

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Actor Training in Social Work Curriculum

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Social Work

By

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Dedication

This project is dedicated to all the people in my life who have believed in me and pushed me to pursue my passions of making the world a better place and infusing it with the performing arts. First, I want to thank my husband, Ismael Gonzalez, for all his support and encouragement throughout my graduate program. Secondly, I want to thank my magnificent capstone partner, Amanda Coleman, for making this project memorable and for the awesome journey. Thirdly, I want to thank Charles Ohaeri Jr. for dedicating his time and effort in making our workshops possible and for his enthusiasm in helping us with our project. Last but not least, I want to thank our research adviser, Professor Acuña, for her unwavering support and guidance! Additionally, I want to thank all of my amazing professors and the California State University, Northridge Social Work Department for their support in our project. We could not have done it without them!

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Abstract

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Master of Social Work

Purpose: This study ran a pilot theater workshop for graduate level Master of Social Work students teaching acting training skills to promote accurate empathy engagement skills. **Hypothesis:** The hypothesis is that participation in the pilot theater workshop is positively associated with increased empathy level scores among social work students. **Methods:** Researchers conducted three acting training workshops in two field education classes in the Master of Social Work program at California State University, Northridge. Outcomes were measured using King and Holosko's 2012 Empathy Scale for Social Workers, and using semi-structured post-intervention interviews, as well post-intervention written reflections. **Results:** There was a small increase in total empathy scores after the intervention, however the increase was not statistically significant. There was a statistically significant increase in the score of four items on the survey (item 7 "knowing a client's personal situation is important if I am really going to help them"; item 9 "clients expect me to act a certain way because of my gender"; item 16 "client's perceive me as having more power than they do"; item 25 "I am careless when working with clients"). Qualitative analysis found that participants valued the connection between the workshop exercises and their increased awareness of the importance of perspective-

taking skills. Discussion: The acting training workshop can help bring awareness of perspective-taking skills to social work students to further enhance empathy with clients.

Introduction

Engagement is a crucial skill in quality social work practice as it is one of the nine core competencies that social work students must learn in their accredited programs (Council on Social Work Education [CSWE], 2015, p. 8). Through effective engagement with their clients, social workers build rapport, establish trust, and lay the foundations for successful treatment. In the 2015 Educational Policy and Accreditation Standards publication, the Council on Social Work Education (CSWE) states that in order to successfully engage with diverse clients and constituencies, "students must use empathy, reflection, and interpersonal skills" (2015, p. 9). In classes, however, empathy-building engagement skills are often discussed in theory but rarely taught as technical skills that can be practiced and mastered. Indeed, the most frequently used assessment methods in social work education are not equipped to assess students' empathic understandings of their clients (Crisp & Lister, 2002). Thus, in the area of empathy, social work educators may be falling short of full compliance with the NASW Code of Ethics sections 5.01(a) and 5.01(e) which respectively call for "the maintenance and promotion of high standards" and the prevention of "unqualified practice of social work" (NASW, 2008).

Theater arts training in general, and acting training specifically, is associated with increased levels of empathy among participants (Goldstein, 2015; Goldstein & Winner, 2012). In social work education, acting experiences are generally limited to role-play exercises. Role-playing has been found to build self-confidence and interpersonal communication skills, but few, if any, instructors have taken advantage of role-play's potential to help social work students empathize with their clients by taking on the role of the client (Petracchi & Collins, 2008). In fact, several researchers have removed the

students from the role of client completely, bringing professionally trained actors into the classroom to play clients (Petracchi & Collins, 2008). In so doing, these instructors likely create more realistic simulations for the students playing the social workers, but the students lose the valuable experience of the interactions from a client's point of view.

In the medical field, researchers have implemented theater and actor-training techniques to teach residents ways to increase engagement and empathy with their patients (Eisenberg, Rosenthal, & Schluskel, 2015). Because mastering empathy is critical to social work students as evidenced by the CSWE accreditation standards, social work instructors may adapt interventions from existing research in the medical field to help their students achieve this competency.

