills that enable people to act on their aims, overcome difficulties relating to thoughts, emotions, and behaviors, delay gratification, and cope with distress. Studies have pinpointed a link between self-control skills and high subjective well-being (Orkibi, Ronen, & Assoulin, 2014; Orkibi, 2014) as well as the ability to cope with anxiety (Hamama, Ronen, & Feigin, 2000) and to reduce most forms of aggressive behavior (Phil & Benkelflat, 2005). Poor self-control, on the other hand, is a predictor of crime and violence (Denson, Capper, Oaten, Friese, & Schofield, 2011) and increased substance misuse (Wills, Pokhrel, Morehouse, & Fenster, 2011).

Similarly, in Snyder's Hope Theory (Snyder, 2000), hope, like self-control, is conceptualized as a goal-directed construct comprised of three components. The first component is having a *goal* that is personally valuable yet uncertain, the second is *pathway thoughts*, which refers to the perceived ability to produce multiple workable routes leading to the goal, in spite of possible obstacles, and the third is *agency thoughts*, which refer to the perceived ability to initiate and sustain movement along these pathways. Snyder's theory suggests that hope consists of a person's perceived "will and way" *to act* in order to achieve a goal, and as such is particularly suitable for an action-oriented therapy like psychodrama.

Table 1
Outline of phases and procedures in the model.

Phase	Procedures
Phase 1: Role Naming	Defining behaviors as roles Identifying personal role worth changing and mapping its influence Projective externalization of a metaphorical role worth changing
Phase 2: Role Playing	Dramatic externalization: losses and gains Recalling exceptional roles worth keeping
Phase 3: Role Creating	Rise of the meta-role Creating helpful self-talk
Phase 4: Role Training	Projection of self into hopeful future Maintenance of role worth keeping

Previous research has shown that children who were more hopeful also reported more personal adjustment, greater life satisfaction and higher academic achievements (Gilman, Dooley, & Florell, 2006; Marques, Pais-Ribeiro, & Lopez, 2011). High hope was also negatively associated with risk behaviors, depressive symptoms and negative developmental trajectories (Schmid, Phelps, Kiely, Napolitano, Boyd, & Lerner, 2011), but positively linked with regulatory self-control skills (Schmid, Phelps, & Lerner, 2011).

The CBN Psychodrama Model

This section presents the phases, procedures, and techniques of the model through a manualized approach. As shown in Table 1, the model consists of four consecutive phases: role-naming, role-playing, role-creating, and role-rehearsing. While therapists are encouraged to adhere to this order, the procedures and techniques within each phase can be implemented repeatedly as needed. However, in some cases revisiting an earlier phase may be necessary, similar to the way that from a developmental perspective, successful completion of an earlier developmental task enables a person's successful completion of a later task. For example, defining behavior as a role must precede identifying a personal role (i.e., behavior) worth changing. Within each phase, procedures and techniques can be applied with creativity and flexibility to meet the needs of individual clients. The model can be readily applied to groups, families, and individuals.

Phase 1: role naming

The first phase of the model focuses on identifying and defining the problem. This phase moves from what Moreno called *collective* roles to *private roles*, and is made up of three procedures: defining behavior as a role, identifying a personal role worth changing and mapping its influence, and projective externalization of this role.

Defining behaviors as roles

This procedure helps clients define and conceptualize everyday behaviors as roles; that is, behaviors are characterized as external, tangible manifestations of desirable roles worth keeping, and undesirable roles worth changing. Given that this procedure occurs early in the process, the aim is to reduce anxiety and increase spontaneity in a structured way by using therapist-generated situations followed by client-generated situations. First, clients are invited to enact generic dramatic situations that portray what Moreno called collective roles. For instance, collective roles worth changing are *the* bossy, *the* arrogant, *the* aggressor, *the* hostile, *the* manipulative, *the* pleaser, *the* avoidant, and collective roles worth keeping are *the* friendly, *the* supportive, *the* honest, *the* curious, *the* respectful, *the* hopeful, etc. Asking clients to pick envelopes with small notes inside that briefly describe each situation provides a structure that helps heighten client spontaneity and playfulness. Then, after clients are warmed up, they are invited to suggest and enact imaginary situations and assign names to the roles.

