

2022

ImpACTing Students: Students with Disabilities Participating in a Theater Occupation-Based Program

Markii D. Landry
Eastern Kentucky University, markii_landry2@mymail.eku.edu

Follow this and additional works at: <https://encompass.eku.edu/otdcapstones>

 Part of the [Occupational Therapy Commons](#)

Recommended Citation

Landry, Markii D., "ImpACTing Students: Students with Disabilities Participating in a Theater Occupation-Based Program" (2022). *Occupational Therapy Doctorate Capstone Projects*. 93.
<https://encompass.eku.edu/otdcapstones/93>

This Open Access Capstone is brought to you for free and open access by the Occupational Science and Occupational Therapy at Encompass. It has been accepted for inclusion in Occupational Therapy Doctorate Capstone Projects by an authorized administrator of Encompass. For more information, please contact Linda.Sizemore@eku.edu.

**ImpACTing Students: Students with Disabilities Participating in Theater Occupation-Based
Program**

**Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Occupational Therapy**

**Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy**

**Markii Landry
June 15, 2022**

**EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

This project, written by Markii Landry under direction of Camille Skubik-Peplaski, Faculty Mentor, and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF OCCUPATIONAL THERAPY

CAPSTONE COMMITTEE

Camille Skubik Peplaski

____06-29-2022_____

Date

Faculty Mentor

Sherley P. O'Brien

____06-29-2022_____

Date

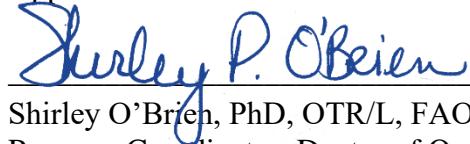
Committee Member

**EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL
THERAPY**

Certification

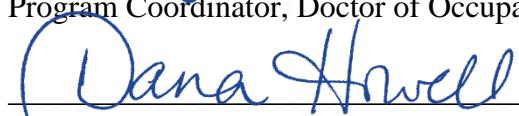
We hereby certify that this Capstone project, submitted by Markii Landry, conforms to acceptable standards and is fully adequate in scope and quality to fulfill the project requirement for the Doctor of Occupational Therapy degree.

Approved:

 _____ 06-30-2022

Shirley O'Brien, PhD, OTR/L, FAOTA
Program Coordinator, Doctor of Occupational Therapy

Date

 _____ 06-30-2022

Dana Howell, PhD, OTD, OTR/L, FAOTA
Chair, Department of Occupational Science and Occupational Therapy

Date

Copyright by Markii Landry, 2021

All Rights Reserved

Executive Summary

Background: Acting Creates Therapeutic Success (ACTS Jr.) is a program that uses theater and drama activities to address a variety of skills. Theater advantageously offers a variety of activities that suit the individual (costume and prop making, set design, screenplay writing, etc.) and is executed well as a form of group therapy given its innate camaraderie of actors and production members working together to form a final cohesive product.

Purpose: The purpose of this study is to show how theater can be used as a meaningful activity for students with disabilities to develop skills by 1) exploring the perceptions of students who participate in the ACTS Jr. program and 2) exploring their caregivers' perspectives and the influence the program has had on their lives.

Theoretical Framework. The primary theoretical framework used for this study is Occupational Adaptation (OA). Participants of the ACTS Jr. program are their own agents of change and learn to adapt to their environment while the program director and volunteers act as facilitators to the process. Elements of OA are incorporated in ACTS Jr. such as therapeutic-use-of-self, focus placed on progress throughout the program, and adapting to an everchanging environment consisting of activities that promote mental flexibility.

Methods. This descriptive qualitative study explores the perceptions of students and caregivers involved with ACTS Jr. using collages created by students and analyzed at the beginning and end of the eight-week program and parent interviews. Students range from ages nine to twenty-one years with various levels of experience in the program and diverse developmental disabilities. All caregivers were over the age of eighteen years and living in the home of the students.

Results. The students and caregivers shared their experience of the program expressing positive influence of the program in their lives. The themes from the data were: the joy of theater, a positive environment, building confidence and ability, and flexibility and the future.

Conclusions: Theater used for a therapeutic purpose in this setting was perceived to be valuable and beneficial for the students with disabilities and their caregivers. Through the medium of theater, promoting a fun and positive environment with the supports necessary to enable progression in communication skills, confidence, flexibility of the mind, and social participation, the well-being of the student can be influenced greatly to provide a foundation for the student's future and help set them up for success.

Acknowledgements

I am so thankful to Eastern Kentucky University and the faculty members for allowing me the opportunity to continue my education in occupational therapy. My knowledge in research and occupation-based practice has increased exponentially since being in this program, and I look forward to continuing my career with this knowledge and ability to incorporate evidence-based practice in my future endeavors.

I am honored to have worked with Dr. Camille Skubik-Peplaski during my capstone project. She has been a wonderful mentor with her expansive knowledge in research and honest, but compassionate feedback. I am thankful for her understanding of my circumstances and motivating words of encouragement to keep me going throughout this process.

I am also thankful for Dr. Shirley O'Brien as she assisted me throughout the program and provided encouragement to me as I started the doctoral program with the interest of theater used as a therapeutic medium.

I am always grateful for the families that take part in ACTS Jr., as well as the organization that funds the program. I am particularly thankful for the students and caregivers that participated in my capstone project and took the time to interview with me. I would also like to thank my unofficial mentor, the developer of ACTS Jr., that continues to inspire and challenge me and has always supported me throughout my journey in occupational therapy and ACTS Jr.

Lastly, I am thankful for my family, especially my husband, as a source of support to achieve my goals and continue my education as I raise three young children. I could not have made it through this program without the assistance and inspiration of these individuals.

**EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

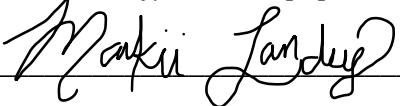
CERTIFICATION OF AUTHORSHIP

Submitted to (Faculty Mentor's Name): Camille Skubik-Peplaski

Student's Name: Markii Landry

Title of Submission: ImpACTing Students: Students with Disabilities Participating in
Theater Occupation-Based Program

Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.

Student's Signature: 

Date of Submission: 06-29-2022

Table of Contents

Section 1: Nature of Project and Problem Identification.....	1
Introduction to Project	1
Problem Statement.....	3
Research Objectives	4
Theoretical Framework.....	4
Significance of the Study	6
Summary.....	7
Definition of Terms:.....	8
<i>Definition of Students and Drama Therapy.....</i>	8
<i>Definition of Self-Esteem and Self-Efficacy</i>	8
Section 2: Literature Review.....	9
Background History of ACTS Jr.....	9
Occupational Therapy and Drama.....	10
Caregiver Perspective.....	15
Summary.....	15
Section 3: Methods.....	16
Project Design.....	16
Project Procedures	19
Outcome Measures.....	21
Ethical Considerations.....	22
Section 4: Results and Discussion.....	25
Results	25
<i>Overview of ACTS Jr. Fall 2021</i>	25
<i>Student Collages</i>	29
<i>Caregiver Interviews</i>	30
<i>Analyzing the Data</i>	31
<i>Theme 1: Drama Mia! - The Joy of Theater</i>	32
<i>Theme 2: Good Company - A Positive Environment.....</i>	34
<i>Theme 3: Caliber on the Roof - Building Confidence and Ability.....</i>	37
<i>Theme 4: Les Adaptability – Flexibility and the Future</i>	38
Discussion.....	42
Strengths and limitations of the project.....	47

Implications for Practice	48
Future Research	49
Conclusion	49
References	51
Appendices.....	57
Appendix A	57
Appendix B	59
Appendix C	63
Appendix D	64
Appendix E	66

List of Tables

Table 1: Timeline of Capstone Project Procedures.....	24
Table 2: Students Participating in ACTS Jr. Fall 2021.....	26
Table 3: Weekly Sessions and Activities	27
Table 4 Caregivers Participating in Capstone Study	31

List of Figures

Figure 1: Occupational Adaptation Process.....	5
Figure 2: Collages	30
Figure 3 Michael’s Collage.....	41
Figure 4: OA applied in ACTs Jr.	42

Section 1: Nature of Project and Problem Identification

Introduction to Project

Drama therapy is often embedded in creative art therapy and emerged during the early 1900s, as the Little Theater Movement began making access to theatrical performances and amateur participation accessible across the nation (Phillips, 1996). In Phillips' article, occupational therapists identified drama as a useful tool for treatment due to the various aspects that fall under the occupational therapy (OT) scope of practice: social skills training through drama, body image through mime, kinesthetics through puppetry, and communication through storytelling. A primary advantage of drama therapy is community engagement and participant motivation of a culminating final performance for an audience. Theater advantageously offers a variety of activities that suit the individual (costume and prop making, set design, screenplay writing, etc.) to accommodate diverse needs and areas of interest, and it is executed well as a form of group therapy given its innate camaraderie of actors and production members working together to form a final cohesive product. One result of working with others and finding one's own place in creating the final product can be social and community inclusion.

Social exclusion is felt more in the population of individuals with disabilities than those without (Umeda et al., 2017). This is significant for those that experience barriers associated with intellectual and developmental disability since the needs of these individuals can often be misperceived and overlooked. (2017). Though these issues are already felt among the disability population, low socioeconomic status can further exacerbate these problems. Creative art therapies, like drama, have been used among children and adolescents with disabilities to address physical and mental health associated with disability, to increase social participation skills, and

to improve overall well-being (Arbesman et al., 2013, Chiang et al., 2019, Edwards et al., 2020, Umeda et al., 2017, & Wu et al., 2020). “Disability is generally more common among children living in poverty than among those not living in poverty” (Boat & Wu, 2015, p. 105). Health disparities, such as mental health and developmental disorders, are often correlated with low socioeconomic status, and evidence strongly indicates participation in creative arts programs featuring social skills is very beneficial to children at risk and with these disorders (Arbesman et al., 2013). There is increased prevalence of victimization in children with disabilities, especially those that are in the welfare system, and the benefit of participating in activities that are meaningful to the child can improve health and well-being (Berg et al., 2018). Berg found that the extensiveness of participation in structured social activities (extracurricular programs, etc.) influences improved mental health and decreased depressive symptoms, even as much as four times lower than those that do not participate in social activities. Occupational therapy practitioners are well-equipped to lead these programs as experts in occupation-based practice (Arbesman et al., 2013). The Occupational Therapy Practice Framework, 4th edition (OTPF-4) states that “only occupational therapy practitioners focus on the therapeutic use of occupations to promote health, well-being, and participation in life” (American Occupational Therapy Association (AOTA), 2020, p. 17), and using drama as an occupation is one such therapeutic medium.

Acting Creates Therapeutic Success (ACTS Jr.) is a program that uses theater and drama activities to improve social skills and participation, self-esteem, self-efficacy, and a variety of other skills (Community Connections, n.d.) and was created by occupational therapists. The program is free for participants, making it more accessible to those of low socioeconomic status and provides children and adolescents with special needs a fun, fulfilling, and therapeutic after-

school program. ACTS Jr. allows youth and young adults of any diagnosis and socioeconomic status to participate while breaking down barriers of social determinants, disability, and mental health disparities and maintaining occupational therapy values of occupational justice and social inclusion (AOTA, 2020).

Problem Statement

Healthy People 2020 reported “mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society” (para. 2) and accentuated the growing need for research for effective treatment modalities. In essence, programs meant to provide easy access to at-risk-students are needed to enhance well-being. Now, Healthy People 2030 (n.d. a) continues this initiative with its vision for increased availability of treatment for children with mental and developmental disorders such as ADHD, behavior problems, anxiety, depression, and autism spectrum disorder (ASD) and to increase community support (n.d. b). This is important for occupational therapists, particularly working in pediatrics, due to a large population of clients being diagnosed with mental and developmental disabilities like those listed above. Furthermore, more research is needed to solidify evidence-based practice using theater for occupational therapy. The problem this capstone study addresses is to determine the specific supports needed by families in Central Arkansas participating in ACTS Jr. to improve functioning for their children (students) with special needs. In addition, the capstone study explores how to improve and expand the ACTS Jr. program to provide more assistance in the community. Therefore, the purpose of this study is to explore the perceptions of the students participating in ACTS Jr. and their caregivers on the influence the program has had on their lives and how they value the experience. In addition, the study brings to light the many facets of theater that are therapeutic in nature as well as the benefits that can be seen through

occupation-based practice utilizing drama and other creative arts, especially when used in social/community programs.

