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# The Co-Active Therapeutic theatre model: A manualized approach to creating therapeutic theatre with persons in recovery

## **ABSTRACT**

*Therapeutic theatre is the intentional use of the process and performance of a theatrical piece with specific therapeutic goals and intentions for an identified population. Study and replication of this modality may benefit from manualization. This article presents an outline of a manualized approach called The Co-Active Therapeutic theatre (CoATT) model, which has been used as a successful intervention for individuals post-intensive treatment who are working towards independent recovery from eating disorders, aphasia and substance use disorders. This preliminary instruction of CoATT emphasizes a solution-focused, manualized process to support recovery and operationalize therapeutic theatre in the service of empirical research.*

## **KEYWORDS**

therapeutic theatre  
CoActive Therapeutic  
theatre  
aphasia  
eating disorder  
recovery  
substance use recovery  
CoATT model

## MOTS CLÉS

théâtre thérapeutique  
théâtre thérapeutique  
co-actif  
rétablissement  
troubles alimentaires  
centre de soins  
modèle du théâtre  
thérapeutique  
co-actif (CoATT)

## PALABRAS CLAVE

Teatro terapéutico  
Teatro terapéutico  
Coactivo  
Recuperación  
Desorden alimenticio  
Centro de tratamiento  
Modelo CoATT

## LE MODÈLE DE THÉÂTRE THÉRAPEUTIQUE CO-ACTIF : UNE APPROCHE MANUELLE POUR CRÉER DU THÉÂTRE THÉRAPEUTIQUE AVEC DES PERSONNES EN CONVALESCENCE

*Le théâtre thérapeutique est l'utilisation intentionnelle du processus et de l'exécution d'une pièce de théâtre avec des buts et des intentions thérapeutiques spécifiques pour une population identifiée. L'étude et la reproduction de cette modalité peuvent tirer parti de la manualisation. Cet article présente un aperçu d'une approche manuelle appelée le modèle du théâtre thérapeutique co-actif (Co-Active Therapeutic theatre – CoATT), qui a été utilisée avec succès sur des personnes, qui après un traitement intensif, travaillent pour guérir par elles-mêmes de troubles alimentaires, d'aphasie et de troubles liés à la consommation de substances. Cette instruction préliminaire du CoATT met l'accent sur un processus manuel axé sur les solutions pour favoriser le rétablissement et rendre opérationnel le théâtre thérapeutique au service de la recherche empirique.*

## EL MODELO DE TEATRO TERAPÉUTICO CO-ACTIVO: UN ENFOQUE MANUALIZADO PARA CREAR TEATRO TERAPÉUTICO CON PERSONAS EN RECUPERACIÓN

*El teatro terapéutico es el uso intencional del proceso y la ejecución de una obra teatral con objetivos e intenciones terapéuticos específicos para una población identificada. El estudio y la replicación de esta modalidad pueden beneficiarse de la manualización. El artículo presenta un resumen de un enfoque manualizado llamado Modelo de Teatro Terapéutico Co-activo (CoATT), que se ha utilizado como una intervención exitosa para personas que reciben tratamiento post-intensivo y están trabajando hacia la recuperación independiente de los trastornos de la alimentación, la afasia y trastornos por consumo de sustancias. Esta instrucción preliminar de CoATT enfatiza un proceso manualizado centrado en soluciones, para apoyar la recuperación y operacionalizar el teatro terapéutico al servicio de la investigación empírica.*

## INTRODUCTION

As the profession of drama therapy continues to position therapeutic theatre as a means of healing, ongoing research is critical to establish efficacy (Pendzik et al. 2016). Relatedly, in the field of eating disorder and substance use treatment there is a call to action for interventions that can support the transition between higher and lower levels of care (Davidson 2016; Woodside et al. 1998), and intervention modalities that improve long-term treatment engagement in recovery (McKay 2017). This need is based on the fact that as individuals in recovery return to independent living, relapse and regression are identified concerns, creating a need for intervention models that must be focused and reliable (Woodside et al. 1998). Furthermore, there is a demand for replicable models of creative arts therapy interventions across mental health and arts initiatives to qualify for government funding and access insurance reimbursement in the United States, two factors that support effective dissemination, broaden overall engagement and create professional recognition (Frydman et al. 2018; O'Brien 2019).