Literature Review

Empathy. Empathy is considered a fundamental competency in social work practice (Gerdes & Segal, 2011; Grant, 2014; King & Holosko, 2012; Wagaman, Geiger, Shockley, & Segal, 2015). Social work literature offers various definitions of empathy (Wagaman et al., 2015, p. 203). The Social Work Dictionary (Barker, 2003) defines empathy as, “the act of perceiving, understanding, experiencing, and responding to the emotional state and idea of another person” (as cited in Gerdes & Segal, 2011, p. 141). However, some have concluded that Barker's definition is simplistic and does not address the negative implications of empathy when emotional boundaries are not set (Grant, 2014). The term “accurate empathy” has been established to refer the ability to practice empathetic understanding while avoiding the unfavorable emotional effects of the interaction between a clinician and client (Rogers, 2007 as cited in Grant, 2014, p. 339). Components of accurate empathy, such as self-other awareness and emotion regulation

have been found to reduce burnout and even may prevent burnout and secondary traumatic stress among social workers (Wagaman et al., 2015, p. 206). Thus, empathy is considered an important and yet complex and multi-dimensional concept (Grant, 2014, p. 340).

The definition that will be used for the purpose of this study focuses on accurate empathy and its four components as defined by Gerdes, Leitz, and Segal (2011): “1) affective response, 2) self-other awareness, 3) perspective taking, and 4) emotion regulation” (as cited in Wagaman et al., 2015, p. 203). Affective response is the automatic and neurological reaction that occurs when mirror neurons mimic another person’s action, such as when a client cries and the clinician feels the need to cry in response (Wagaman et al., 2015, p. 203). The key concept of this definition is that the other three cognitive components are used in conjunction to process the affective response to practice accurate empathy (Wagaman et al., 2015 p. 203). Self-other awareness is the ability to acknowledge and understand the feelings and thoughts of another and distinguish them from one’s own (Wagaman et al., 2015 p. 203). Perspective taking is the ability to comprehend the experiences of another while being aware of one’s own experience and the distinction between the two (Wagaman et al., 2015 p. 203). Emotional regulation refers to the ability to control one’s own emotions (Wagaman et al., 2015 p. 203). Therefore, to be fully immersed in empathy, one must experience all four components (Wagaman et al., 2015 p. 204). Although affective response is automatic, the three other components are cognitive skills that can be taught, learned, and even mastered (Decety & Lamb, 2006, as cited in Gerdes & Segal, 2011, p. 144; Wagaman et al., 2015 p. 204).

Theater education has been linked to enhancing empathy in its participants (Dow, Leong, Anderson, & Wenzel, 2007; Levy, 1997, Metcalf, 1931, Verducci, 2000, as cited in Goldstein & Winner, 2012, p. 20). Acting requires actors to practice perspective taking of their characters to understand a character's objective in the play's given circumstances (Hull, 1985; Stanislavsky, 1950; as cited in Goldstein & Winner, 2012, p. 20). The capacity to consider and understand another's mental state is commonly known as theory of mind (Goldstein & Winner, 2012, p.20). Goldstein and Winner (2012) examined whether 10 months of acting training led to significant gains in empathy and theory of mind (understanding others) scores. They conducted two studies, one focusing on elementary-aged children and another concentrating on adolescents. The quasi-experimental studies followed the children and adolescents over the span of ten months and compared the pre and post-test empathy and theory of mind scores of those participants who were in acting training to those who took another arts training (visual arts or music). The activities that occurred in the acting class included improvisational games, scene study sessions, physical exercises, verbal exercises, observational exercises, and group building improvisational exercises. The results showed that those who took actor training received higher empathy scores than those who took other arts training. In addition, the adolescents increased their theory of mind scores after the ten months in acting training. This study suggests that acting training can be useful in teaching skills that can foster empathy in its participants.