Research Objectives

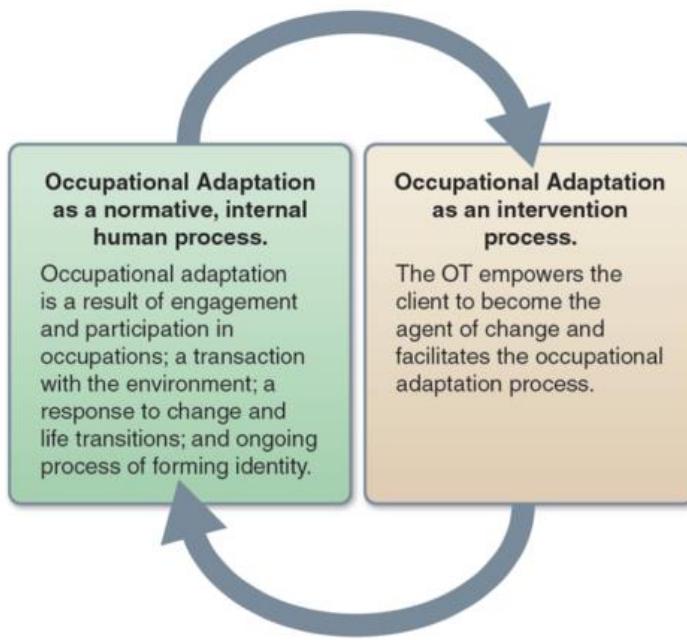
The objective of this descriptive qualitative study was to 1) explore the perceptions of students who participated in the ACTS Jr. program and 2) explore their caregivers' perspectives. First, the study examined the experiences of students with and without disabilities currently participating in ACTS Jr. and how they derive meaning from their experiences in the program. The students shared their experience through creative means by building a collage consisting of their perceived values, strengths, and challenges. The second part of the study explored the caregivers and their perceptions of the value that their student found in participating in ACTS Jr. This was accomplished through semi-structured interviews via the virtual platform, Zoom, or phone.

Theoretical Framework

The use of creative arts, such as drama, in therapy intervention fits well in the occupational adaptation framework due to its focus on the learning process and the individual's satisfaction and improvement throughout instead of focusing solely on the final product, which is the final stage production (Schultz, & Schkade, 1992). Through the Occupational Adaptation (OA) Model, occupational therapists focus on the person's internal processes of adaptation for generalization of skills (1992). The therapist is encouraged to use therapeutic-use-of-self in interventions to improve outcomes, an important aspect of ACTS Jr included in the training of volunteers who work directly with the students and actively participate alongside the students in the final performance. The OTPF-4 also emphasizes the importance of utilizing therapeutic-use-of-self to build rapport with clients, by using empathy, collaboration, and clinical reasoning skills

to serve individuals (AOTA, 2020, p. 20). In addition, OA accentuates a holistic treatment modality, focusing on the physical, social, and cultural influences in addition to the mental condition. Figure 1 describes OA and the characteristic of a person's internal processing of engaging with the environment and adapting to changes and the role of the occupational therapist to empower the person to be the agent of change. The participants of ACTS Jr. are their own agents of change and learn to adapt to their environment while the program director (primary investigator) and the volunteers act as facilitators to the process.

Figure 1: Occupational Adaptation Process



Note. Explanation of OA as intervention process and human process (Grajo, 2018, p. 634)

Grajo et al.'s (2018) study of occupational adaptation looks at the adaptive process as transformative and a resulting outcome of participating in occupations. The author reports the significance of adaptation in occupational science as it pertains to participation in occupations and the role of the occupational therapist as the facilitator for the adaptive process and creating just-right challenges for engaging in occupations. Engaging in occupations and the process that

ensues to fulfill desires, gain confidence and self-efficacy, and portraying adaptation in consideration of the environment demonstrate occupational adaptation as both an outcome and a process of occupational engagement (2018). In ACTS Jr., the process of occupational engagement is defined as the active participation in theater events to target and improve self-efficacy, among other skills previously mentioned. When a child or adolescent attempts a challenge and is successful, self-efficacy is increased and an attempt at future challenges becomes more likely; however, if the challenges are often met with failure, the child or adolescent is likely to have a less developed self-efficacy and will avoid or escape future challenges, negatively impacting their occupational development (Case-Smith, 2015, p. 75). Therefore, ACTS Jr. is guided by the occupational adaptation process by forming a relationship between the student's identity, their current abilities, and the environment of the program to find the student's just-right challenge for growth and success (Grajo et al., 2018, p. 8). A student that is challenged by body functions such as sensory processing deficits, cognitive impairments, or using adaptive equipment in a social setting can experience an adaptive response to challenges when they are equipped with internal tools, such as coping strategies, and external supports in an encouraging environment. This is the purpose of creating the just-right challenges by grading activities as needed to fit the individual student's needs and set them up for success to encourage the development of self-efficacy.

Significance of the Study

The objective of this descriptive qualitative study was to explore the perceptions of students who participate in the ACTS Jr. program and their caregivers. This study is beneficial for occupational therapists who desire to use theater as a medium for intervention, and it is also beneficial to ACTS Jr. as the knowledge gained from the participants can help improve the

quality of the program by making changes as necessary and focusing on areas of importance as reported by the students and their caregivers. The study also brings attention to skills that can be addressed through creative arts programs, like drama, that may not be immediately noticeable. Theater as an occupation can be an avenue for addressing and supporting other occupations and can help develop skills needed for current and future roles and routines (AOTA, 2020, p. 9). This study brings to light the myriad of roles and activities within theater that can promote performance skills associated with occupations in each student's personal life while participating in a fun and motivating atmosphere. In addition, occupational justice is advocated through the study by recognizing the importance of participating in social groups and occupations as is every student's right, regardless of a disability (2020, p. 11).

Summary

Drama therapy is supported by evidence that proves effectiveness in improving quality of life by providing a platform to participate in a meaningful activity that is motivating to the individual and within a group setting to counteract social isolation that is so prevalent among people with mental, developmental, and physical disorders (Umeda et al., 2017). ACTS Jr. is a program in Central Arkansas that values the inclusion and community participation of students with disabilities by providing programs to be enjoyed as an extracurricular program. Gaining a more in-depth understanding of the needs of students participating in theater and the perceptions of their parents on the influence of ACTS Jr. incites improvements to the existing program and expansion of more programs. This study also provides further evidence of using theater as an occupation-based intervention and the value of using drama with students with disabilities.

Definition of Terms:***Definition of Students and Drama Therapy***

For this study, student is defined as participants of the ACTS Jr. program. Drama therapy refers to the use of theater for therapeutic purposes. Though drama therapy is its own mental health service, ACTS Jr. is not affiliated with any certified drama therapy group and is only used as an extracurricular activity for kids with and without disabilities, overseen by occupational therapists and a physical therapist, for the purpose of increasing skills in the students.

Definition of Self-Esteem and Self-Efficacy

Self-esteem and self-efficacy are concepts seen throughout the literature and are targeted skills in the ACTS Jr. program. Though the terms sound similar, they are each distinctive in meaning. Self-esteem refers to a person's perception of their accomplishment, values, abilities and how others view them; a high degree of self-esteem is associated with good mental health and poor self-esteem can be associated with depression (American Psychological Association, 2020b). Self-efficacy reflects a person's perceived ability to perform in a particular situation, often related to being a pre-requisite to behavioral change (American Psychological Association, 2020a).

Section 2: Literature Review

Background History of ACTS Jr.

ACTS, the adult program of the same title, was originally developed by two professors at the University of Central Arkansas as an opportunity for occupational therapy students to work with adults with disabilities in the community and to provide a way for these individuals to participate in a meaningful activity to build self-esteem (University of Central Arkansas, 2010). Later the program was adapted by an occupational therapy student for children with disabilities and, thus, became ACTS Jr. This program focuses on providing a social outlet for children that typically have fewer opportunities to participate in extracurricular activities. It aims to improve social skills, self-esteem, teamwork, independence, and confidence while also targeting areas such as motor planning, sensory processing, and cognitive skills (Community Connections, n.d.). The program continues to be an avenue for volunteer experience for occupational therapy students as well as a way for occupational therapists to treat clients outside of a clinic to generalize skills into the community context. Many skills can be addressed through this platform in addition to those already mentioned, such as fine motor skills during activities involving art or prop building on the set, Activities of Daily Living (ADLs) such as upper and lower body dressing for costume changes and simulations of everyday activities within skits, visual processing skills during games, blocking of scenes and maneuvering around on stage, and many more.

ACTS Jr. is designed to use meaningful occupation (drama) in a purposeful manner to improve various skills that affect the students' quality of life (Community Connections, n.d.). Each student comes from diverse socioeconomic backgrounds, family levels of education, and experience in ACTS Jr. The program's one-hour sessions are held one time weekly for eight

weeks each fall and spring semester with more time scheduled the week of final performances to allow for dress rehearsals. The semester ends with a student-created final play presented on stage for an audience consisting of family and community members. There are three locations around Central Arkansas, but this study focuses on only one of the three programs since the primary investigator is the director of this site. Currently the ACTS Jr. program is directed by occupational therapists at each location and a physical therapist, the co-director, at the location of this study. It is not operated as clinical therapy services but on the foundation of extracurricular opportunities for the students under the umbrella of a non-profit organization, Community Connections. Therefore, no therapeutic assessments are utilized, no formal goals are created for the students, and no documentation is maintained. Conversations take place with the caregivers throughout the duration of the program and sometimes lead to informal goals based on information they share regarding challenges perceived of the student at home or at school. These skills can then be targeted based on the program directors' discretion.

Occupational Therapy and Drama

A literature review was completed by searching for articles using the terms "occupational therapy," "theater," "adolescents and drama programs," and "creative art therapy" using databases CINAHL Complete, Nursing and Allied Health Premium, Psychology and Behavioral Sciences Collection, ERIC, Academic Search Ultimate, OT Seeker, Cochrane Library, MEDLINE, and PsychINFO. Articles that included creative arts therapies incorporating drama with kids or adolescents were reviewed. In addition, articles that focused on occupational therapy using drama with students and mental health activities using drama were reviewed. Research articles listed by the North American Drama Therapy Association on their website involving kids and adolescents were also reviewed.

Engaging in meaningful, occupation-based activities is vital for preserving health and well-being (AOTA, 2015 & Baum & Law, 1996). Creative art therapy is gaining more attention as a holistic approach to intervention (Chiang et al., 2019). As with any art form, drama is used to express ideas and emotions and is an outlet for creativity and individualism; therefore, it has been recognized as an appropriate method for therapeutic intervention in occupational therapy services to serve as a meaningful activity (Phillips, 1996). Evidence supports improved self-esteem and a decrease in negative symptoms associated with mental health disorders, such as schizophrenia and depression (Chiang et al., 2019). Though results have varied, an overarching theme in the literature is improvement in “social functioning and emotional expression by the end of intervention” (2019, p. 132). Furthermore, showcasing the talents of the participants in the community showed decreased stigma toward mental health disorders. Incorporating family and community members also helped educate the public of the prevalence of mental health needs in the community. Using drama in a purposeful manner in the intervention process can help to improve the students’ well-being by targeting key areas that affect quality of life (AOTA, 2016; AOTA, 2017; Beisbier & Laverdure, 2020; Umeda et al., 2017).

One area pursued during creative arts programs focused on drama is social functioning skill deficits, such as anxiety and withdrawal from social situations, that are associated with ASD (Corbett et al., 2011). The authors state children learn through observation and imitation, and this is no different for children on the autism spectrum. Due to this fact, it is beneficial to include typically developing peers to model appropriate social functioning behavior during drama therapy and promote social interaction and functioning skills through pretend play and peer modeling (2011). In addition to drama program involvement, generalization of social skills in Corbett’s (2011) study was also promoted through additional means of parental involvement and

video modeling outside of the structured program. In ACTS Jr., peers and community volunteers are selected for one-on-one “buddying,” or peer mentoring, based on the program director’s insight in setting the participant up for best success. The integration of students with and without disabilities is one of the values of the program to promote inclusion and increase social skill development.

Further evidence for improved social functioning comes from a systematic review that focuses on the use of creative arts to improve psychosocial functioning in children with disabilities (Edwards et al., 2020). It offers more evidence to support the use of theater to treat students with disabilities and offers support for use as individual or group therapy (2020). Utilizing drama therapy activities in group intervention with kids with disabilities resulted in overall improved well-being and quality of life (Wu et al., 2019). The authors point out the use of one’s imagination can sometimes be disregarded when treating children, but it is a crucial part of child development. Communication, cooperation, and other domains such as creativity, flexibility, imagination, and social skills, are also areas that have resulted in improved functioning during drama therapy sessions with children with disabilities (2019).