An operationalized model and manual for therapeutic theatre as a specific intervention for those in recovery is therefore the working premise of this article. The authors have built the Co-Active Therapeutic theatre

(CoATT) model over the last six years to meet these real-world requirements. It is our stance that manualization is possible for drama therapy and the CoATT model in particular. A book-length manuscript is in process that details procedures and provides step-by-step instructions and an outline of the specific interventions that will be referenced here. This article briefly highlights therapeutic theatre in the current literature and then presents basic theory and a framework of the CoATT model. The article closes with an overview of completed research and an invitation for further discussion.

## LITERATURE REVIEW

In considering the foundational conceptualization of therapeutic theatre, Snow et al. provided the following definition:

the therapeutic development of a play in which the roles are established with therapeutic goals in mind; the whole process of the play production is, in fact, a form of group psychotherapy; it is all facilitated by a therapist skilled in drama or a drama therapist; and, finally, the play must be performed for a public audience.

(2003: 73)

In another, adjunctive angle on therapeutic theatre and its facilitation, Emunah (1994) provided an integrated framework and model for the practice with a notable emphasis on the influence of acting technique and the aesthetics of late twentieth-century commercial theatre. The model tied group process to the development of a play by building through increasingly connected and demanding artistic tasks as steps in a therapeutic process. The culminating production is most often presented to the assembled group, treatment team or invited guests. The model was discussed as being an effective capstone for individual therapy or educational journeys in which solo-performance or 'self-rev' is the outcome (Emunah 2015, 2016; Seymour 2016).

Both Snow et al. (2003) and Emunah's (1994) foundational work provided an informative base for therapeutic theatre; however, it also had been noted that terminology and definitions of therapeutic theatre have been confusing, competitive and duplicative (Pendzik et al. 2016 Landy and Montgomery 2012). As a solution, Pendzik et al. (2016) offered a collection of essays that explore numerous threads of performance focusing on autobiographical therapeutic performance (ATP). ATP locates itself in a continuum of 'personal theatre' (Pendzik et al. 2016: 2), with a focus on 'self-referential theatrical presentation' (Pendzik et al. 2016: 3). ATP is conceptually grounded in the intersection between performance and psychotherapy, and lays claim to a historical background that encompasses many concepts underpinning drama therapy. ATP has been further described as an impulse towards a fascination with memoir and auto-ethnography in an aesthetic arising from late twentieth-century commercial theatre and literature (Pendzik et al. 2016). At its core, ATP has been identified as a forum for providing performers an outlet for working through current issues while utilizing relational aesthetics to manage arising vulnerabilities (Johnson 2016 Sajani 2012, 2016). Although Seymour (2016) and Pendzik (2016) offer examples where ATP production can serve as termination of a drama therapy or training process, there are no examples of therapeutic theatre developed and presented as a focused intervention located in a longer treatment protocol.

	<b>Applied theatre/ theatre in Ed.</b>	<b>Five phase model/ self-rev</b>	<b>Autobiographic theatre performance</b>	<b>CoATT Model/ recovery through performance</b>
Integrated playmaking and therapy		X	X	X
Therapist facilitated		X	X	X
Required public performance	X			X
Specific time point in treatment progress				X
Self-referential	X	X	X	
Planned catharsis		X	X	

Table 1: Types of therapeutic theatre.

In another vein of therapeutic theatre, community-based theatre projects employ drama as an applied process and consider participation as a therapeutic act. Examples of this include Bailey's (2010) work in communities, schools and arts programmes with persons with disabilities and the Geese theatre company's (Baim et al. 2012) categorization of drama games and activities that support such personal exploration with offenders. While community arts-based theatre projects are therapeutic in that they provide safe spaces, create bonds between social groups and deliver support for individuals struggling with challenging issues, they are not considered to be an explicit form of therapy.