Identifying a personal role worth changing and mapping its influence

Clients are invited to enact a situation from their own lives and identify a personal *role worth changing*; that is, an undesired maladaptive repetitive pattern of behavior. Clients specify a simple noun for the role plus an adjective such as "hostile-anti", the one used in the case study. This procedure is based on the notion that "the first step in gaining control of any phenomenon is to give it a name" (Frank, 1973, p. 328) and that "naming encourages focus and precision, enables the person to feel more in control of the problem. . ." (Payne, 2006, p. 22).

Through dramatic interviewing, clients describe the influence of the role worth changing on their everyday life, in various relationships and different situations that are later enacted on stage. The therapist asks clarifying and extending questions to explore this influence in detail, and covers the behavioral, emotional, physical, interactional, and attitudinal domains (White & Epston, 1990). For example, clients are asked what relationships are most affected by the role, and what they find themselves doing/saying/thinking that seems to be a result of the role (cf. Payne, 2006, p. 41).

Projective externalization of the metaphorical role worth changing

The Greek term *metaphor* means to "carry something across" or to "transfer". Traditionally, metaphors are defined as a figure of speech that implies a comparison between two things; "a form of communication that is expressive, creative, challenging, and powerful. . . [that] requires active involvement, thus instigating an interactive process between clients and therapists" (Ronen, 2011b, p. 124). Metaphors, therefore, are used to succinctly express meaningful implicit messages to convey a maximum meaning of rich inner experiences through a minimum of words (see also Stott, Mansell, Salkovskis, Lavender, & Cartwright-Hatton, 2010).

Clients are asked to create a metaphorical representation of the role worth changing using colored modeling clay or by drawing. In this procedure, the client projects into the artwork what was not consciously expressed in words, "revealing important information. . .that is not accessible in more direct ways [of expression]" (Rubin, 2010, p. 119). This client-created artwork is the first step that enables clients to conceptualize the idea that they can create their own roles (i.e., behaviors) worth changing, and can literally see the problem as a distinct external entity with which a dialog can take place toward change. Here, the client specifies a noun for the metaphorical role and adds an adjective and/or an action to thicken the role's description (cf. Clayton, 1993). The two examples in Fig. 1 illustrate what the clients described as "a turtle with a heavy load on its back trying to get through a barrier" and "a butterfly with one wing that can still fly if it wants".

Phase 2: role-playing

Role-playing facilitates clients' exploration of roles. In this phase, role-playing is used to facilitate dramatic externalization of the metaphoric role that was created in phase 1. Role playing helps recollect positive exceptional roles, which ultimately manifest clients' ability to expand their role repertoire, and thus helps them "to be more able to respond to situations with a greater range of options" (Blatner & Cukier, 2007, p. 299).

Dramatic externalization: losses and gains

In the previous phase, the metaphorical role worth changing was externalized by means of artistic projection onto clay or by drawing. In this phase, the same metaphorical role is externalized