Creative arts therapy, particularly drama, uses aspects of cognitive-behavior therapy such as focusing on changing a person’s beliefs to enact lasting change (Boury et al., 2001). In the literature reviewed in the study of cognitive therapy, on average this proved more effective than drug therapy in 70% of participants by teaching the individual to recognize negative thinking patterns and to dispute dysfunctional beliefs (2001). The study consisted of a small sample of university students and did not detect significant changes in depressive symptoms from start of the study to the end, possibly due to low depression scores for the students at the start of the study. The students did, however, report a reduction of negative thought patterns

immediately following activities. Cognitive-behavioral strategies are utilized in psychodrama treatment with techniques of “role playing, role reversal, and mirroring” (2001, p. 21) to better understand and dispel negative thinking patterns. Furthermore, treating in a group setting provides a supportive atmosphere that can aid in the healing process.

Though the study on cognitive behavioral therapy did not report an effect on depression, a more current study did see improvements in depressive symptoms. In this study, Chapman (2014) collected data from three drama therapists in a qualitative study with semi-structured interviews. Each of the therapists described focus of treatment and improvements observed through their own practice. Emphasis was placed on the clients’ use of imagination, reporting that this influenced outcome of treatment. It was believed that if the individual could use their imagination to perceive life experiences in a positive light this could reduce negative thinking patterns (2014). An anticipated effect of changing a negative mindset would also facilitate improved motivation and self-esteem, which correlates with the study by Boury et al. (2001) regarding thought patterns in the healing process. Chapman (2014) also reports “dramatic reality seems to work particularly well in group sessions as it brings people together to share the experience” (p. 139); this is a common theme in the literature. The study also stresses using dramatherapy to compliment drug therapy since medication only treats the physiological deficits, e.g., anxiety, and not the psychosocial, e.g., social isolation (2014).

Much of the literature shows the effectiveness of therapies using the creative arts in various forms; however, few studies have focused on individualizing treatment goals based on pre-testing of basic skills using standardized assessments (Thergaonkar & Daniel, 2019). One study used the “Behavior Assessment Scale for Indian Children with Mental Retardation (BASIC-MR)” and “Arts-Based Therapy (ABT) rating scale” for baseline skills. Individualized

treatment goals were created for each child, aged 5 to 13 years old, with intellectual disabilities that participated in the study (2019). The authors monitored the children every 3 months for 9 months, assessing skills and behavior addressed on the BASIC-MR and ABT rating scale. Improvements in many basic skills, such as auditory discrimination, memory for instructions, and symbol recognition, proved to be statistically significant. This also proved true with some behavior skills; however, scores were observed to be inconsistent throughout the quarters regarding behavior, possibly due to various thresholds for learning capabilities due to challenges associated with the varying diagnoses (mild ASD, Down's Syndrome, hearing impairment, cerebral palsy, and seizure disorder) and the small sample size. Often the creative arts occur as group activities due to the nature of the activity (performing drama skits, creating art in class, etc.) and the usefulness of social interaction to develop social skills; however, the authors offer evidence that improvement can be seen in learning skills in school when targeting goals specific to the individual using a standardized assessment for reliability (2019).

The mental health concerns continue to grow in the childhood population, with resource gaps offered in school settings (Means, 2019). The authors report findings from a study of the 2016 National Survey of Children's Health that points out the effect of declined mental health on already existing disparities "based on race, ethnicity, and income level" (2019). Mental health can affect a variety of areas in a student's life and impact their quality of life and participation in meaningful occupations (AOTA, 2016). In 2017, the Division of Elementary and Secondary Education surveyed high school students in the state of Arkansas for "health risk behaviors of adolescents that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States" (Nooner, 2017). One of the results were increased feelings of sadness/hopelessness among adolescents since 2015. The U.S. Department of Health &

Human Services (2017) reports 40% of high schoolers in Arkansas report feeling “sad or hopeless” to the point of causing dysfunction in their everyday activities. Participating in group programs featuring social skills is very beneficial to children at risk and with a variety of mental health and developmental disorders (Arbesman et al., 2013).

Caregiver Perspective

Lamb and Meltzer (2014) report the significance of incorporating the roles of all members of the healthcare team, including caregivers, in the system to create better health outcomes (p. 11). Children and young adults under the age of 18, and even beyond for those that remain under guardianship, depend highly on the caregiver to recognize the need, and seek out services (Boat & Wu, 2015). Therefore, it is beneficial to gain perspective of the caregivers to determine their perceived value of programs such as ACTS Jr. and the need for such programs to support occupational justice for the student.

Summary

In reviewing the literature, several concepts shown prominently: 1) drama therapy serves well through group therapy and has been proven effective consistently throughout the data to improve social functioning skills and create motivation for improvement in individuals, 2) this type of treatment is versatile in that it can entail a variety of techniques to fit the individual desires and abilities of clients, 3) it works well in mental health settings to improve psychosocial behavior, and 4) more research is needed for continued evidence of effectiveness among various populations and in particular to identify specific outcome measurements according to the diagnosis. The vision of OT is to improve physical and mental health and promote improved quality of life in individuals by teaching them how to overcome the obstacles they face within their environment (AOTA, 2007). Though treatment effects are contingent on the specific

diagnosis, occupation-based interventions that includes the social aspect of group treatment, such as the performing arts, has demonstrated improved performance in skills related to behavior and social participation (Arbesman et al., 2013). Ultimately, when focus is placed on the client, their values, unique circumstances and personalities, there is opportunity for improved engagement, attention, and generalization from the clinic to the client's daily life.

Section 3: Methods

Project Design

This capstone project used a descriptive qualitative design (Stanley, 2014) to explore the perceptions of a sample of students and their caregivers who participated in the Fall 2021 Acting Creates Therapeutic Success (ACTS Jr.) program. Institutional Review Board approval was obtained from Eastern Kentucky University, prior to data collection. During one scheduled program session, the students completed a collage activity that is described in Project Procedures. The study also included semi structured interviews with the students' caregivers to gain their perspective of the program and their student's participation.

The ACTS Jr. Program Overview and Setting

The ACTS Jr. theater program currently takes place at three locations in Central Arkansas. There are multiple chapters of the program, and each chapter is located at venues reserved by the directors, sometimes a consistent venue and other times changing according to availability. These venues are separate organizations from Community Connections but partner with ACTS Jr. to provide an activity and performance space. The focus of this capstone project is the chapter led by the PI, the occupational therapist, and a co-director, a physical therapist. ACTS Jr. is held after school and sessions are weekly, in fall 2021, Tuesdays from 5:00 p.m.- 6:00 p.m. The semesters take place twice a year in the spring and fall. Students in this

capstone study participated for eight-weeks to take part in drama activities, games, and writing a script for the final performance in the last week.

The primary investigator (PI) has been one of the program directors of ACTS Jr. for almost six years building relationships with the students that return each semester and observing the change in skills in each student. Prior to directing ACTS Jr., the PI volunteered with the program at a different location for five years and assisted with program development and funding. Each semester, all the program directors meet to decide the theme for all the locations and set up sessions for the first three to five weeks of the program to orient the students, form relationships with peers, and get ready to create the performance. Past themes have included fairytales, children's storybooks (e.g., "The Old Lady Who Swallowed a Fly"), the Amazing Race, time travel, and cultures around the world. The theme during this study was reality television.

ACTS Jr. sessions follow the Orientation, Integration, New Elements, Collaboration, and Storytelling (OINCS) system, an acronym created by a professor at the University of Central Arkansas (the starting place for the ACTS adult program) and adapted for ACTS Jr as the therapeutic process. Each session starts with a warmup to initiate the creative process and engagement with peers. Next problem-solving skills are integrated by adding a conflict, such as recall or working memory to add to a story a peer has started. A new element is added to the process that typically requires the student to multi-task by developing a role or a character for an activity. Next, they begin a more collaborative activity that requires working together toward a common goal, such as posing for a pretend picture to "tell" a story without words. Finally, the students participate in the storytelling process by creating a scene with their peers, acting in a role of choice that complements the overall theme and their peers' ideas. This step requires

higher level cognitive skills which is why it is last in the process. Though the sessions are planned according to this system, the process is accentuated within each activity by having the program directors grade up or down as needed for each individual student. The purpose of this process is to create just-right challenges to facilitate the press for mastery and develop mature behaviors.

The following sessions after week four are centered around building the story for the final performance which takes place during the eighth and final week of the program. During the last week, additional sessions are added for the dress rehearsal and final performance night. The students are responsible for creating the characters and script (verbal only, rarely is a script written on paper to promote flexibility and communication rather than reading from a piece of paper) based on the theme.

Inclusion/Exclusion Criteria

The inclusion criteria for the students consisted of students willingly participating in ACTS Jr. with varying levels of experience in the program, different ethnicities, and diverse developmental disabilities, and the presence of caregivers at home willing to give permission to participate in the capstone project. Exclusion criteria for students included under the age of nine and not currently participating in the ACTS Jr. Program.

Inclusion criteria for the caregivers were as follows: living at home with the student, over the age of eighteen, cares for student daily, and monitors behavior of the student as the caregiver. Exclusion criteria for caregivers were under the age of 18 and distant relatives or non-related persons living in the home but not responsible for the student as any type of caregiver. Normal contact with caregivers in ACTS Jr. takes place via email before the program begins and then throughout the program before each weekly session. Once given permission by the

caregiver to ask the student to participate, the students were asked to assent in person during the typical ACTS Jr. session time. The caregivers were reassured during the recruitment process that in no way would their child's participation in the ACTS Jr. program be affected by declining to be part of the capstone project.

Project Procedures

The capstone project was conducted during ACTS Jr.'s fall semester (September to November). The program is typically held twice a year in the spring and fall; however, due to the COVID-19 pandemic, ACTS Jr.'s 2020 spring semester was cut short, and the fall semester was forced to limit participation and, therefore, increased the age minimum to 13 and older. The spring semester of 2021 was also cancelled and instead a summer session was added before beginning the fall semester in September with the age minimum lowered back down to seven for the first time since the pandemic. Thus, the original 15 ACTS Jr. participants for the fall 2021 semester ranged from seven years to twenty-one years old. Prior to recruiting for the capstone project, six participants dropped out of ACTS Jr. leaving only nine for the remainder of the semester.

During one scheduled program session (week 4), the students completed a collage containing their feelings about being involved in ACTS Jr., what they perceived to be their strengths and challenges, and concluded the program with their perception of challenge areas and whether change occurred from their participation. Students were instructed to bring materials to session four, that demonstrated their strengths, weaknesses, and values. The students individually created their collage. Field notes were taken by the PI throughout the sessions and direct quotes were noted if they pertained to a student's value of their experience.

An example collage created by the PI was provided as a visual demonstration with the same elements as what the students were to construct: personal values, strengths, and weaknesses. The instructions were given, then the students were asked to describe the words “values,” “strengths,” and “weaknesses,” to institute a clearer understanding of what the collage should entail. The students were then assisted by the volunteers to follow instructions and with tasks such as visual searches in magazines and fine motor skills to cut, write, and draw as needed. The volunteers were encouraged to assist only when asked and to only guide in understanding of instructions but not to instruct the students or influence their ideas. The students brought materials from home including photos and personal magazines, and materials were provided for artistic purposes comprised of poster board, construction paper, markers and other coloring/drawing utensils, paper dolls with varying skin color, magazines, stencils, and scissors. Some of the students used only markers while others used a variety of materials.

The study also included semi structured interviews with the students’ caregivers to gain their perspective of the program and their view of their student’s participation. Interviews took place via Zoom and phone, according to each caregiver’s preference. The interviews were recorded then transcribed verbatim for data analysis. Interview questions were constructed based upon literature and content expertise. The questions can be found in Appendix A. Data was stored securely with the PI on a password protected computer and software with virus protection. De-identified data was handed over to the faculty advisor to be stored up to three years. No information was shared outside of the research team and the final research report will include de-identifiers to maintain confidentiality.

Data Analysis

The data analysis was conducted in three parts: review of the students' collages, analysis of the caregiver interviews and review of PI's observational fieldnotes. Interview transcripts with caregivers and quotes from field notes made by students and caregivers during ACTS Jr. sessions were reviewed. Observations were noted during the weekly sessions, the dress rehearsals in week eight, and the final performance. Field notes were also kept following the final performance when caregivers approached the PI to express their thoughts on the show and the students' functioning. Prior to the semi-structured interviews, the literature aided in the PI's decision for interview questions to the caregivers, and some codes were initiated from the literature, such as social functioning and community inclusion, with open-mindedness for new codes to generate from the collected data (Stanley, 2014). The codes were grouped, categories were established, and the process continued until themes were apparent (2014). A reflexivity journal was kept addressing researcher bias. An audit trail was also utilized to track changes made during data collection and analysis when project components needed to be modified. Peer debriefing and triangulation were applied for additional trustworthiness of the study.