Daccache suggested another type of theatre, outside of ATP, that is taking place: that of 'Their theatre' (2016: 237), in which the drama therapist functions primarily as an artistic partner on material that resonates with the participants but may or may not advance therapeutic goals. Daccache's documentation of her work posits that there are other types of therapeutic theatre that are emerging with a greater sense of agit-prop that moves it away from the self-referential models. The CoATT model maintains a unique orientation from more traditional models of therapeutic theatre, as well, with a solution-based focus. Specifically, CoATT addresses the need to support clinical recovery populations in transitioning to lower levels of care.

### **OPERATIONALIZING THE COATT MODEL**

The CoATT model was designed to fill a gap in the continuum of therapeutic theatre and the demand for a model of therapeutic theatre that addresses the aforementioned real-world needs. CoATT is specifically designed for clinical populations in recovery who are transitioning out of formal treatment settings into independent recovery. In their intensive treatment, clients have examined the past; CoATT moves away from the autobiographical orientation of these explorations, synthesizing what they have learned and making space for new narratives of their emerging health and wellness. Our model turns the participant focus outwards by structuring a performance around the following question: what is a theme of recovery you want to embody and share with the community at large?

Furthermore, CoATT acknowledges that recovery is a far more complex process for each individual than an absence of symptoms as defined by the Diagnostic and Statistical Manual 5 (DSM V; 2013). Therefore, CoATT requires participants to be in *active recovery*. Active recovery uses the DSMV as a baseline for understanding symptoms, but also prioritizes that recovery is an action-oriented process of engagement, driven by the new narrative that one constructs for themselves beyond treatment. CoATT acknowledges that participants may embody active recovery differently according to their culture, race, age, religion, size, ethnicity, sexual orientation, socio-economic background and/or gender. CoATT asks participants to comment on the construct of their recovery, rather than organizing work around behavioural presentations of recovery as dictated by the DSMV. Instead of asking people to tell us about their illness, we focus on highlighting and developing their strengths as applied to their conception of active recovery. The CoATT model bridges the positivist framework of Insurance Payer/Medical definitions of recovery and the postmodern, social constructivist framework that honours multiple narratives and truths regarding the behaviour and nature of a recovery process lived by individuals (Neimeyer 1995). Our model both recognizes the system in which we must work and its problematic nature. Clinicians who use CoATT must tolerate that the model can, in true drama therapy fashion, both 'be and not be' (Landy 1994) positivist and post-positivist. Hence, CoATT model productions are located in a treatment process at the end of an individual's commitment to treatment in the medical model, bridging into individual recovery. We see the model as a guide figure (Landy 1994) between the two worlds and epistemologies.

The name of our process itself highlights a core focus: levelling power dynamics and allowing clients to take ownership of their stories of recovery. Informed by the Co-Active Coaching model (Whitworth et al. 1998) and Solution Focused Brief Therapy (DeJong and Berg 2008), CoATT is a combination of relationship paired with action to create outcomes that matter deeply to both parties.

### **CoATT: Co-leaders in action**

In the same way the model demands the drama therapist to be co-active with the participants, we also hold the same standard for co-leadership between two professionals for the project. We will describe this in terms of two drama therapists, but we can envision it working with a drama therapist and an artist in health or other mental health practitioners with appropriate training. The division of responsibilities is ascribed by 'movement' in the model. The term 'movement' is used here to denote a specific set of tasks with outcomes that are both independent of the other task sets and that build towards a final production, akin to the movements in a symphony.

Drama Therapist One (DT1) leads movements one through three and five through seven. Drama Therapist Two (DT2) is co-actively partnering with DT1 during this time and offers supervision and/or peer support. DT2 then appears and leads movement four (the intensive). DT2 enters the group mid-process, externally, as a supporting *deus ex machina* at the intensive and offers an outside viewpoint, guidance and mirroring. Although 'deus ex machina' implies a power differential, in our model, DT2 shows up to partner DT1, modelling a healthy relationship for the group. DT2 then reappears at the

performance to reflect to participants their enormous growth and change. We have found that this dynamic not only provides a great support to DT1 but also allows participants to witness important modelling in the dynamic of the co-leaders.