Role Theory. Role theory provides the framework by which we consider theater an appropriate tool for enhancing empathy. Role theory is a conceptualization of social life as being characterized by prescribed behavior patterns or roles (Biddle, 1986).

Merton (1968) defined a role as a socially constructed set of behaviors that correspond to one's status. Landy (2009) offers a less deterministic perspective, defining a role as a unit of personality that contains all of one's thoughts and feelings about him/herself and others (as cited in Frydman, 2016). For this study, we combine the two definitions, recognizing that one's thoughts, feelings, and behaviors have a bidirectional influential relationship with one's social environment. We define a role as a status that comes with behavioral expectations but that is expressed uniquely by the individual inhabiting it.

Classic role theory holds that identification with the roles of others is a basic component of human interaction (Mead & Morris, 1934). Meaningful interactions take place when one "participate[s] in" another person by mentally and emotionally entering that person's role (Mead & Morris, 1934, p. 253). Moreover, because the behavioral expectations of roles are socially determined, Sets and Burke (2003) conclude that roles are fundamentally relational in nature. Indeed, Coser argues that identity is acquired through our relationships and cannot be formed in isolation (The Idea of Social Structure, 1975). Describing the transactional and interactional nature of role taking, Lynch (2007) explains, "To enact a role, one must, in effect, put oneself in the place of others to see the world as they do." In his examination of executive functioning through the lens of role theory, Frydman (2016) posits that the interdependent nature of role creation lays the theoretical foundation for theory of mind. This capacity to take on another's perspective is the critical connection between empathy and acting, for an actor not only acts out but experiences as real the life of the character s/he is portraying (Stanislavsky, 1963).

Acting training in the medical field. The medical field is taking advantage of the benefits of theater education in improving the physician's empathetic communication

(Dow et al., 2007; Eisenberg, Rosenthal, & Schluskel, 2015; Larson & Yao, 2005). The actor's skill of identifying vocal tones, body language, and degree of emotion expressed by another actor and then respond in a measured reaction is similar to the interaction held between a clinician and a client (Dow et al., 2007, p. 1115). These skills are crucial to the success of theater and can be just as crucial for a clinician's success with a client.

Dow, Leong, Anderson, and Wenzel (2007) examined whether medical residents could learn clinical empathy techniques from theater professors to improve doctor-patient relationships. Clinical empathy was described as "the skill of recognizing a patient's emotional status and responding, in the moment, to the unique needs of the patient to promote better clinical outcomes" (p. 1114). The theater professors provided six hours (four 90 minute sessions) of training via classroom instruction and workshops. The first workshop reviewed active listening and clinical empathy. The second workshop focused on listening for subtext, listening for values and strengths, validation strategies, physical expressiveness, body language, and vocal presence. The third session was a review with an emphasis on eye contact, breathing, and body positioning. The fourth session taught time management and small group leadership skills. This was a controlled pilot study with 14 medical residents in the intervention group and six in the control group.

However, this was not a randomized or blinded study. One professor observed and scored medical residents using a tool that the Theater Department uses to score their acting students. The tool assessed six sub scores that included empathetic communication, relating to the listener, verbal communication, nonverbal communication, respect for dignity, and overall impression (p. 1115). Pre and post-intervention scores were compared and results showed that the intervention group had significant improvement

across all sub scores. The intervention group had better scores in five out of the six sub scores compared to the control group. Thus, the use of theater practices as taught by professors demonstrated that theater training can be an effective teaching tool for helping professionals.