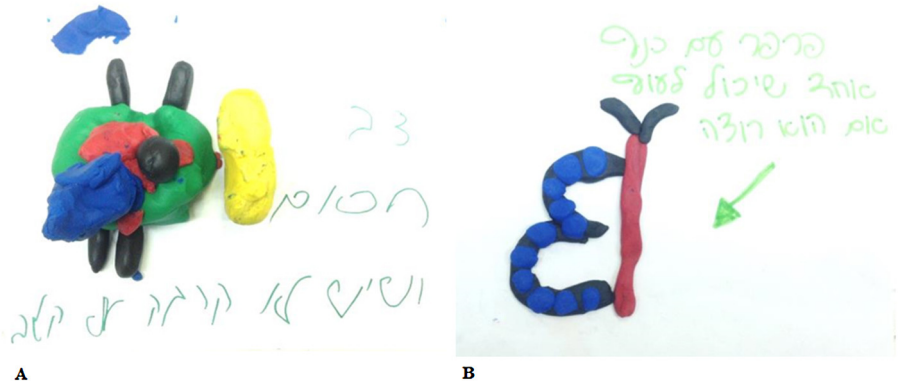

Fig. 1. Two examples of externalized metaphoric representation of role worth changing: (A) "a turtle with a heavy load on its back trying to get through a barrier" and (B) "a butterfly with one wing that can still fly if it wants".

by means of role-playing; a dramatic externalization that enables clients to see the role worth changing as separate from themselves, which gives them the opportunity to experience more control over that role and take a stand against it.

In the clinical setting, two chairs are placed on the stage: one chair represents the client, and the other represents the metaphorical role worth changing (i.e., the behavior). The therapist first asks for details about the shape, size, color and content of the metaphorical role seated on the stage. A *concrete physical sculpting* of the client's relationship with the metaphorical role can also be used. In either case, the *role reversal* technique is used to enable the client to speak from the metaphorical role, and is prompted with questions such as "Where and when do you (the role) appear most often (e.g., time, place, event)"? "When are you (the role) the strongest and when are you the weakest?" To reveal interactional perspectives of the role worth changing, a *third-person perspective* can be introduced by placing a chair on stage to represent a person in the client's life (e.g., parent, brother, friend, teacher) who is affected by or witness to the role worth changing. This helps ask questions such as "What would you (the third person) say regarding your current relationship with the role?" "What would you (the third person) say regarding the way the (client's) role affects you?" (cf. Bannink, 2012, pp. 106–107).

Next, *relative influence questioning* is used to explore the client's relationship with the metaphorical role worth changing in term of losses and gains experienced. Example questions could include "How does the role (e.g., hostile-anti) present itself at school, at home, at work?" "Are there ways in which you have unknowingly given the role the upper hand in your life?" "Have there been people or situations that have helped you to keep the role dominant in your life?" "What are possible advantages you gain from the existence of the role?" (cf. Madigan, 2011, p. 88). To introduce these questions in a conversational rather than interrogational tone, the stage can be set up like a TV talk or reality show where the 'gain chair' and the 'losses chair' engage in a dialog. This is similar to the *multiple ego technique* where "the protagonist is helped to play out different parts of the self and to have these parts dialog with each other, negotiate, struggle, and work out compromises" (Blatner, 2000, p. 122).

Recalling exceptional roles worth keeping

Clients identify situations in the past where the role worth changing was at its weakest or absent, thus highlighting the existence of a positive (albeit underdeveloped) counter-role worth nurturing and keeping that *contradicts* the dominant role worth changing (cf. Landy, 2009). The counter-role typically conveys personal strengths, resourcefulness, and pro-social adaptive functioning. It is noteworthy that even in cases where clients cannot identify an exceptional situation, the possibility of such a situation is introduced by asking them to imagine one, through prompting with "as if" or "suppose there is a possibility." The following *exception-finding questions* are asked to identify the existence of exceptional roles within specific contexts such as "Was there a time in the last week (or month, year) when your role worth changing was less dominant or when it was absent for a short period of time?" "When didn't you play the role, after expecting that you would?" "When was the role less dominant, even just a little bit?" "What did you do/how did you manage to overcome playing this role?" "What role would you like instead of the role worth changing?" (Bannink, 2012, pp. 95, 132).

After identifying the counter-role, questions are used to prompt clients to re-describe themselves in a way that acknowledges the exceptional counter-role. These include "What does this exceptional role tell you about yourself?" "How might this exceptional role influence your relationship with others?" Identifying a desirable role helps clients shift their attention and focus on what roles they do want, instead of only those they do not want. This shift coincides with what the Positive CBT approach calls using *strengths and solution talk* rather than *problem talk* (Bannink, 2012, pp. 71, 77). Similarly, the client's goals are formulated in positive terms. This means formulating approach goals that convey the idea of moving toward a solution (e.g., increasing self-control), rather than formulating avoidance goals that indicate moving away from a problem (e.g., decreasing aggression) (pp. 79, 82).