Outcome Measures

Outcome measures included: Student Collage, Caregiver Interview, and PI Fieldnotes and Observations. These have been described within the procedures section. First, the collages were completed during week four after the students had adequate time to explore their feelings of the program and express perceptions of participation, strengths, and challenging areas in the context of ACTS Jr. Prompts for the collage were: "Tell me how you feel when you are in ACTS Jr. among your peers and performing theater scenes," "What do you feel you are good at?" "What do you find challenging when you are here?" Next the students were asked to return to

their collage in week eight and add elements of their perception of any change throughout the program with the prompt, “Do you feel anything has changed? Do you feel differently about your strengths and weaknesses?”

All caregiver interviews took place during weeks six and seven, to allow time for caregivers to acclimate to the program and to gain a perspective of their student’s participation. Examples of some of the semi-structured interview questions included, “How do you feel about your child’s social participation skills since participating in ACTS Jr.?” and “If you were talking to a friend about ACTS Jr., how would you describe our program?” The questions also addressed the caregivers’ view on the importance of social participation in their child’s life, why they enrolled the student in the program (particularly if they continue to do so for consecutive semesters), and what goals they have for their child (the student).

Ethical Considerations

An expedited review application was approved by the Institutional Review Board (IRB), including forms for children and vulnerable populations as the subjects in this study are such defined (Eastern Kentucky University, n.d.). The IRB consent form is provided in Appendix B. Caregivers signed an informed consent and students signed assent forms for participation in the capstone project. Approval was granted from the non-profit that oversees ACTS Jr. to conduct the capstone study. In addition, the ACTS Jr. program’s developer granted permission to use participants in the program for the study. Each family that agreed to be involved in the capstone study signed a consent form for use of media and data collected during interviews and observation. This population of students is vulnerable due to most being diagnosed with a disability, and it was important that the students in the program be part of the decision to participate in the capstone study and to offer their own insight, as well as their family. It was also

important to keep in mind the different cultures and backgrounds of the individuals and their families while asking questions for the interview.

One ethical concern addressed was leading questions in a direction based on researcher bias for the program and for the students and caregivers. This was remediated by maintaining a reflexivity journal to keep researcher biases and expectations in check. Another concern was the information gathered during the interview was sensitive. It was of utmost importance that the researcher provided all the information necessary for the purpose of gathering data and how it would be used. It was also important to ensure the participants of the capstone study that the information provided would not be used against the students, e.g., developing prejudices toward the students while participating in the program. All data gathered was used for the good of the participant to strengthen the theater program and to provide a service that benefits all involved. Table 1 contains the timeline of procedures from the beginning of the ACTS Jr. program, the start of the capstone study and conclusion of the data collection following the final stage production.

Table 1: Timeline of Capstone Project Procedures

Weekly ACTS	Students	Caregivers
Jr. Sessions		
Session 1	Orient to program and theme of reality television OINCS Session: Cooking Show	Introduction to program email Prompt about capstone project to prepare for recruitment
Session 2	OINCS Session: Shark Tank	Email to remind of ACTS Jr.
Session 3	OINCS Session: DIY Home IRB Approval, Study Begins Prompt students about collage	Recruitment to capstone project Schedule interviews
Session 4	Complete Collages: 1 st attempt	Email to remind of ACTS Jr. and student collages to take place
Session 5	Character and plot development for final performance	Email to remind of ACTS Jr. and continue scheduling interviews
Session 6	Individually talk to students about collages Continue plot development	Interviews
Session 7	Cancelled session	All interviews completed
Session 8	Added session due to missed week 7 Collages 2nd attempt following dress rehearsal Final Performance	Email to thank for participation in capstone project and typical communication for final performance details

Section 4: Results and Discussion

Results

Overview of ACTS Jr. Fall 2021

Seven students assented to usage of their collage in the capstone project. Five students had a diagnosis of ASD with a variety of experience in the program, one student had moderate intellectual disability (ID), and one student was neurotypical and volunteering for the program for the first time. Table 2 lists each student that participated in the capstone project along with their age, diagnosis, intellectual ability as described by their caregiver upon enrollment, and experience in the program. Pseudonyms were used to maintain confidentiality of the participants. The number of semesters participated are based on the two semesters offered each year; however, due to the COVID-19 pandemic, the Spring 2020 semester was ended prematurely so that has been excluded from the record. The current semester is included.

Table 2: Students Participating in ACTS Jr. Fall 2021

Student (n=7)	Age in years	Diagnosis	Intellectual Ability	Semesters
<i>Michael S1</i>	14 (Turned 15 during program)	ASD	“Good”	6
<i>Stephanie S2</i>	18	Moderate ID	“Moderate disability”	5
<i>Andrea S3</i>	15	ASD	“Average”	8
<i>Brandon S4</i>	17	ASD	“12-year-old”	6
<i>Lawrence S5</i>	9	ASD	“Fine”	2
<i>Richard S6</i>	18	ASD	“Normal”	6
<i>Claire S7</i>	13		Neurotypical	1

Note ACTS Jr. students with pseudonyms and demographics participating in study. Intellectual disability is quoted from the students' registration forms filled out by caregivers. Participation in ACTS Jr. is listed by number of semesters of participation.

The following timeline in Table 3 shows the progression of sessions and what was accomplished each week to set the students up for their final performance. The ACTS Jr. theme for the fall semester this year was reality television focusing on shows from HGTV and the cooking channel. With the theme in mind, the students had creative liberty to make the story reflect their own interests by developing relevant characters and fitting them into a plot with the central theme in mind. This required some guidance from the volunteers and directors, but the story was formed by the students' own imaginations.

Table 3: Weekly Sessions and Activities

Sessions	Activities
1	<p>O- Warm-up with names and favorite hobby; Pick group member, state their name, act out their favorite hobby</p> <p>I- Game: Taking grandma's cookbook</p> <p>N- Relay race: Finding ingredients for a “recipe”</p> <p>C- Interviewing a famous reality chef</p> <p>S- Creating a reality cooking show scene with problem solving factor (e.g., running out of time, dropped the cake, etc.)</p>
2	<p>O- Warm-up with name and favorite product</p> <p>I- Game of “Sharks and Minnows”</p> <p>N- Partner up and create brand new product to present to group</p> <p>C- Start creating roles for scene (host, buyers, sellers, etc.)</p> <p>S- Create scene for Shark Tank by creating product and pitching idea to buyers or “sharks”</p>
3	<p>O- Warm-up with name and what they like to create; Pick group member, state their name, act out that person's favorite thing to create</p> <p>I- Game: “Borrowing” tools and trying not to get caught</p> <p>N- Build creation with provided materials, such as cups, straws, string, etc.</p> <p>C- Create commercials to promote creations from last activity</p> <p>S- Create scene of <i>Fixer Upper</i> adding some challenges and problem solving (e.g., wrong supplies, paint spills, etc.)</p>

4	<p>Warm-up with name and “dessert island” game (personal items they can’t live without)</p> <p>1. Collages first attempt</p>
5	<p>Warm-up with names and game of “Truth or Action” (either answering a question or acting out something)</p> <p>Split into groups for play; Character and plot development for final performance</p>
6	<p>Warm-up with names, stretching, and recalling theme</p>
7	<p>Cancelled due to illness</p>
8	<p>No warm-ups due to time constraint</p> <p>Day 1: Finalizing scene plots and transitions between group scenes</p> <p>Day 2: Dress rehearsal on stage with props, blocking scenes on stage, music choices, ending session with collages</p> <p>2. Collages revisited</p> <p>Day 3: Run-through of transitions, challenging scenes, and final bows.</p> <p>Final performance in front of audience.</p>

The performance took place almost as planned, with a few impromptu lines from the students and some unforeseen technical difficulties that required quick thinking on the part of the PI and co-director with the students following suit. At the end of the performance, the students came out to bow to the audience in the groups of each scene in subsequent order.

Student Collages

The students completed their collages in week four. Most of the students were able to do this with little assistance other than reminders of the components required of the project. One student used a stencil for artwork but became frustrated during the process and attempted to escape the activity. When prompted to continue he wrote the word “no” continuously on his poster board. After several minutes were provided for self-regulating, the co-director approached the student and offered to help with the stencil and the student complied with no further maladaptive behaviors. In week six of the program, while the students worked in groups to continue planning their final performance sketches, each student was taken aside individually into a quiet room to describe their collage and talk more in-depth about their perceptions of the program and their participation. This proved to be a difficult concept for the students to grasp and more explanation was needed to describe the meaning of “values, strengths, and weaknesses.” In week eight, the students were asked to revisit their collages and make any changes they wished based on perceived transformations throughout the rest of the program. Little to no physical changes were made to the collages, however, each student described the changes they made or experienced referring to their values and strengths, as well as anything they felt was something that could be improved personally. Two students were absent and unable to revisit their collages, and another student declined speaking to the PI, hiding the collage as he backed away. After discussing their collages, the students were then allowed to take them home.

The remaining students spoke to the PI about perceptions of change, if any, while holding their original collage. Several of the students appeared to be more confident when sharing information about their collage as evidenced by a change in articulation and manner when presenting in front of the camera. Michael and Brandon, while sharing their values,

strengths, and weaknesses, changed their posture and tone of voice, taking note of the camera and facing their body correspondingly while holding their collages and waiting patiently until cued to speak, and answered the questions thoughtfully and with conviction. Some of the other students had a more difficult time sharing their views and did so in a rushed manner with some reservations demonstrated by their stance, hurried and low toned speech, and requiring greater verbal cues. Figure 2 shows some of the collages created by the students in week 4.

Figure 2: Collages



Note Five out of seven collages pictured here.

Caregiver Interviews

Eleven caregivers consented to participate in the interviews. The caregivers of one student also had a separate neurotypical child enrolled in ACTS Jr., but the child was under nine years of age, so her collage was not analyzed even though she was discussed during the

interview. Five were completed via zoom and one was over the phone. Table 4 lists the caregivers and their relationship to the students.

Table 4: Caregivers Participating in Capstone Study

<i>Student</i>	<i>Caregiver 1</i>	<i>Caregiver 2</i>
<i>Michael S1</i>	Mother, C1a	Father, C2b
<i>Stephanie S2</i>	Mother, C2a	Father, C2b
<i>Andrea S3</i>	Mother, C3	Unavailable
<i>Brandon S4</i>	Mother, C4a	Father, C4b
<i>Lawrence S5</i>	Mother, C5a	Father, C5b
<i>Richard S6</i>	Mother, C6a	Father, C6b

Note: N= 11

Analyzing the Data

The data was analyzed first by highlighting phrases that were significant to the experience of the individuals involved in ACTS Jr. The caregivers described their observations of their child(ren) participating in the program, including their behaviors and emotions at home, at school, and during ACTS Jr.'s final stage production. Most of the caregivers were not present during the weekly sessions and gained their knowledge of challenges and strengths of the students from what they observed in daily life and as they watch their child perform on stage alongside their peers. The caregivers and students expressed individual values and how ACTS Jr. has influenced these values, as well as how the program has played a part in addressing the students' strengths and weaknesses.

Throughout the data (collages, interviews, and observation), four themes evolved. One topic that appeared in each of the interviews was from the questions asking how the student felt about coming to ACTS Jr. or what they would say about the program when the students were not in session. Each were answered with expressions of enjoyment and anticipation of the program starting each semester. As the caregivers described their views on the program and the final production, a popular response was centered on the humor of the final play and the students' interaction with one another. This led to the first theme: the joy of theater. The remainder of the themes are 2) positive environment, 3) building confidence and ability, and 4) flexibility and the future.

Theme 1: Drama Mia! - The Joy of Theater

During the caregiver interviews, each one shared about their experience of seeing their child perform on the stage. Many of the caregivers do not stay for the sessions and only hear about the weekly activities from the students throughout the week. The final performance is the chance to see the students showcase their skills, and the caregivers communicated how joyful the experience was to see all the students interact with one another on stage on and off script. One caregiver shared that it was now a game the extended family played together to guess which storyline ideas belonged to which student while she laughed and described particularly funny moments that she and her family knew had to be the ideas of her son and another student that has been part of the program for an extended period. Most of the caregivers talked about the humor of the final plays and the uniqueness of the script being written by the students themselves. One student was praised with increased skills in communication and use of language through the program, and humor was one aspect of this. Her mother said,

“She repeats what she’s heard other people say there that she thinks are just hysterical.”

This was important to the caregiver because her child with autism typically had a hard time with conversational skills and talking about the activities with her parents was an improvement that could clearly be seen at home as an improvement with her language. Other students with the same diagnosis had difficulty talking about their daily activities at home, according to their parents, but would also share ideas for characters or lines in the play, and their caregivers credited the program as one facet for improvement in their ability to communicate these ideas at home.

Caregivers shared:

“it’s... a genuine social opportunity activity... she’s doing something outside the house with friends doing what she really enjoys doing.” and

“There are these pragmatic goals... but they don’t know that. It’s all about the fun.”