Another example of how the medical field is utilizing theater training to increase student empathy skills is evident in the following study. Eisenberg, Rosenthal, and Schluskel (2015) developed a technique called Facilitated Simulation Education and Evaluation (FSEE) to teach interpersonal communication skills (ICS) in medical education after observing two actors-turned-doctors practice their interpersonal skills. It is important to note that the inspiration to create FSEE came from doctors who had acting training because this fact demonstrates that others have seen the value of theater education for the clinical relationship with clients. FSEE is comprised of didactic training, simulation, and a debrief. The didactic training asked the medicine residents to discuss the reasons they entered the medical profession, reflect on whether their views of the profession has changed, and describe their ideal doctor and compare themselves to their ideal (p. 274.) In FSEE, actors and residents are taught empathetic techniques based on lessons from theater education, such as active uninterrupted listening, reading and responding to a patient's words and body language, and improvising in unexpected intervention before engaging in the simulation (p. 272). The simulation aspect of the technique utilizes professionally trained actors to play patients in a simulated session with medicine residents (p. 275). The debrief is a key learning experience for the medicine residents as the actor provides feedback to the medical student on how their interaction made them feel during the session. After two years of FSEE pilot training, medicine

residents stated they felt more confident in their empathetic communication (p. 275). These two studies (Dow, et al., 2007; Eisenberg, Rosenthal, & Schluskel, 2015) demonstrate that other fields are acknowledging the benefits of theater practice and are finding creative ways to incorporate it in their training programs with students. Therefore, because empathetic communication is so integral to the social work profession, social work educators may utilize theater as an effective means to teach empathy skills.

Theatre in social work education. The Council on Social Work Education considers empathy such a critical skill for social work practice that it named empathy a key component of engagement in its list of Social Work Competencies. Crisp and Lister (2002) reviewed social work journals to discover and describe the most common assessment methods used in social work education; their findings revealed no methods that could assess whether students could actually engage with clients empathetically in person. Such skills may be assessed using student role-plays, a method some social work instructors have already embraced (Petracchi and Collins, 2006; Mooradian, 2010).

Role-play in social work education allows students an experiential learning opportunity in a safe space where they can make mistakes with a fictional scenario and where the possibility of harm done to actual clients is limited (Mooradian, 2010, p. 21). However, role-plays have been critiqued as flawed in their validity (Badger & McNeil, 1998, as cited in Mooradian, 2010, p. 22) as it has been noted that students may behave more cooperatively to help their peers (Miller, 2004, as cited in Mooradian, 2010, p. 22). Miller (2004) cautions that role-plays carry the risk of inappropriate self-disclosure by students and are inauthentic by nature. Mooradian (2010), however, found that observing

and debriefing role-plays was correlated to an increase in perceived social work skills among social work students.

A few social work instructors have even brought professionally trained actors into the classrooms to play clients in a simulated session to increase the realism of the role-play activity (Petracchi and Collins, 2006; Mooradian, 2010). This inclusion of actors may make for a more lifelike experience but falls short of instilling empathy: the student playing a therapist in a role-play has no more access to the client character's mind and experience than s/he would have to a real client's. Moreover, Mooradian (2010) found no statistically significant correlation between increased realism in role-plays and students' perception of their skills.

Role reversal. We hypothesize that reversing roles with the client -- that is, thoroughly embodying a client-like character through acting training -- will enhance empathy-based engagement skills in social work students. Such training will guide students to focus on the client's experience of engagement in order to inform their own practice. Yaniv (2012) explains that role reversal requires individuals to engage in "creative empathy," the type of empathy that grows out of the active embodiment of a role (p. 72). This empathy involves connecting with the role through both bottom-up neural processing (achieved by the mirroring representation systems in the frontal gyrus of the brain) and top-down neural processing (achieved by the cognitive perspective-taking systems located in the prefrontal cortex) (Yaniv, 2012). Stanislavsky (1963) promoted an empathetic connection to one's character in the acting theory he introduced in the 1960s. He encourages actors to access their characters by asking, "If this were real, how would I react? What would I do?" (Stanislavsky, 1963, p. 94). Asking the same

question of their clients may help clinicians take an empathetic, non-judgmental stance when engaging with them.