Phase 3: role creating

This phase facilitates the client's ability to act and reflect in tandem and to find new and creative cognitive, emotional and behavioral responses to a situation, thus supporting the creative expansion of the client's role repertoire. This phase incorporates two procedures. The first deals with the identification of the meta-role, and the second focuses on the identification of the relationships between thoughts, emotions, and behaviors, as well as the creation of helpful self-talk to modify behavior.

Rise of the meta-role

The realization that there is a role worth changing and a positive counter-role worth keeping suggests that a person's role repertoire is not fixed or static but can be expanded. This process represents the rise of the *meta-role*, the coordinator of all the other roles, the "choosing self," the role that can re-author or re-direct a situation (Blatner, 2000, p. 120). Creating the meta-role is "a way of stepping back a bit, of helping people to be more self-reflective" and assess the functioning of the roles they play in their life (Blatner,

2006). Thus the concept of the meta-role creates self-awareness and a sense of self-control.

In practice, one way to facilitate the rise of the meta-role is by inviting clients to be the director who sculpts two statues on either side of the room. The first embodies the role worth changing and its inner thoughts (e.g., hostile-anti), and the second embodies the positive counter-role and its inner thoughts (e.g., agreeable). Between the two statues, two to three chairs are placed that represent the continuum of roles between the role worth changing and the counter role, thus extending the range of roles. The client as director (i.e., meta-role) assigns a group member to each chair along this imaginary spectrogram to help identify the thought of each role, while the audience (therapist and/or group members) interviews his or her thoughts, emotions, and behaviors. For each phase, clients are prompted to complete the sentence "I think. . ., so I feel. . .and do. . .", for example: "I think they are laughing at me, so I feel hurt and angry, and I start cursing". This procedure highlights how thoughts, emotions and behaviors shift across the continuum of roles.

Creating helpful self-talk

After introducing the meta-role, cognition is introduced (i.e., helpful versus unhelpful inner self-talk) as an internal resource that affects a role's feeling and dominant behavior. This is based on Kipper's (2002) *cognitive double*, a technique that combines the procedure of cognitive restructuring with the psychodramatic double. Whereas the classical double in psychodrama often focuses on voicing the protagonist's feelings, the cognitive double mainly involves eliciting and clarifying thoughts, such as "perhaps they are not laughing at me, maybe they are just playful". In a sense, the cognitive double and the protagonist are like two parts of the same brain having an internal dialog spoken aloud.

The first step in our version of using the cognitive double technique is to uncover the unhelpful automatic thoughts of a role worth changing. In the first round ("Take 1"), the client is asked to re-enact, in as much detail as possible, a scene that really happened that best conveys the role worth changing, as if it were happening in the here and now. It is important to guide the client to speak in the present tense so that the experience is immediate. In the second round ("Take 2"), while the scene is being replayed, the therapist and/or other group members suggest cognitive doubles to uncover the client's unhelpful thoughts (i.e., self-talk) that underpin the emotional or behavioral reactions of the role worth changing. This is done by asking, for example "What is going through your mind?" "What are the *exact words* that are going through your mind now?" "What are you thinking right now?" "How is this thought making you feel emotionally?" "How strong, from 0 to10, is this emotion?" In some cases, because clients are often more aware of the associated emotion (and sometimes the physiological reaction) than the thought, it may be helpful to first suggest an emotional double ("I feel angry") before the cognitive one ("because I think they are laughing at me"). When clients find it difficult to spell out their thoughts or emotions, it is useful to put forward the opposite thought than the one they were expecting, to jog client recall and clarification (Beck, 2011). Throughout the enactment, attention should be paid not only to spoken words but also to nonverbal clues such as the client's facial expressions, posture, hand gestures, distance from other characters on stage, as well as verbal clues, such as tone, pitch, volume, and pace. At the end of Take 2, it is important to assess the client's understanding of the relations between unhelpful thoughts, emotions and behaviors, for example by asking "What is the effect of believing the automatic thought?" "Do you see how what you are thinking influences how you feel and what you do?" (cf. Beck, 2011, p. 172).