### ***Specific tasks in the CoATT model***

In this next section, Table 2 is presented to detail the seven movements of the model. Each movement is made up of the following structure:

1. Participant task
2. Participant commitment
3. Drama therapy exercise(s)
4. Therapist task
5. Homework

The flexible manualization of the model allows it to be conducted in twelve, fourteen or sixteen weeks depending on the needs of the group. For example, populations such as those who are dealing with physical or cognitive impairment may need expanded rehearsal time in movement five to accomplish mastery in rehearsal. Substance use disorder recovery commonly holds 90 days as measurable periods of early sobriety; therefore fourteen weeks offer a similar equivalent. By adding time to the earlier movements two and three, the clinician may help underline the logic of supporting treatment facilities or groups. We highly recommend that work not go beyond sixteen weeks as CoATT should be viewed as a stepping-stone, rather than a crutch or a method that could foster addiction swapping. In Table 2, we use the fourteen-week set-up to describe the process. Following Table 2, a brief discussion of each movement is presented.

### ***Movement one: Recruitment***

The first movement is a focused and thoughtful recruitment process. The therapist must have a level of competency in understanding the requirements for recovery as applied to the population for which the model is intended. In addition, participants from any background should have a recommendation letter from their treatment team that they have demonstrated a level of recovery appropriate for participation and a commitment to continue with their treatment team during the process. The progress of treatment and recovery may present differing timelines in different populations. In addition to this baseline, clients should be able to articulate an active recovery process that is meaningful to them, with tools and resources that they can use in addition to participation in CoATT.

### ***Movement two: Discovery***

In discovery the group organizes itself around a theme regarding recovery that they intend to explore, construct and communicate to the community at large. Participants are answering the question: what aspect of recovery do we want to explore and share with an audience? This task is co-active: participants explore individual concerns and experiences as the co-active facilitator supports primary themes and links between group members. The exercises are curated to establish the presence of an audience, reinforce a solution-focused approach to recovery and establish a group contract focused on maintaining an active recovery.

<b>Movement</b>	<b>Week</b>	<b>Who</b>	<b>Participant task</b>	<b>Commitment</b>	<b>Exercise<sup>1</sup></b>	<b>Therapist task</b>	<b>Homework</b>
Recruitment (1)	flex	DT 1	Answer recruitment requirement questions as related to active recovery	List strengths and relapse resources	Pre-screen survey	Develop recruitment criteria and screen participants for readiness and eligibility	None
Discovery (2)	1	DT 1	Tell recovery story	This show is about working in service of our active recovery the entire time	Embody your recovery Monologue in the role of recovery	Rapport building Define active recovery with group Principles of engagement Highlight common themes	Journal: what do you want from recovery and what is blocking you? Journal: explore two themes from the group as related to your recovery
Discovery	2	DT 1	Choose a theme of recovery With group, choose messages for the audience	We commit to working towards a meaningful theme for the self and other about recovery	Recovery role sort Future talk show	Support the group in moving towards a theme	
Generation (3)	3	DT 1	Generate written material used towards the script	We commit to exploring the selected theme through role, story, and metaphor as related to the group and ourselves individually, in service of our recovery	Creating characters	Assign scenes and roles that support each person's developing role system Collect scenes or monologues pertinent to each person's recovery Catalogue the material for use in movement four	Write: two contrasting monologues from the roles

(cont.)

<b>Movement</b>	<b>Week</b>	<b>Who</b>	<b>Participant task</b>	<b>Commitment</b>	<b>Exercise<sup>1</sup></b>	<b>Therapist task</b>	<b>Homework</b>
Generation	4	DT 1	"	"	"	Teach basic scene structure	Write: a scene based on any two characters from group with a beginning, a middle and an end Journal: about CoATT process thus far
Generation	5	DT 1	"	"	"	"	
Intensive (4)	6	DT2	Master performance skills to match material created in generation Accept a skeletal script Commit to fleshing out the script and roles as related to individual recovery processes Tolerate the fear, anger and disappointment of the cast upon script reading	We commit to nurturing the script and growing it into what we feel is our story to tell	"	Teach theatre skills Write and present a skeletal script structure, using the work of the cast Cast roles that forward recovery goals for individual participants and group Tolerate the fear, anger and disappointment of the cast upon script reading	Share with another group member Edit: flesh out or change any text your character speaks in the script Bring edits to next session

(cont.)