All the caregivers and students, except for the students that were absent or did not participate in the interview process, described their experience in the program as enjoyable and an overall positive experience. Others explained how their children talked about ACTS Jr. when away or during the break between semesters, stating:

“[we] never have to remind her that there’s ACTS Junior... that would not be something she would ever forget. She’s always ready to go,” and

“he’ll want to know... ‘how much longer until it starts back?’”

One student, according to her caregivers, highlights ACTS Jr. on her schedule each week during the semesters when the program is in session. The students also described their experience with positive remarks saying that the program was fun and helped them to be around other people that they considered their friends. Several of the caregivers also explained that

ACTS Jr. was one of the only social opportunities for their child and that these types of programs that promote social interaction were a need in the special needs community.

Not all students were able to express their emotions clearly, and one student even became frustrated with the collage activity and did not want to share information about his feelings of the program. Though this emotional expression is consistent with his communication at home, according to his parents, his mother provided some great insight into his true feelings about the program:

“... but we know he’s excited about it, and he likes it because all of his teachers have messaged us that, ‘he’s supposed to be in a play?’... he has gone to school, and he’s told his teacher... and everybody knows he is going to be in a play.”

Through their comments, the students and caregivers conveyed value in social participation and having fun, while the caregivers expressed understanding that the fun and enjoyment was a medium for creating an environment conducive to learning skills such as language and communication. The interaction between the students during acting games and collaboration to write the play help to facilitate these skills, and the caregivers shared their insight on how the skills were additionally carrying over into the home and other parts of the students’ lives.

Theme 2: Good Company - A Positive Environment

The interviews also revealed that the atmosphere presented while the students participated in ACTS Jr. contributed to the fun and learning process, while also helping the students feel comfortable expressing themselves in ways their caregivers say they haven’t seen before. The comments were positive regarding the feelings of the students. They talked about the process of participating over an extended period helped the students release inhibitions and use

their creative skills or act silly without feeling embarrassed or judged. Two caregivers also pointed out that jealousy is not a factor, and the students seem authentic in their praise for other students' successes. This, they explained, is one reason it is so fun for the families to watch the final performance. Many of the caregivers associated the students' ability to leave their comfort zone with the ease they feel being around a group of like-minded students and volunteers, as well as their comfort with the directors of the program. One student and his mother stated, respectively, when he is at ACTS Jr.,

"I feel great because I know like nearly everyone there besides the few new people that show up, but I'm ok with that." and

"he's told us it's like he's almost in a judge-free zone, that he feels like he can be himself when he's there for that hour."

Each caregiver shared their own values of the program and the answers varied, but all talked about the significance of the inclusivity. A few caregivers expressed value in the participation of students with and without disabilities, one specifying that his daughter without disabilities has a chance to see her brother with autism performing and acting alongside others with varying levels on the spectrum. This father particularly was pleased that his daughter could see the possibilities for her brother that did not have to be limited by his diagnosis. One caregiver said:

"No matter what level with their capabilities, y'all make sure there's something for everyone."

Another caregiver shared the same sentiments by explaining that being with like-minded students regarding interests helped motivate her son to be more expressive in his creativity and that he did not find the same kind of community in school or other social activities. In addition,

another caregiver shared that her son has tried several extracurricular programs, but he did not find the type of support he needed until he started participating in ACTS Jr.

While talking about the community gained from ACTS Jr., several of the caregivers talked about the difficulties faced during the COVID-19 pandemic in 2020 that resulted in lockdowns and restrictions and many organizations closing their doors. This, according to the caregivers, had a great effect on many people, especially for the families of individuals with special needs. ACTS Jr. had to cut short the 2020 spring semester and then opened back up in the fall with restrictions on age to reduce the number of participants. One caregiver talked about this issue regarding his son because it meant the student was too young to participate and explained it was another disappointment in the child's life at the time. He said,

“... he was devastated when you had to close it off to his age group... his exact words were, ‘COVID ruined something else,’” and another caregiver shared, “Since COVID shut a lot of things down, ACTS Jr. became even more important... it was bad for a lot of families.”

The families shared their appreciation for the program, especially following the pandemic. They said it had a deep effect on their children with special needs. As the caregivers described, ACTS Jr. is a constructive environment that their kids could be part of that helped them socialize and feel like they were part of a team. One caregiver even described it as a respite time for some of the parents, and several stated it was a positive outlet for creativity and beneficial to the students because it was an investment rather than just a place the students could be dropped off and looked after, a place where real relationships were formed.

Theme 3: Caliber on the Roof - Building Confidence and Ability

Another branch of topic conversation that centered on the value of the program was the gaining of confidence that carried over into the students' lives at home and in the community. One student's caregivers spoke of how previously at home he would walk into a room with guests and walk right back out to avoid the socialization. Through being in the program they have noticed less of this behavior and reported his teacher explaining that during free time at school the student walked up to a group of students playing a sport and joined in instead of going his own way, which was a perceptible change at school.

Some of the caregivers shared that in their families, the siblings without disabilities frequently were participating in awards ceremonies, athletic events, and events for the performing arts. They acknowledged the program for providing an opportunity that their student with disabilities could have a moment in the spotlight to showcase their talents rather than always being the onlooker. Following the fall stage production, an extended family member shared how much the student loved the program and frequently talked about the experience. She expressed with excitement it was,

“finally [her] time to shine”

A few of the students were described as having never spoken in front of a crowd prior to ACTS Jr. and that the experience has helped the students gain confidence not only with performing on stage but also accepting challenges like this in other environments. One student was offered a chance to speak on a panel at another social event, and her mother shared that it was difficult but successful, and that the skills she displayed during the experience was not exhibited before ACTS Jr. Another caregiver stated about her child,

“Since she’s been in ACTS Jr., I think she has gained a confidence... it’s an activity that she feels good about... it’s actually helped with her language development and problem solving... working within a group.”

Several of the caregivers shared change in abilities and students stepping out of their comfort zones. One explained that the students’ ability to improvise scenarios and form a storyline together is something unexpected due to their neurological development. One of the students had a teacher present at the final performance and afterwards told his parents that she was pleasantly surprised by his ability. Another stated during the interview,

“These kids, their imagination... I mean what they put together, it’s just so funny and creative and the possibilities that they can have later on and [can] use those skills for all their life.”

Each caregiver talked about the change in confidence and certain abilities, such as language, problem solving, and creative expression in the students, and several talked about this in context of the student’s future and how these are tools will help the student become a functioning adult.

Theme 4: Les Adaptability – Flexibility and the Future

Other skill areas that stood out that the caregivers expressed as being important for the future of the students were taking responsibility for themselves and their own work, leadership, organization, and flexibility. One caregiver talked about practicing these skills in the program and using it as a foundation for the future. Many described the challenges with the students’ ability to be mentally flexible, and one caregiver said about her child’s experience in the program:

“When it comes to her creativity, being flexible to do something maybe that she didn’t come up with... she is more flexible than she used to be... able to pivot more than she was ever able to in the past.”

Most of the caregivers talked about flexibility as an important factor in their child’s life, as well as it being an area that is difficult for the student. Several of the students, according to their parents, rely on schedules and agendas and some when caught off guard with changes in schedule expressed their frustration. One student’s caregivers credit ACTS Jr. with helping in this matter by creating opportunities for all the students to shift as they work through scenes with their peers and, as they explained, using the advantage of a fun atmosphere to show the students that change doesn’t have to be bad when scenarios go a different way than expected when incorporating ideas from the group. She described her perspective on the benefits of doing activities that promote improvisation and spontaneity to improve flexibility of the mind.

Another caregiver also noted a change in his child since participating in ACTS Jr. over the past few years. His father explained how the student’s mind has shifted from making everything about a list of facts to being more willing to find the creativity in the situation. One example he provided was how his son will typically hear a song playing in the car on the ride home and list facts about the song or artist to the other passengers. He continued to explain a noticeable change started to occur, and his son started being more creative with the songs and pretended to play an instrument along with the tune. His father said this was significant because it showed how he was starting to be more flexible in his thinking about music and using it as a chance to imagine instead of his usual listing of facts.

An aspect of ACTS Jr. that the caregivers have expressed an interest in is the creation of the final performance by the students. One talked about her value in this by explaining when her

daughter has too much help in creating something it is usually obvious to the caregivers. She stated:

“The integrity of their work is incredibly important to us because that’s the only way it’s meaningful for us if they are the ones that really are generating it... ACTS Jr., it’s so funny that it can’t be anybody but them putting it together.”

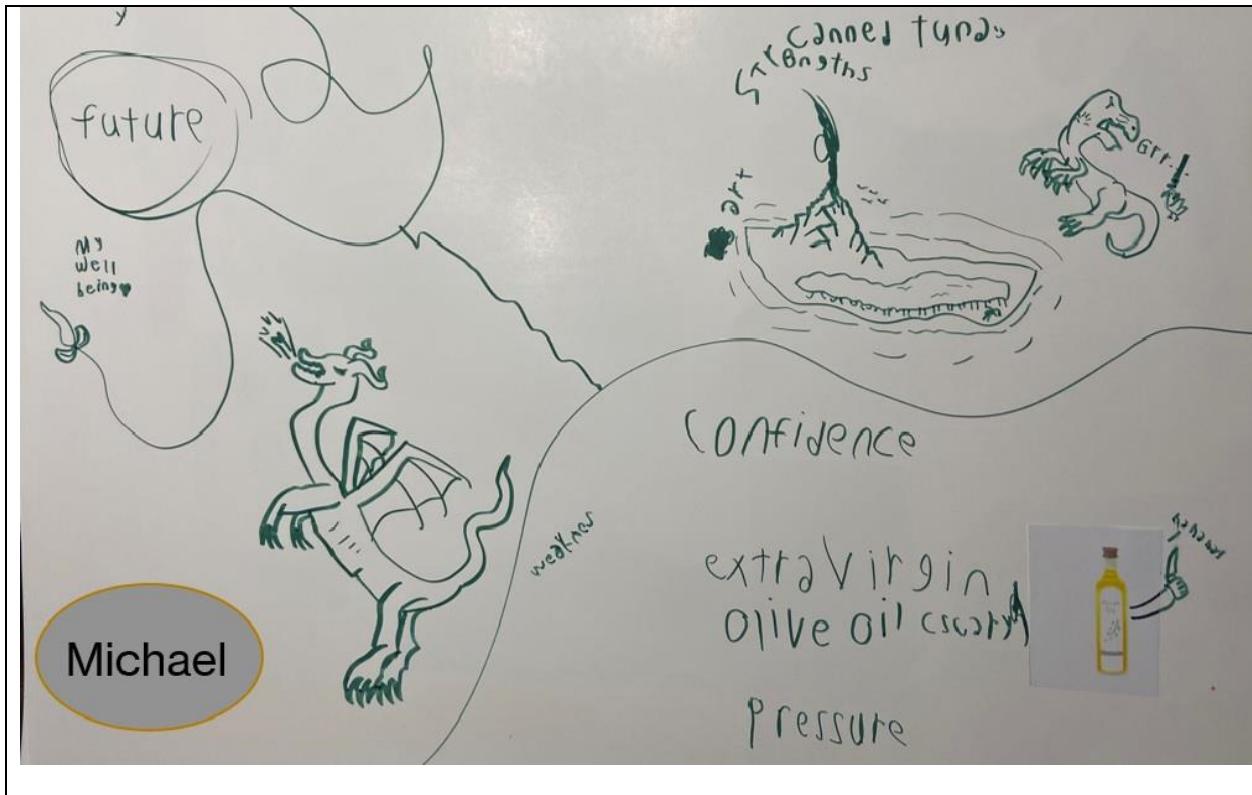
Some caregivers were particularly concerned about the future since their children were the oldest students and approaching adulthood rapidly. As Brandon talked about his collage and values, he spoke about doing things as an adult that he was looking forward to with an approaching eighteenth birthday. Michael, too, talked about the future and his well-being and listed these as values on his collage. An unexpected insight came from Michael as he reexamined his collage during the last week. He did not make any changes to the collage in week 8 but stated verbally the changes he felt had taken place internally. He said,

“Something I feel different about is my values... the future thing. Over the time that I made this I figured out that I also value the present, like, in order to work to value the future you got to worry about the present as well, because the present also affects the future.”