In the second step, the client chooses auxiliaries (i.e., other group members) to represent the unhelpful automatic thoughts on stage. The client is then asked to confront each unhelpful thought in action, argue with it, and disprove its validity. To facilitate this confrontation, the therapist can ask "What is the evidence that supports this thought?" "What is the evidence that runs counter this thought?" When sufficient evidence is presented to disprove the unhelpful thoughts, the client often understands that, in fact, there is no justification for this unhelpful self-talk.

The final step is aimed at replacing the unhelpful self-talk with helpful self-talk by suggesting cognitive doubles of helpful thoughts and by asking questions such as "What is the alternative, helpful, thought that is going through your mind now?" "What is the (emotional and behavioral) effect of disproving the automatic thought?" "What can you do differently, given the helpful thought?" (cf. Beck, 2011, p. 172). Then the client replays the scene once more, but this time with the help of a group member (i.e., "auxiliary ego") who plays a cognitive double voicing the helpful thoughts that support a new, more adaptive, emotional and behavioral reaction to the situation – the role worth nurturing and keeping.

Phase 4: role training

Role training involves the rehearsal of roles to enable clients to act adequately in future situations. Thus, once clients have identified the role worth nurturing and keeping (i.e., the positive counter role), role training takes place, similar to behavioral rehearsal or simulations used for skill-building (Blatner, 2000, p. 215). This fourth phase involves two future-oriented procedures: projection of the self into a hopeful future and maintenance of roles worth keeping.

Projection of the self into a hopeful future

This procedure is based on the positive psychology intervention known as *best possible future self* (e.g., Layous, Katherine Nelson, & Lyubomirsky, 2013) where clients envision themselves, and then write a description of an imaginary future in which everything has turned out in the most optimal way in terms of the role worth keeping. Here, each client can be asked *future projection questions* such as "What is your best hope regarding this new role?" "What difference will this new role make in your life and in the lives of others?" "Who will be the first to notice the change?" "What else will be better?" In a sense, instead of focusing on where clients are now and where they want to go (from A to B), the process begins with the end in mind and works backwards (from B to A) (see Bannink, 2012, p. 47).

Psychodramatically, this creates a dialog between the present and future selves using two chairs. The future self, who has more control over the client's role repertoire, gives advice to the present self on how to get to the best possible future self. This *advice giving* technique (Blatner, 2000, p. 236) is used to enhance clients' pathway thoughts, agency thoughts and overall hopefulness. In addition, the *future projection* technique (Yablonsky, 1954) helps train and rehearse the skills required for "playing" the role worth keeping in varied anticipated situations that can then be applied in situ, in life itself. As Garcia and Buchanan (2009, p. 417) suggested, "at the conclusion of the future projection, the director instructs the future self to role train the present self to identify concrete behavioral actions that will create the wished-for future". Clients are encouraged to rehearse their role worth keeping in real life, in front of others.

Maintenance of role worth keeping

This procedure aims to provide clients with strategies to maintain and nurture their role worth keeping to increase the likelihood of sustained improvement and reduce relapses after the treatment ends. On top of reinforcing clients' strength, resources and

learned skills, questions are asked that can help clients maintain their progress: "What would you have to do to minimize or prevent the appearance of the role worth changing in the future?" "What would you have to keep doing to make sure the role worth keeping keeps appearing?" "Think of 50 reasons to maintain the role worth keeping" (cf. Bannink, 2012, p. 183–184).