<b>Movement</b>	<b>Week</b>	<b>Who</b>	<b>Participant task</b>	<b>Commitment</b>	<b>Exercise<sup>1</sup></b>	<b>Therapist task</b>	<b>Homework</b>
Rehearsal (5)	7	DT 1	Arrive at an agreed-upon script: what theme of recovery is the group presenting to the community at large	We will use our strengths to bring our story to life and examine how our fictionalized script and roles relates to our recovery process	Work as group to make edits and read through the play again	Support participants in script changes and challenge directions that are not recovery focused	Write: how is the role is like you and not like you?  What change do you hope to see in the character you are playing? Line memorization
Rehearsal	8–9	DT 1	Master the performance of individual roles and scenes	“	Rehearse the play	Support recovery through demonstrating the process of rehearsing a play and parallels to the independent recovery process	Journal: list of those you would like to invite to the play
Rehearsal	10	DT 1	Rehearse and refine the production.  Support each other in active recovery  Own group health.	“	Create all elements needed for production  Design and prepare a related co-active experience to be facilitated between performers and audience	Begin publicizing the presentation Teach the necessary skills to participants to facilitate a co-active experience with the audience	Run lines  Recovery check in with a peer from the cast or other person from your recovery network

(cont.)

<b>Movement</b>	<b>Week</b>	<b>Who</b>	<b>Participant task</b>	<b>Commitment</b>	<b>Exercise<sup>1</sup></b>	<b>Therapist task</b>	<b>Homework</b>
Rehearsal	11	DT 1	Complete a dress rehearsal of the play	We are committed to working our recovery through the complete presentation of our play	Incorporate technical elements into the production and presentation of the play  Co-create group warm up	Prepare clients for audience encounter as related to recovery process  Develop group warm up	Extend final invitations to audience members  Develop a self-care routine during performance week that takes into consideration your specific form of recovery
Performance (6)	12	DT 1/2	Present a fully realized production as related to their theme  Execute co-active therapeutic encounter with audience members	I commit to standing in my recovery and sharing a worthwhile perspective with my community	Group warm-up  Perform the play  Execute the co-active experiential with the audience  Real-time processing of feelings, learning and accomplishments during group warm-up and presentation	Ensure technical production of the play  Provide support for cast  Facilitate cast members supporting one another	Share plan with the cast and team  Journal: what are you are taking away from the process of performing a fully realized production that you helped create?

(cont.)

<b>Movement</b>	<b>Week</b>	<b>Who</b>	<b>Participant task</b>	<b>Commitment</b>	<b>Exercise<sup>1</sup></b>	<b>Therapist task</b>	<b>Homework</b>
Launch (7)	13–14		Integrate and reflect on the process to set goals and intentions for carrying those lessons into the community	I will contribute to my community as fully as possible while working my recovery as the basis for my new identity	Prepare and attend a recovery-based cast celebration  Share the takeaways from the journaling exercise of the previous week	Facilitate goal setting and action to support future recovery. Follow up with relevant clinical team members to transition care	
					State concrete goals in the presence of the group		

Note: <sup>1</sup>only some of the exercises are presented, but the entire cannon is not due to space limitations.

Table 2: *Movements in the CoATT model.*

### ***Movement three: Generation***

In generation the group engages in a specific series of theatrical improvisation games, drama therapy exercises using metaphor, role and journal writing to explore the selected topic in depth. Homework during movements two and three are very important, as the written words of participants will be used in creating dialogue for the play. Participants share their writings with one another, reinforcing that the material created in the CoATT process is non-proprietary. DT1 and the group co-actively finalize the theme to be explored in the play. DT2 receives the written artefacts of group work and homework. Co-active supervision sessions between the leaders focus on interpersonal dynamics but also include reflection on the roles, emotions, relationships and metaphors that emerge in the work.