He continued by saying he was aware of his weakness of having trouble communicating with people his age and it was something on which he was continuing to work. Michael’s collage is pictured in Figure 3. The caregivers shared their values of learning skills like flexibility and organization and how those are important for the student’s future. The students were cognizant of the social aspect of participating in ACTS Jr. and recognized the value of being around other students with similar interests. Throughout the interviews, all participants, both caregivers and students alike, had positive reports about the program and perceived it as a beneficial resource

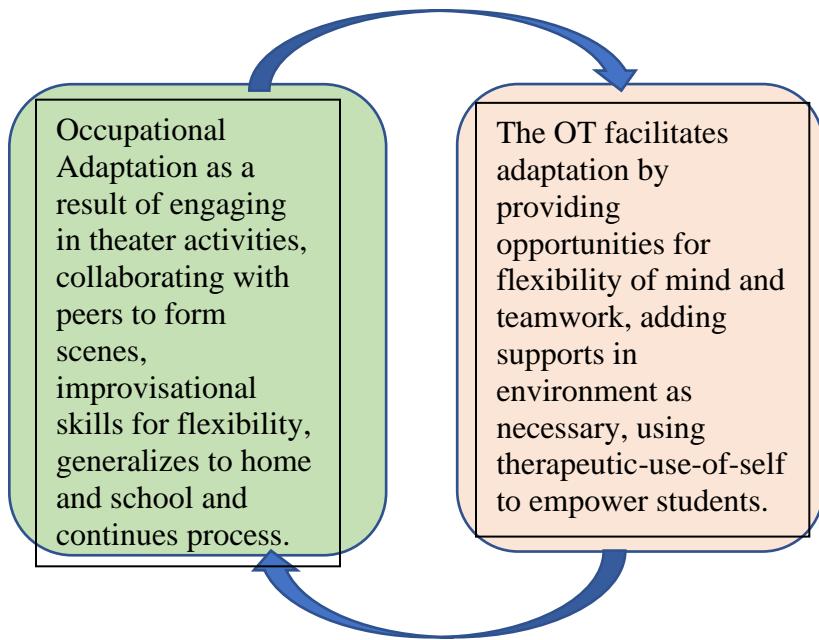
for developing skills and increasing social participation. Figure 4 demonstrates how Occupational Adaptation as a theory was applied within the programming in ACTs Jr. This figure summarizes the value of a theater program to develop more mature skills and generalize the newly learned skills to the program and in their home and community.

Figure 3 Michael's Collage



Note: "Michael's" collage from first attempt.

Figure 4: OA applied in ACTs Jr.



Discussion

ACTS Jr. was designed to target skills that affect the students' quality of life (Community Connections, n.d.). The students are challenged at an individualized level, grading activities up or down depending on each student's ability and frustration tolerance, always keeping in mind possible adaptations as needed for sensory processing, physical, or communication deficits to name a few. The focus is to keep it fun and motivating so more is gained from each session and stress levels are decreased, and many of the caregivers and students shared their experience of enjoyment in the program. The students can express their ideas and emotions while they participate in a meaningful activity that will be beneficial to their learning and development (Phillips, 1996). These expressions of enjoyment by the students and caregivers are indicative of ACTS Jr., the process of participating in theater with their peers, is a meaningful activity which is important for sustaining health and well-being (AOTA, 2015 & Baum & Law, 1996).

The final performance is a great chance for the students to demonstrate their creative skills and good humor. Each one is quick to add in elements of humor into their scenes and noticeably wait to hear the laughter from the audience members. This is also the time many of the students come out of their shell by expressing themselves as several caregivers pointed out during the interviews. Though humor has great entertainment value, it also is another way that makes this a great learning experience. Communication is an area that has been seen to improve through use of the creative arts and results in improved social functioning for children with disabilities (Wu et al., 2019). The final production, though not the sole focus of the program, has been an eye-opening experience for many involved and brings a feeling of unity to the participants (both students and volunteers), the directors, the caregivers, and even members of the community that can see the student in a new light, as was revealed through the interviews and field notes. This was described in the first theme, the Joy of Theater.

If the final performance is a way to create unity between the performers, audience, and all involved, how much more fellowship is created among the students that are depending on one another to form one cohesive story. Characters within the scene depend on the others to speak lines that direct them forward in the narrative that leads to subsequent events and finally the conclusion that has already been agreed upon prior to the stage production. Though much improvisation is utilized, there is still a significant cohesiveness that leads to the final goal and pushes along the story. This of course does require some training and forethought on the part of the volunteers for the rare occasions that the plot tangents and needs to be redirected; however, the students practice the skills needed for this task during sessions, such as listening and reacting to their scene partners, motor planning where to go on stage to move the scene along, attention to stay focused on the lines and forward movement of the plot, and emotional expression that fits

what is happening at each moment. The first few sessions, some students seemed reserved and possibly shy or embarrassed about expressing anything outwardly. The shyness gradually faded with many of the students as the weeks went by, with only a few exceptions that waited until the stage production when they lowered their inhibitions. To let go of their reservations, the student needs to feel comfortable and trusting of those around them. Entering a world of make-believe that is shared between the students creates this sense of unity as it is a shared experience (Chapman, 2014).

One area of dysfunction common in the autism spectrum community is social participation deficits which are sometimes caused by anxiety and result in withdrawal (Corbett et al., 2011). Sometimes sensory integration techniques were used to self-regulate the student. Most of the time, however, supports consisted of using the comradery of another person. Volunteers were always quick to jump in and work alongside the student to increase participation. Often, the other students were willing to help as well. It is natural in this environment for them to do so because the theater setting promotes collaboration. Using peer models and imaginative play is valuable and effective in promoting social functioning behavior and promotes social skills and interacting with others (Corbett et al., 2011).

Creativity is another way that students can learn skills such as communication, flexibility, and social participation as it is a form of expression and usually involves inward-looking and emotions. These are vulnerable areas to anyone, and especially for adolescents that are mostly aware of their peers and what others are thinking about them. It is important they feel comfortable around those in their environment for creative representation. ACTS Jr. not only creates an atmosphere that helps the individual feel comfortable, but it also strives to use all kinds of creative abilities. Some students use their artistic ability to draw props and costumes for

the play or create designs for characters and scene plots. Students can find ways of expressing their creativity without feeling embarrassment or shame while feeling they are finding a place for themselves among the group. This sense of community is an important aspect of counteracting loneliness and isolation, especially for individuals with special needs (Umeda et al., 2017). This was evident in the theme, A Positive Environment.

The skills practiced at ACTS Jr. are not only useful for the events of the program. The goal is for skills to generalize into the students' daily life. While participating in theater, the students can experience play and recreational activities that improve mental health and promote constructive attitudes while also targeting skills that increase quality of life (AOTA, 2016, Beisbier & Laverdure, 2020, Umeda et al., 2017). When the imagination is utilized in a positive manner, negative thinking decreases which can also facilitate a healthier mindset that can improve self-esteem (Boury et al., 2001 & Chapman, 2014). An increase in self-esteem, as was discussed in the theme, Building Confidence and Ability, then helps the students to accept new challenges with the knowledge that they have successfully met the challenges faced within the theater program, such as speaking on stage in front of an audience. The goal is to find the 'just-right' challenge to help the students grow overtime, meeting each challenge with the supports needed to feel successful and gain confidence for future challenges. When the students learn the skills needed to self-regulate during ACTS Jr. sessions, they are more able to generalize self-regulation and confidence in social situations independently in the future.

Occupational Adaptation in ACTS Jr.

Programs like ACTS Jr. help students by providing a social and creative outlet. In addition, the vast number of improvisational activities and collaboration with peers helps with problem solving skills and flexibility of the mind. Theater used intentionally for these purposes

helps improve skills such as flexibility, communication, and cooperation (Wu et al., 2019). Flexibility on the part of the student demonstrates the process of occupational adaptation, as depicted in the theme, Flexibility, and the Future. Engaging in the occupation of drama and participating in activities that involve improvisation and cooperation provides an opportunity to respond quickly to changes. With a fun environment that reduces stress, the students are more open to partaking in the activities that can target flexibility and adaptation. This is an ongoing process that can take weeks or even years. When students feel like they meet challenges with success rather than failure they are more likely to accept new challenges (Case-Smith, 2015). This was also indicated in a few of the students who experienced challenges with meeting new people and engaging in social activities outside of their home, but since participating in ACTS Jr. and consistently exploring social opportunities with new and familiar people, their caregivers reported noticeable progress in communication skills that generalized to their home and other community activities. Figure 1 was presented in Section 1 for visualization of Occupational Adaptation (OA). Figure 4 is an adaptation of the model to show how ACTS Jr. incorporates the use of OA in practice as presented in the Results section.

The process of occupational adaptation was observable in examples provided above like the students who were having difficulty being flexible with schedules and change at home and at school but were starting to show improvements as they continued participation in ACTS Jr. and participated in improvisational activities and social opportunities that helped them accept that change was not always negative. The student who had difficulty in social situations (as stated in results) was able to learn how to meet new people and socialize within the context of ACTS Jr. and generalized those skills into school where he pursued a social opportunity with his peers. The role of the program director and volunteers is to facilitate the adaptation process by

providing the opportunities with ‘just-right’ challenges and provide supports to promote success and, therefore, build self-esteem. Therapeutic-use-of-self is one of the tools used in this process by imitating adaptive behavior and demonstrating authenticity through performing alongside the students. This helps to motivate the students to adapt and continue the process of forming their identity.

Strengths and limitations of the project

One limitation of this capstone project was collecting data during the scheduled session for the program. This was due to the PI dividing attention between theater activities and the data collection methods and within an hour period that left little room for explaining the collage, building the collage, and hearing from each student about the information expressed in creative form on paper. The co-director was able to supervise the other ACTS Jr. students and therefore the PI was able to focus on the capstone study students and their collage experience. Due to the various levels of cognitive ability, some students required the entire hour to complete the collage and were unable to talk individually with the PI, making the process feel rushed. The students that required individual attention were taken aside to discuss their collage in the following weekly session. When the collages were revisited in the last week, the students rushed through their explanations due to time constraint and fatigue as this took place during a late evening dress rehearsal. These limitations were accounted for by maintaining an audit trail, a reflexivity journal, peer debriefing and taking field notes during the sessions.

Though the program was only eight weeks in duration, evidence supports sixty-minute sessions for a total of eight hours as being most effective for social skill groups, particularly for individuals with ASD (Tanner et al., 2015). Another limitation was the effect of COVID-19 on the number of participants in the program. Despite lower numbers of participants than pre-

pandemic semesters, for this capstone project both caregivers for almost all the students were interviewed, and the students discussed their collages and perspective of ACTS Jr. individually providing a more comprehensive perspective of the family's value of the program. As a small convenience sampling the findings make it more difficult to generalize to other therapeutic drama groups.

Implications for Practice

This capstone project offers numerous qualities of theater that are therapeutic in nature as well as the benefits of drama as an occupation that can be used in practice to benefit clients. ACTS Jr. is currently set up as an extracurricular activity under a non-profit organization. However, theater programs or social groups with a focus on drama can easily be incorporated into existing institutions for ease of implementation. One resource that would be advantageous to partner alongside is school drama programs. This could involve drama students without disabilities acting alongside students with disabilities and adding the necessary supports for greater accessibility. Therapists could also accompany students to drama programs for clinical sessions, because as this capstone study has revealed, many occupational therapy skills can be addressed through this medium and reinforced within a natural context. This would be a great start to involving a student in the theater world without having to start a separate organization or program and can still be very beneficial to the student.

Including a student in drama programs can be influential in both the students' lives and their caregivers. As mentioned, caregivers sometimes use these extracurricular activities as a type of respite for themselves while knowing their child is benefitting and gaining skills that can help them presently and in the future. Even in a short 8-week program that met once a week, progress was observable. This indicates a long-term commitment is not necessary for the

experience to be valuable. The caregivers should be involved in the process of forming goals for the student as well as for increased generalization of skills and coordinating the student's schedule since drama programs typically require after-school hours and more rehearsal time as the final production gets closer. The final performance is also a great way to advocate for students with special needs by showcasing the students' abilities to the community.

Future Research

For future research, it may be beneficial to complete the collages outside of the scheduled sessions, so the students do not miss out on much needed rehearsal time for the final performance. Though the collage activity itself could target skills, it would be better to interview the students about the collage outside of the sessions to prevent distraction and rushing the process. Scheduling a time to revisit the collage after the final performance would also be helpful so the students could analyze their values, strengths, weaknesses, and any changes in these areas following the excitement of the final performance. Often after showcasing their skills the students seem to appear more confident and happier about their experience. In this capstone study the students revisited their collages during a rushed dress rehearsal and did not have as much time to reflect and it is believed more information could have been explored if a time was set aside for this purpose. Another aspect of this program that could help in the students' reflection could be to show a video of the final performance before talking about the collage components so the students can reassess the feelings they had while on stage.