Clients are invited to sculpt a statue (using auxiliary egos) to develop *motto-like key sentences* (helpful self-talk) that encapsulate the nature of the role worth keeping. The sentences are spoken aloud, one by one, and together as a choir, thus supporting the self-presentation of the role. The sentences are written on a special document which is handed to the client as a tangible reminder of his or her journey in the program. Drawing on Jones' (2007, p. 113) notion that the self (and thus a role) is realized by and through the body, and that "the body is often described as the primary means by which communication occurs between self and other", this is aimed at facilitating clients' physical embodiment of their role worth keeping by means of movement and the drawing of a *physical silhouette* on a large sheet of paper. Finally, it is worth noting that to support further maintenance and progression, it is good practice for therapists to offer "booster" sessions approximately 3, 6, and 12 months after termination (see Beck, 2011, p. 327).

Illustrative case study

This section presents a case that illustrates the CBN Psychodrama Model. Due to space limitations, it focuses on the implementation of key process and techniques and is by no means an exhaustive clinical description of a prolonged therapeutic process. This case comes from a group intervention that ran for 16 sessions of 90 min each, in a junior high school in Israel. The participants were six adolescents in eighth grade (three girls, $M_{age} = 14$) who were referred to the group by the class counselor and homeroom teacher upon written informed consent from their parents. Client identifiers have been removed to protect confidentiality.

Koral (pseudonym) is a 14 year old girl whose parents are divorced, and lives with her mother. Koral comes across as passive-aggressive and oppositional and she tends toward moodiness. Often she is uncooperative, and has difficulty warming up and joining the dramatic action. She moves on the scale between total avoidance and active participation, depending on the degree of control she feels she has in a situation. Prior to joining a group activity, she usually needs to know that she can control the situation in a way that is accepted by the group members. When she does participate, she seems to control the dramatic situation. Her presence on stage is felt strongly. When she feels welcomed by group members, she seems to have a very empowering experience, and she joins the group process in a meaningful way.

Phase 1

Defining behavior as roles

Koral randomly takes an envelope and draws a description of a scene portraying someone who is pushy and controlling, a domineering person, who bosses others around. Through improvisation, Koral plays the role of *the bossy* with other group members. She seems to enjoy acting the role, but in the end, the other group members refuse to continue to play along and suggest ending the scene such that the bossy person is left sad and alone. Koral is very creative and spontaneous in another activity in which the therapist puts a sticker on her forehead assigning her the role of "the shy girl". Koral then has to guess the *behavior* assigned to her based on the group's reaction.

Fig. 2. Koral's externalized metaphoric representation of her role worth changing: "a closed black bubble with good sides inside".

Identifying the role worth changing and mapping its influence

Once the general link between roles and behaviors is clarified, each group member is invited to choose a personal role worth changing. Participants take turns presenting a situation (i.e., a scene) that best describes their personal role worth changing. Koral is clear about wanting to work on her relationships with her sister and mother. With the help of group members as role players, she reenacts a scene that took place at home involving a squabble with her younger sister over using the computer. She fights stubbornly, does not give up even when her mother tries to find a compromise (take turns playing, etc.). Koral is convinced that she is right. Then, when watching herself from outside using the mirror technique (i.e., the scene is replayed with another girl playing Koral), she confirms, "Yes, this role is familiar to me. . .I want to change it and be less aggressive and less controlling." Koral defines the role as "hostile-anti" (i.e., hostile, antagonistic, uncooperative, oppositional). Next, using dramatic interviewing of the "hostile-anti" role, Koral describes the influence of her role worth changing on her everyday life and on her relationships at home and at school. The double technique is introduced in which the therapist and other group members validate and clarify Koral's role-related statements.

Projective externalization of a metaphorical role worth changing

Koral is invited to think about an image that best represents her role worth changing. Next, she is asked to create a metaphorical representation of her image by drawing or by using colored modeling clay. As shown in Fig. 2, she creates "a closed black bubble with good sides inside". Externalizing language is introduced, and Koral is invited to talk about the black bubble as a separate entity that is external to her, that has an effect on her, as opposed to existing within her. "The bubble doesn't allow me to be friendly, she says. "The bubble scares people away".