### ***Movement four: Performance intensive***

DT2 leads the performance intensive with the dual focus of acting skills training and the creation of a skeletal script composed of the participants' work. We recommend three consecutive days: a Friday night dedicated to basic stagecraft, an eight-hour day on Saturday comprised of extended improvisations, script interpretation of material written by other group members, music-making, song, dance and movement. The goal of all acting exercises is empowering clients to authentically relate and connect on- and offstage with one another. On Sunday the script is presented and read for the first time in a half-day session.

In this movement, all of the material that has been generated thus far becomes the property of the group, and if there are words or assignments that a participant does not want used, they may remove it. DT1 and DT2 write the skeletal script overnight. The final activity of the intensive is to read through the script as a cast and discuss how the cast can take ownership over the narrative of the play. The cast response may often include feelings of disappointment, fear that the message is not clear and, at times, anger. It may also involve feelings of delight, surprise and humour. DT2 enlists all responses to motivate the cast in fleshing out the script and making it their own. Concurrently, DT1 facilitates the projections as a parallel process to recovery.

We recommend that the group material be shaped into a narrative play, with consistent characterization that proceeds with a unity of time, place and action. Our experience shows that this type of acting is most familiar to the largest groups of participants. Strong narrative and clear characterization offer a meeting ground for the theatrical confrontation of an open-invitation public performance.

### ***Movement five: The rehearsal process***

In weeks seven to ten, the rehearsal process begins. Both the therapist and the client are equally responsible for the process and production; the co-active task of rehearsal places the therapist and the participant on an equal footing. The drama therapist is mindful of process, empowerment and growth, with the primary focus on directing the play. The participants' primary focus shifts to ownership of the recovery theme, presentation and the final product. Changes can be made by the cast within the structure of the play. The group may agree to implement changes that reflect a

deepening connection to recovery up until the opening night. Support and focus should be given to line memorization, staging, the use of props and ensemble building.

The therapist must structure the progression of rehearsal to support a successful and complete production. Time should be made to relate the fictional roles to everyday recovery; however, it is not the primary focus of movement five. Rather, this movement represents the way in which most participants must learn to engage in the task at hand while still working their recovery simultaneously. When personal processing takes place, using the aforementioned parallel is highly encouraged. The group begins to imagine the production with great specificity, including the presence of the audience. Group members draft an individual invitation, participants are encouraged to list those people who have been affected by their previous lack of recovery, and people who will be instrumental in recovery, and discuss how to cope with unknown responses from outsiders.

### ***Week ten***

In week ten the focus is on creating the specific elements of physical production in anticipation of the audience. Because many participants have never performed in a production, both the creation of costumes and props, and rehearsing how to use them become an essential task. Working recovery requires a new self-presentation in the world that is personally meaningful to the participant, and so the use of new costumes, props and behaviours can be seen as a useful parallel to recovery. Furthermore, this task can be done as a co-active therapy process; see thesis work of Smittle (2017) for additional discussion.

### ***Week eleven***

The week of dress rehearsal and performance carries all the stressors associated with a typical theatrical production and the personal intensity of a therapeutic theatre encounter. An orderly work-through of the production elements should occur early in the week with at least one uninterrupted run-through of the play, all elements in place, the day before performance. Participants may be unfamiliar with the technical requirements of sets, lighting and costumes, and so the therapist must teach and train the logistics of the play as distinct from the emotional content of the experience.

It is also important in the week before the show to revisit the list of people who have been invited or not invited by participants. We have found that, especially for participants with eating disorders or substance use disorder, there can be many fears of being seen as healthy or well that keep people from making important invitations. Providing anticipatory guidance and space for exploration around this is a necessary element that we have built into the model.

### ***Movement six: Public performance***

In the CoATT model, the theatre production must culminate in a performance that includes a public audience; the paradigm demands reconnection to the world outside of treatment. The play provides an opportunity for participants to take risks, be vulnerable and offer value to their communities.