Conclusion

Theater used for a therapeutic purpose in this setting was perceived to be valuable and beneficial for the students with disabilities and their caregivers. The skills targeted in ACTS Jr. were presented throughout the literature and validated through interviews with the caregivers and

students. Social skills and teamwork were advanced through collaboration in creating characters and plot points for a final production, while self-confidence was addressed through the progressive nature of weekly sessions by building on skills and adding supports for the students' optimal performance. Occupational adaptation was facilitated through the weekly sessions using improvisational skills and utilizing the volunteers' therapeutic-use-of-self to showcase the students' strengths and support the students in adapting to their environment. This in turn helps to increase confidence and self-esteem as the students meet goals with satisfaction of their performance. Volunteers acting alongside the students also helps to imitate adaptive behavior and social skills through peer modeling. Glenn & Smith's (1998) research shows that people who reach their goals successfully tend to have a more positive outlook that influences mental health, self-esteem, and competence which in turn helps the person to achieve more success in goal pursuits. In addition to this, problems with communication in middle school students has been linked to low self-esteem and poor social connections and therefore negatively affects other areas of the students' lives such as academic pursuits and relationships (Marques et al., 2011). Through the medium of theater, promoting a fun and positive environment with the supports necessary to enable progression in communication skills, confidence, flexibility of the mind, and social participation, the well-being of the student can be influenced greatly to provide a foundation for the student's future and help facilitate development of skills for success.

References

- American Occupational Therapy Association. (2007). AOTA's Centennial Vision and Executive Summary. *American Journal of Occupational Therapy*, 61, 613-614.
- American Occupational Therapy Association. (2015). *Occupational therapy's role with health promotion* [Fact Sheet].
https://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/HW/Facts/FactSheet_HealthPromotion.pdf
- American Occupational Therapy Association. (2016). *Mental health promotion, prevention, and intervention*.
<https://www.aota.org/~/media/Corporate/Files/Practice/MentalHealth/Distinct-Value-Mental-Health.pdf>
- American Occupational Therapy Association. (2017). *Occupational therapy's role in sleep*. <https://www.aota.org/About-Occupational-Therapy/Professionals/HW/Sleep.aspx>
- American Occupational Therapy Association. (2020). *Aota unveils vision 2025*.
<https://www.aota.org/AboutAOTA/vision-2025.aspx>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74, 1-87. <https://doi.org/10.5014/ajot.2020.74S2001>
- American Psychological Association. (2020a). *Self-efficacy*.
<https://dictionary.apa.org/self-efficacy>
- American Psychological Association. (2020b). *Self-esteem*. <https://dictionary.apa.org/self-esteem>

- Arbesman, M., Bazyk, S., & Nocajski, S. M. (2013). Systematic review of occupational therapy and mental health promotion, prevention, and intervention for children and youth. *American Journal of Occupational Therapy*, 67(6), e120-e130.
<https://doi.org/10.5014/ajot.2013.008359>
- Baum, C. M. & Law, M. (1996). Occupational therapy practice: Focus on occupational performance. *American Journal of Occupational Therapy*, 51(4), 277-288.
<https://doi.org/10.5014/ajot.51.4.277>
- Beisbier, S., & Laverdure, P. (2020). Occupation- and activity-based interventions to improve performance of instrumental activities of daily living and rest and sleep for children and youth ages 5–21: A systematic review. *American Journal of Occupational Therapy*, 74, 7402180040. <https://doi.org/10.5014/ajot.2020.039636>
- Berg, K. L., Medrano, J., Acharya, K., Lynch, A., & Msall, M. E. (2018). Health impact of participation for vulnerable youth with disabilities. *American Journal of Occupational Therapy*, 72(5), 7205195040p1-8. <https://doi.org/10.5014/ajot.2018.023622>
- Boat, T.F. & Wu, J.T. (Eds.). (2015). Mental disorders and disabilities among low-income children. National Academies Press (US).
<https://www.ncbi.nlm.nih.gov/books/NBK332898/>
- Boury, M., Treadwell, T., & Kumar, V. K. (2001). Integrating psychodrama and cognitive therapy--an exploratory study. *International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing*, 54(1), 13–37.
- Case-Smith, J. (2015). Development of childhood occupations. In Case-Smith, J. & O'Brien, J. C. (Eds.), *Occupational therapy for Children and Adolescents* (7th Ed., pp. 65-101). Elsevier.

- Chapman, E. J. (2014). Using dramatic reality to reduce depressive symptoms: A qualitative study. *The Arts in Psychotherapy*, 41(2), 137-144. <https://doi.org/10.1016/j.aip.2014.01.001>
- Chiang, M., Reid-Varley, W. B., & Fan, X. (2019). Creative art therapy for mental illness. *Psychiatry Research*, 275, 129-136. <https://doi.org/10.1016/j.psychres.2019.03.025>
- Community Connections (n.d.) *ACTS jr.* <http://www.communityconnectionsar.org/services-programs/acts-jr>
- Corbett, B. A., Gunther, J. R., Comins, D., Price, J., Ryan, N., Simon, D., Schupp, C. W., & Rios, T. (2011). Brief report: Theatre as therapy for children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 41(4), 505-511. <https://doi.org/10.1007/s10803-010-1064-1>
- Creswell, J. W. & Creswell, J. D. (2018). The use of theory. In J.W. Creswell and J.D. Creswell (Eds.), *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed, pp. 62-63). Sage Publication.
- Eastern Kentucky University. (n.d.). Eastern Kentucky University sponsored programs: IRB submission procedures and application forms. https://sponsoredprograms.eku.edu/irb-submission-procedures-and-application-forms#_ga=2.135441206.626322702.1575312817-666320980.1568603199
- Edwards, B. M., Smart, E., King, G., Curran, C. J. & Kingsnorth, S. (2020). Performance and visual arts-based programs for children with disabilities: A scoping review focusing on psychosocial outcomes. *Disability and Rehabilitation*, 42(4), 574-585. <https://doi.org/10.1080/09638288.2018.1503734>

- Glenn, E. E. & Smith, T. T. (1998). Building self-esteem of children and adolescents with communication disorders. *Professional School Counseling*, 2(1), 39-46.
- Grajo, L. C. (2018) Theory of occupational adaptation. In Schell, B., & Gillen, G. (Eds.), *Willard and Spackman's occupational therapy* (13th Ed, pp. 633-642). Wolters Kluwer.
- Grajo, L., Boisselle, A., & DaLomba, E. (2018). Occupational adaptation as a construct: A scoping review of literature. *The Open Journal of Occupational Therapy*, 6(1), article 2. <https://doi.org/10.15453/2168-6408.1400>
- Healthy People 2020. (2020). *Social determinants of health*.
<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- Healthy People 2030. (n.d. a). *Mental health and mental disorders: Children*. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders>
- Healthy People 2030. (n.d. b). *Social and community context*.
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>
- Lamb, A. J., & Metzler, C. A. (2014). Health policy perspectives—Defining the value of occupational therapy: A health policy lens on research and practice. *American Journal of Occupational Therapy*, 68, 9–14. <http://dx.doi.org/10.5014/ajot.2014.681001>
- Marques, S. C., Lopez, S. J., & Pais-Ribeiro, J. L. (2011). “Building hope for the future”: A program to foster strengths in middle-school students. *Springer*, 12, 139-152.
<https://doi.org/10.1007/s10902-009-9180-3>

- Means, A. (2019). The widening mental health treatment gap in schools. Retrieved from
<http://neatoday.org/2019/05/02/the-widening-mental-health-treatment-gap-in-schools/>
- Nooner, A. [School Health Surveillance Coordinator]. (2017). Youth risk behavior survey. Retrieved from <http://dese.ade.arkansas.gov/divisions/learning-services/school-health-services/youth-risk-behavior-survey-yrb>
- Nooner, A. [School Health Surveillance Coordinator]. (2017). 2017 youth risk behavior survey results: Arkansas high school survey trend analysis report [PDF file]. Retrieved from http://dese.ade.arkansas.gov/public/userfiles/Learning_Services/School_Health_Services/YRBS/2017ARH_Trend_Report.pdf
- Phillips, M. E. (1996). The use of drama and puppetry in occupational therapy during the 1920s and 1930s. *American Journal of Occupational Therapy*, 50(3), 229-233.
<https://doi.org/10.5014/ajot.50.3.229>
- Schultz, S., & Schkade, J. K. (1992). Occupational adaptation: Toward a holistic approach for contemporary practice, part 2. *American Journal of Occupational Therapy*, 46, 917-925.
<https://doi.org/10.5014/ajot.46.10.917>
- Stanley, M. (2014). Qualitative descriptive: A very good place to start. In Nayar, S. & Stanley, M. (Eds.), *Qualitative research methodologies for occupational science and therapy* (1st ed., pp. 21-36). Routledge.
- Tanner, K., Hand, B. N., O'Toole, G., Lane, A. E. (2015). Effectiveness of interventions to improve social participation, play, leisure and restricted and repetitive behaviors in people with autism spectrum disorder: A systematic review. *American Journal of Occupational Therapy*, 69(5), 6905180010p1-6905180010p12.
<https://dx.doi.org/10.5014/ajot.2015.017806>

- Thergaonkar, N. & Daniel, D. (2019). Effect of arts-based therapy on functionality of children with intellectual disability. *Journal of Indian Association for Child & Adolescent Mental Health* 15(2), 55-71. <http://www.jiacam.org/1502/orig3April2019.pdf>
- Umeda, C. J., Fogelberg, D. J., Jirikowic, T., Pitonyak, J. S., Mroz, T. M., & Ideishi, R. I. (2017). Health Policy Perspectives—Expanding the implementation of the Americans with Disabilities Act for populations with intellectual and developmental disabilities: The role of organization-level occupational therapy consultation. *American Journal of Occupational Therapy*, 71, 7104090010. <https://doi.org/10.5014/ajot.2017.714001>
- University of Central Arkansas. (2010, November 15). UCA program gives adults with disabilities a chance to shine [Video File].
<https://www.youtube.com/watch?v=Op0qCmQhF-s>
- U.S. Department of Health and Human Services. (2017). Arkansas adolescent mental health facts. <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/arkansas/index.html>
- Wu, J., Chen, K., Ma, Y. & Vomočilová, J. (2019). Early intervention for children with intellectual and developmental disability using drama therapy techniques. *Children and Youth Services Review*, 109 (2020), 104689.
<https://doi.org/10.1016/j.chlyouth.2019.104689>

Appendices

Appendix A

1) How do you feel about your child's social participation skills since participating in ACTS Jr.?

- A. Do they look forward to coming?
- B. Do they talk about it throughout the week in anticipation?
- C. Tell me more about that.

2) What do you, as the parent, think of ACTS Jr.?

- A. What does it mean to you?
- B. Do you look forward to it starting each semester? (For those that have participated more than current semester in the program)

3) What are your goals for (child)?

- A. Have you noticed improvement in these areas?
- B. What do you feel has contributed to the improvement you've seen?

4) If you were talking to a friend about ACTS Jr., how would you describe our program?

5) How would you describe your child's involvement or feelings when participating?

6) Why did you (do you continue to) enroll your child in the program?

7) How do you think social and community participation impacts your child's health and well-being?

8) Is there anything about you and your child's involvement in ACTS Jr. that I haven't asked you about that you would like to tell me?

Probing questions:

- Can you explain that further?

- How did/do you feel about that?
- How do those two things connect?
- Can you give me an example?
- Tell me more about that.
- Let me repeat your answer and see if I understand you correctly...

Appendix B

Parent/Guardian Permission for a Child to Participate in a Research Study

ImpACTing Students: Descriptive Qualitative Study of Students with Disabilities Participating in a Theater Program



Approval Valid

Key Information

Your child is being invited to participate in a research study. This document includes important information you should know about the study. Before providing permission for your child to participate, please read this entire document and ask any questions you have.

Does my child have to participate?

If you decide to permit your child to take part in the study, it should be because you really want to allow him or her to volunteer. Your permission allows us to ask your child to participate, but he or she does not have to participate, even if you grant permission. Your child will not lose any benefits or rights he or she would normally have if you choose not to grant permission or if your child chooses not to participate. Your child can stop at any time during the study and still keep the benefits and rights he or she had before volunteering. If you decide to grant permission for your child's participation and your child chooses to participate, he or she will be one of about 5-8 people in the study.

What is the purpose of the study?

The purpose of the study is to explore the perceptions of students who participate in the ACTS Jr. program and their caregivers. The study will examine the experiences of students with and without disabilities currently participating in the ACTS Jr. and how they derive meaning from their experience in the program. The students will share their experience through creative means by building a collage consisting of their perceived values, strengths, and challenges. The second part of the study is aimed at the caregivers and their perceptions of the value that their student finds in participating in ACTS Jr. This will be accomplished through interviews via virtual platform or phone. By doing this study, we hope to learn the value of participating in the ACTS Jr. program from the perspective of the student and the caregiver. The information gained will help to improve the program and provide more insight on theater programs for kids with and without disabilities.