Phase 2

Dramatic externalization

Koral is invited to role-play an encounter with her bubble (i.e., metaphorical role worth changing). The *role reversal* technique enables Koral to speak, from the point of view of the metaphorical role, about its relationship with Koral. In the role of the bubble, Koral states: "Because of me, everyone is afraid of Koral. I [the bubble] appear in situations when Koral does not feel good about herself. I am 'Anti' – saying mostly no. Only people who know me well can get closer to me and might know about the positive parts I have." Next, a *concrete physical sculpting* of Koral's relationship with the bubble is created with the aid of two other group members.

To explore *gains and losses* from the bubble, two chairs are placed on the stage and Koral speaks from each of them, while the therapist and group members assist by sensitively suggesting doubles. While sitting in the gains chair, Koral realizes that by allowing the

bubble to influence her, her friends, sister and mother hardly ever bother her and mostly leave her alone, but she gets attention from the counselor at school. In the losses chair, Koral realizes that by allowing the bubble to influence her, she loses new friends, she appears aggressive, she does not feel comfortable with herself, she does not appreciate herself, and she forgets the good sides within her. To generate a *third person' perspective*, an empty chair is presented to represent someone who is affected by the bubble. Koral chose her sister, but it is not easy for Koral to play her. As her sister, she says: "I am hurt. . .you scare me! I am afraid of you. . .but you are my sister".

Recalling exceptional roles

Using the above-mentioned *exceptio-finding questions*, Koral recalls and then presents an exceptional situation in which she has an argument with a close friend: She is furious and hostile, as usual, but changes her behavior when she suddenly sees the sad and frightened look on her friend's face. Psychodramatically, Koral has mentally role-reversed with her friend. She defines this counter-role as "agreeable, friendly, and cooperative". In the sharing phase of the session, Koral gives a new name to her metaphor: "The Pearls within the Bubble". This appears to reflect an emerging shift in her perception of herself.

Phase 3

Rise of the meta-role

Koral takes on the role of the director and sculpts two statues on each side of the room with the help of group members. One statue embodies the "hostile-anti" undesirable role worth changing and her inner thoughts: "No one tells me what to do." "Don't get closer." "I don't care." The second statue embodies the desirable "agreeable, friendly, and cooperative" counter-role and her inner thoughts: "I don't want to be alone." "Don't be frightened." "Give them a chance." Seeing the two contrasting statues appears to help Koral realize that she can be responsible for her choices.

Next, between the two contrasting statues, three chairs are placed to represent the continuum of roles between the undesirable role worth changing and the desirable counter role. For each chair, Koral casts a group member to help voice "the thoughts in her head" (i.e., cognitive doubles) and highlight how these thoughts are related to her emotions and behavior. For example, in the first chair Koral states: "I really don't like to trust people. . .I want them to leave me alone, to get away. I think that people are boring and careless. I feel angry. . .so I am driving them away". After moving on to sit on the second chair, Koral states, "Maybe I can give it a try. . .I don't want to scare my friends or my sister, so ok. . .. Sometimes I can try to be nicer and considerate." Finally, when sitting on the third chair, Koral says, "I think that some people may care about me. . .I feel good when it happens, I will try more to cooperate with my friends and family."

Creating helpful self-talk

There are three steps in the procedure of replacing unhelpful self-talk with helpful self-talk. In Step 1, Koral first describes and then enacts a scene that took place during basketball practice in school when she was one of the last players to be chosen for the teams. She leaves angry, announcing that she is quitting practice (Take 1). Then, group members suggest a few cognitive doubles for her automatic thoughts, and she approves three of them: "They all hate me." "I am THE worst player." "Fxxx them! I don't care!" (Take 2). In Step 2, while the three group members represent these unhelpful thoughts on stage, Koral is invited to argue with them and disprove them with the help of the therapist. For example, Koral argues that not all of her team members hate her, by proving that Rina shares secrets with her and that she cares for Rina and likes going with her to the movies. She also argues that in volleyball she is often chosen first. In Step 3, Koral replays the scene, but this time she does not leave angry; rather, she stays and takes part in the basketball game. This is a positive corrective experience within psychodramatic surplus reality.