Another distinguishing feature of CoATT includes an element of audience participation that differentiates from the talk back (Bailey 2009) or psychodramatic sharing (Moreno 1947). In fact, the CoATT model is adamantly opposed to the post-show talkback format, as we believe that it often creates a breeding ground for voyeuristic behaviour that further creates a divide of power and privilege between audience and performer, recasting the participant back into the role of the 'sick one'. Instead, using an image, theme, line or activity from the play, the cast creates a co-active experience for audience members to be led by them at the conclusion of the production. These activities must result in the creation of a new piece of art, and must be relevant to the exploration of the main theme of recovery. For example, in a recent production with persons in aphasia recovery one of the themes explored was that there is value in slowing down. The coactive element involved audience members writing on an index card the things that help them to remember to slow down. The cards were collected and spontaneously read by the participants with aphasia. A community poem was made with these words and read back to the audience.

### ***Movement seven: Launch***

Our final movement is conceived as a launch into the community at large, rather than closure to the group experience. While it is important that the participants reflect on what was gained in the process, there is equal emphasis on goals and intentions for carrying those lessons beyond the boundaries of the stage and group. Participants are encouraged to continue to be friends, support persons and play other recovery-based roles for one another post-production. Typically, there are two to three final meetings to wrap up the process and prepare for the launch, including a celebratory recovery-based cast party.

### **LIMITATIONS**

Truijens et al. (2018) note that although manualization makes an attractive tool for research, which is necessary for the study and advancement of the profession psychotherapy, manualization has not been shown to necessarily be more effective than non-manualized forms of mental health treatment. In addition, manualization does not guarantee the successful implementation of a model with a clinical population. CoATT is an attempt to standardize and repeat a creative process employed at a critical juncture in recovery. At minimum, this effort has allowed teams to engage in process improvements as the model repeats. Manualization has also allowed for student and trainee participation and expansion into distinct recovery populations.

In public presentation of the CoATT model, concerns have been raised that the creation of plays is difficult and the success of a script depends wholly on the skills of clinicians who must function as playwrights (or directors). This article is not intended to present an 'easy to follow recipe' or a 'guarantee of successful production'. Certainly, the framework discussed includes reference to interventions and therapeutic tasks that require seasoned and talented drama therapists. The book-length manualization will include very detailed discussion of the approach to each task intended to support committed treatment providers in mastering these skills. Success in the CoATT model depends on a careful balance of group work, writing prompts, editing and cataloguing creative material, stagecraft and rehearsal technique. One way in

which we have addressed this limitation is on the insistence that one of the two co-leaders be a trained drama therapist. We envision that training in the manualized model will help to elaborate and illuminate the schematic nature of manualized psychotherapy.

## **FUTURE DIRECTIONS**

There are no manualized models for therapeutic theatre but rather general guidelines (Snow et al. 2003) and integrated models (Emanah 1994), making the CoATT model a potentially unique framework for standardizing therapeutic theatre treatment in the service of working with insurance companies, demonstrating the efficacy of therapeutic theatre and advancing the profession of drama therapy.

Manualization allows us to explore the benefits of CoATT with multiple recovery populations, their family members and audiences, with a focus on benefits and limitations. Forthcoming work includes a book that will provide the full manualization of CoATT (proposal submitted), a three-year grounded theory study on the benefits of applying the model with clients with eating disorders (completed), an Applied Thematic Analysis of the CoATT model working with persons in aphasia recovery (submitted), a Thematic Analysis of the perceived differences between talk therapy and the CoATT model (completed), a multi-year quantitative study presenting the language improvements with clients with aphasia (in process), a qualitative study examining the experience of caregivers who witness persons with aphasia participate in CoATT (in process), a mixed-methods study examining the model with clients in substance use disorder (in process) and a two-year quantitative study exploring the benefits of witnessing CoATT as an audience (in process). We hope that this initial publication of the framework of CoATT will intrigue other drama therapists to consider collaborating with us in applying the model to their recovery communities and initiate dialogue with the community at large.

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