Where is the study going to take place and how long will it last?

The research procedures will be conducted at Gigi's Playhouse, the location of our sessions for ACTS Jr. Your child will need to come to Gigi's as usual during our 5:00-6:00 p.m. rehearsal time during the study. The students will complete the collages sometime between weeks 3 and 5 and will be completed during the typical one-hour session time. There will be no responsibilities for the students outside of regular meeting times for the program.

What will my child be asked to do?

Your student will be completing a collage activity as a group with the rest of the ACTS Jr. participants that will consist of their perceived values, strengths, and challenge areas. The last week of the program the students will be asked to return to the collage and state if any change has occurred while being in the program. Since it will be a group activity regardless of those who are participating in the research study, confidentiality can be maintained regarding whose information will be used in the study. Your child will also be asked prior to completing the collage if he or she agrees to be in the study as well.

Are there reasons why my child should not take part in this study?

The study is for children ages 9 to 21 years, so any child under the age of 9 will not be asked to participate in the study.

What are the possible risks and discomforts?

To the best of our knowledge, the things your child will be doing have no more risk of harm or discomfort than he or she would experience in everyday life.

Your child may, however, experience a previously unknown risk or side effect.

What are the benefits of taking part in this study?

Your child will not get any personal benefit from taking part in this study. His or her participation is expected to provide benefits to others by helping understand the use of theater as a medium for therapy, as well as benefiting the ACTS Jr. program from knowledge gained through this research. There may be indirect benefits as well from participants having the opportunity to share their feelings about the program and looking inward to determine perceived strengths and values and noticing change that takes place throughout the program.

If my child doesn't take part in this study, are there other choices?

If your child does not participate in the study, there are no other choices except to not take part in the study. This will not affect their ability to participate in ACTS Jr.

Now that you have some key information about the study, please continue reading if you are interested in allowing your child to participate. Other important details about the study are provided below.

Other Important Details

Who is doing the study?

The person in charge of this study is Markii Landry at Eastern Kentucky University. She is being guided in this research by Dr. Shirley O'Brien (859-622-6329) and Dr. Camille Skubik-Peplaski (859-338-2651), Department of Occupational Therapy at Eastern Kentucky University. There may be other people on the research team assisting at different times during the study.

What will it cost for my child to participate?

There are no costs associated with taking part in this study.

Will my child receive any payment or reward for

taking part in the study? Your child will not receive any payment or reward for taking part in this study.

Who will see the information my child gives?

Your child's information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. Your child will not be identified in these written materials.

We will make every effort to prevent anyone who is not on the research team from knowing that your child gave us information, or what that information is. For example, your and your child's names will be kept separate from the information your child gives, and these two things will be stored in different places under lock and key.

However, there are some circumstances in which we may have to show your child's information to other people. For example, the law may require us to show your information to a court to tell authorities if we believe your child has been abused, is in danger, or is a danger to himself or herself or to someone else. Also, we may be required to show information that identifies your child for audit purposes.

The information your child provides as part of the research will not be used or distributed for future research studies even if identifiers are removed.

Can my child's taking part in the study end early?

If your child decides to take part in the study with your permission, he or she will still have the right to decide at any time that he or she no longer wants to participate. Your child will not be treated differently if he or she decides to stop taking part in the study.

The individuals conducting the study may need to end your child's participation in the study. They may do this if your child is not able to follow the directions given, if they find that your child's being in the study is more of a risk than benefit to him or her, or if the University or agency funding the study decides to stop the study early for a variety of scientific reasons.

What happens if my child gets hurt or sick during the study?

If you believe your child gets hurt or sick because of something that is done during the study, you should call Markii Landry at 601-479-9174 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because your child gets hurt or sick while taking part in this study. Also, Eastern Kentucky University will not pay for any wages you may lose if your child is harmed by this study. These costs will be your responsibility.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your child's care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What if I have questions?

Before you decide whether to accept this invitation to grant permission for your child to take part in the study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact the investigator, Markii Landry at markii_landry2@mymail.eku.edu or at (601) 479-9174. If you have any questions about your rights or your child's rights as a research volunteer, you can contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636.

What else do I need to know?

You will be told if any new information is learned which may affect your child's condition or influence your willingness to allow your child to continue taking part in this study.

We will give you a copy of this permission form to take with you.

Permission

Before you decide whether to accept this invitation to give permission for your child to take part in the study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact the investigator, Markii Landry at markii_landry2@mymail.eku.edu or at (601) 479-9174. If you have any questions about your child's rights as a research volunteer, you can contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636.

If you would like to give permission for your child to participate, please read the statement below, write your name and your child's name, and sign.

I have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and give permission for my child to participate in this study if he/she chooses to participate.

Parent/Guardian's Name	Date	Child's Name	Date
Parent/Guardian's Signature	Date	Witness Signature	Date

Appendix C
Assent Form for Child's Participation in a Research Project
(for children between the ages of 7 and 12)



Approval Valid

**ImpACTing Students: Descriptive Qualitative Study of Students with Disabilities
Participating in a Theater Program**

I am conducting research to learn about kids who are in a theater program and how they feel about it. I am asking you to help because you are part of ACTS Jr. and I want to hear what you think about the program and how you feel when you are here. If you decide to participate in this project, I will ask you some questions to put in your collage so I can use your answers for my study. I want to know what you think is important about yourself, what you feel you are good at in ACTS Jr., and what you feel is hard for you to do in ACTS Jr.

Your parents know that I am asking you if you want to participate, but it is up to you to decide if you want to do this. You should not feel like you have to participate, and no one will be upset with you if say no. Even if you say yes now but decide you want to stop later, no one will be upset with you. All you have to do is tell me that you want to stop.

The questions we will ask are only about what you think. There are no right or wrong answers because this is not a test. There is nothing in the study that should make you feel harmed or unsafe.

If you want to participate, you can write your name on the line below. If you have any questions, please ask me before you write your name. If you do not want to participate, please do not write your name.

Child's Signature

Date

Witness Signature

Date

Appendix D**Assent Form for Minor's Participation in a Research Project**
(for minors between the ages of 13 and 17)**Approval Valid**

ImpACTing Students: Descriptive Qualitative Study of Students with Disabilities Participating in a Theater Program

You are being invited to participate in a research study about kids who are in a theater program and how they feel about it. We would like to ask for your help because you are part of ACTS Jr. and I want to hear what you think about the program and how you feel when you are here. The study is focused on ages 9-21 years, so you can only participate in the study if you are within that age range.

This document includes important information you should know about the study. Before deciding whether you want to participate, please read this entire document and ask any questions you have.

What will I be asked to do?

If you decide to participate, you will be asked to complete a collage during one of our rehearsal sessions. I will ask you some questions to put in your collage so I can use your answers for my study. I want to know what you think is important about yourself, what you feel you are good at in ACTS Jr., and what you feel is hard for you to do in ACTS Jr.

Do I have to participate?

Your parents know that we are asking you if you want to participate, but it is up to you to decide if you want to do this. You should not feel pressured to participate, and you have the right to choose not to participate. You will not lose any rights or benefits you would normally have if you choose not to participate. If you agree to participate now and decide later that you want to stop, all you have to do is tell the researchers, and they will allow you to stop. You will still keep the rights and benefits you had before volunteering.

What will I get for participating?

You will not receive any payment or reward for taking part in this study.

Who will see the information I give?

Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of scientific reasons.

Is there anything else I need to know?

There are no perceived risks to participating in this study.

What if I have questions?

Before you decide whether you want to participate, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact the investigator, Markii Landry at markii_landry2@mymail.eku.edu. We will give you a copy of this form to take with you.

If you would like to participate, please read the statement below and print and sign your name. I have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and have decided that I would like to participate in this study.

Minor's Name

Minor's Signature

Date

Name of Individual Providing Information to Subject

Appendix E

Consent to Participate in a Research Study

ImpACTing Students: Descriptive Qualitative Study of Students with Disabilities Participating in a Theater Program



Institutional Review Board
Protocol Number

Approval Valid

Key Information

You are being invited to participate in a research study. This document includes important information you should know about the study. Before providing your consent to participate, please read this entire document and ask any questions you have.

Do I have to participate?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. If you decide to participate, you will be one of about 8 - 10 people in the study.

What is the purpose of the study?

The purpose of the study is to explore the perceptions of students who participate in the ACTS Jr. program and their caregivers. The study will examine the experiences of students with and without disabilities currently participating in the ACTS Jr. and how they derive meaning from their experience in the program. The students will share

their experience through creative means by building a collage consisting of their perceived values, strengths, and challenges. The second part of the study is aimed at the caregivers and their perceptions of the value that their student finds in participating in ACTS Jr. This will be accomplished through interviews via virtual platform or phone. This study will be beneficial for occupational therapists who desire to use theater for therapy, and it will also be beneficial to ACTS Jr. as the knowledge gained from the participants can help improve the quality of the program. Caregivers in the study should be living at home with the student, over the age of 18, caring for the student on a daily basis, and monitoring behavior of the student as the caregiver.

Where is the study going to take place and how long will it last?

The research procedures will be conducted at Gigi's Playhouse for the students and via virtual platform or phone for the caregiver interviews. The interviews will take place sometime within the 5th and 7th week of the program (between October 19, 2021 and November 2, 2021). The

interviews will be scheduled within that timeframe according to caregiver's availability and will take about one hour.

What will I be asked to do?

I will ask you to participate in an interview with me via Zoom or other virtual platform (or over the phone if that is the best possible scenario for you), a separate interview with your spouse or other caregiver living in the home if they so choose, and a collage activity with your child completed as a group with the rest of the ACTS Jr. participants that will consist of their perceived values, strengths, and challenge areas. The last week of the program the students will be asked to return to the collage and state if any change has occurred while being in the program. Since it will be a group activity regardless of those who are participating in the research study, confidentiality can be maintained regarding whose information will be used in the study. Your child will also be asked prior to completing the collage if he or she agrees to be in the study as well.

Are there reasons why I should not take part in this study?

3

Caregivers that are not asked to be in the study are those under the age of 18, distant relatives of the student, or nonrelated people living in the home but not responsible for the student as any type of caregiver.

What are the possible risks and discomforts?

To the best of our knowledge, the things you will be doing have no more risk of harm or discomfort than you would experience in everyday life.

You may, however, experience a previously unknown risk or side effect.

What are the benefits of taking part in this study?

You are not likely to get any personal benefit from taking part in this study. Your participation is expected to provide benefits to others by helping understand the use of theater as a medium for therapy, as well as benefiting the ACTS Jr. program from knowledge gained through this research. There may be indirect benefits as well from participants having the opportunity to share their feelings about the program and looking inward to determine perceived strengths and values and noticing change that takes place throughout the program.

If I don't take part in this study, are there other choices?

If you do not want to be in the study, there are no other choices except to not take part in the study.

Now that you have some key information about the study, please continue reading if you are interested in participating. Other important details about the study are provided below.

Other Important Details

Who is doing the study?

The person in charge of this study is Markii Landry at Eastern Kentucky University. If the PI is a student, add the following statement: She is being guided in this research by Dr. Shirley O'Brien (859-622-6329) and Dr. Camille SkubikPeplaski (859-338-2651), Department of Occupational Therapy at Eastern Kentucky University.

There may be other people on the research team assisting at different times during the study.

What will it cost me to participate?

There are no costs associated with taking part in this study.

Will I receive any payment or rewards for taking part in the study?

You will not receive any payment or reward for taking part in this study.

Who will see the information I give?

Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court or to tell authorities if we believe you have abused a child or are a danger to yourself or someone else. Also, we may be required to show information that identifies you for audit purposes.

We will make every effort to safeguard your data, but as with anything online, we cannot guarantee the security of data obtained via the Internet. Third-party applications used in this study may have terms of service and privacy policies outside of the control of the Eastern Kentucky University.

3

Identifiers may be removed from the identifiable private information you provide as part of the study. After such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the University or agency funding the study decides to stop the study early for a variety of reasons.

What happens if I get hurt or sick during the study?

If you believe you are hurt or get sick because of something that is done during the study, you should call Markii Landry at 601-479-9174 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study. These costs will be your responsibility.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What else do I need to know?

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

We will give you a copy of this consent form to take with you.

Consent

Before you decide whether to accept this invitation to take part in the study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact the investigator, Markii Landry at markii_landry2@mymail.eku.edu or at (601) 479-9174. If you have any questions about your rights as a research volunteer, you can contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-6223636.

If you would like to participate, please read the statement below, sign, and print your name.

I am at least 18 years of age, have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and voluntarily agree to participate in this research study.

Signature of person agreeing to take part in the study

Date

Printed name of person taking part in the study

Name of person providing information to subject