Phase 4

Projection of the self into future

The above-mentioned *future projection questions* are presented to help group members to write down a description of their best possible future self in terms of their role worth keeping. The therapist invites Koral to sit on a future chair and Koral begins with insights she has gained, thus far in the future, from her change process: "I now understand the hostile-anti role made me lose more than gain. . .I lost a good girlfriend because of what I said to her. So I have learned to argue with her [i.e., hostile-anti]. . .. My relationship with my sister is really good now, we have become closer

Fig. 3. Working on a future physical silhouette (illustration, the individuals photographed are not clients).

and support each other. We go swimming together and argue much less.. . . I am choosing to open up the bubble a bit more so others can see the blue pearls within." Using the *advice giving* technique, Koral in-the-future talks to an empty chair and suggests to Koral in-the-present: "to get here, to where I am now, remember to listen more. Take a minute, don't react automatically. . .remember you *can* participate even though the 'anti' appears. Try not to automatically say 'boring' and try to cooperate, give others and yourself a chance."

Maintenance of role worth keeping

Koral sculpts a statue (using auxiliary egos) that voices her motto-like key sentences of the role worth keeping. The sentences are spoken aloud, one by one and then together as a choir: "You can be nice and considerate." "You do care." "My family loves me." "I can be friendly." The therapist writes them on a colored card and hands it to Koral. In another activity that emphasizes physical embodiment of the role worth keeping, Koral draws a *Future Physical Silhouette* on a large sheet of paper of that role worth keeping, one year in the future (see Fig. 3). She writes significant milestones of her group process on the silhouette and then she walks and soliloquizes her experiences throughout the journey and takes on physical postures for each milestone. The change process manifests itself as her body transforms from a stiff and closed posture to a more flexible and open posture.

To sum up, this final phase helped Koral review her process, evaluate her progress, and experience accomplishment. Defining her role worth changing as "hostile-anti" and externalizing it as a separate entity gave Koral the opportunity to experience more control over this role. Then, reinforcement of self-awareness and a sense of self-control and hope through the creation of the meta-role expanded Koral's role repertoire. After identifying an underdeveloped role worth keeping (agreeable, friendly, and cooperative), Koral was provided with strategies to maintain and nurture her role worth keeping to increase the likelihood she can sustain improvement after treatment termination. Emphasizing Koral's physical embodiment of her new role worth keeping in the final phase helped achieve meaningful closure for her process.

Final thoughts

The four-phase CBN Psychodrama Model has been presented in a manualized approach that not only makes implementation easy for therapists but also attempts to encourage creative arts therapists to integrate practice and research by operationalizing treatment procedures. This manualized approach to treatment is crucial for research on the effectiveness of interventions because researchers must make sure treatment is consistently delivered as described and that the treatment can be replicated (on treatment fidelity see Bellg et al., 2004). Nevertheless the procedures are outlined in a way that does not preclude spontaneous, creative, and expressive implementation according to clients' needs.

The development and implementation of this model was accompanied by a study of its effectiveness in enhancing cognitive-behavioral self-control skills and hope (in preparation). Overall, empirical research on the therapeutic effectiveness of psychodrama is relatively limited compared to other creative arts therapies. The focus has mostly been on describing and explaining processes through anecdotal experiences, clinical vignettes, and case reports. There is scarce empirical validation of the mechanisms of change in drama-based treatments; namely change process studies that inquire *how* the therapeutic change occurred or *what* specific factors within therapy are responsible for the change (Elliott, 2010). Future research that focuses on operationalized treatment procedures may help strengthen the ties between evidence and practice.

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