The National Association of Social Work (NASW) Code of Ethics calls for social workers to maintain and promote high standards and to prevent the unqualified practice of the profession (NASW, 2008). Taking advantage of acting training's potential to help social work students empathize with their clients may therefore allow social work instructors to better comply with the code. Classic role theory posits that an individual's own role is bound up in one's understanding of others. Mead and Morris (1934) claim that individuals are made more conscious of their own roles in an interaction when they take on the roles of those with whom they interact; in order to direct one's own communication, one must first take on the role of one's interlocutor. Thus, by empathizing with their clients through acting training, social workers may better direct their own engagement skills.

Aims and objectives

In this study, the researchers are promoting the use of accurate empathy because they acknowledge the similarities of this definition of empathy with the actor's self-protective process of self-regulation. Social work students are often taught about the importance of setting boundaries with their clients, but rarely is it emphasized for social work students to set boundaries with their empathy towards a client. This study will run a pilot theater workshop for graduate level Master of Social Work students to teach actor training skills to promote accurate empathy engagement skills including skills for self-regulation and setting professionals boundaries in their practice.

Method

This study used a mixed-method cross-sectional one-group pretest-posttest design. This was also a pilot study of the acting training workshop's effectiveness and feasibility. The hypothesis of this study is that participation in the acting training workshops will increase the participants' empathy scores on the King and Holosko's (2012) Empathy Scale for Social Workers (ESSW).

Research Design

This intervention was conducted in two sections of the field placement seminar course, SWRK 523. The Director of Field Education for the Social Work Department gave permission for the study to be held during this time (Appendix H). The intervention took place over three Tuesdays from 7:45a.m. – 8:50a.m. and occurred every other week until the three workshop sessions were completed for each class section.

In order to minimize social desirability bias, participants were told that the purpose of the workshop was to enhance engagement skills but were not told that the purpose of the workshop was to enhance the specific engagement skill of empathy. For this reason, the name of the empathy scale administered to subjects was removed from the top of the scale. Subjects were briefed on the content of the workshop before the first workshop began and informed of the study's potential risks and benefits as well as of the alternate option of only observing the workshop. At the conclusion of the study, participants were revealed the true purpose of the workshop, which was to enhance the specific engagement skill of empathy.

Adult Consent forms (Appendix I) and Experimental Subjects' Bills of Rights (Appendix J) were handed out, and those who consented to participate in the study filled

out the forms and submitted them. The Adult Consent form had options available for students who selected to participate in the study and those who chose to only observe. The post-intervention interviews were held on CSUN's campus in private. Interviewees were audio recorded, and recordings were de-identified and were destroyed at the end of data collection.

Participants

Participants were first year masters level social work students at California State University, Northridge recruited from two sections of the field education seminar course, SWRK 523. The study sample ($N = 22$) was predominately female; more than half identified as Latinx, and almost a quarter of the participants identified as Caucasian. The additional ethnicities represented in the study included Asian/Pacific-Islander, Native American, Middle Eastern, and Biracial. Participants ranged in age from 23 to 53 with a median age of 27.5. In terms of previous acting experience, most of the participants had no prior acting experience. The participants were assigned and evenly divided into one of three different scenes of the play: "Savage Son", "On Purpose", and "Toilets" (Appendix G). Descriptive statistics of the sample are provided in Table 1.

Although workshops were held during class time, participation was optional, and students were not penalized for choosing to observe rather than participate. Only one student chose to observe. Although there were 30 total students in both classes, the study did not include the data for the one observer or the data from seven students due to their absence on one of the intervention days. The students were invited to sign up to participate in a qualitative semi-structured post-intervention interview and were

incentivized with a raffle for one of two \$25 Visa gift cards. The total number of interviewees was five.

Table 1

Demographic Characteristics of Participants

Characteristic	<i>n</i>	%
Gender		
Male	4	18.2
Female	18	81.8
Ethnicity		
Caucasian	5	22.7
Latinx	12	54.5
Asian/Pacific-Islander	1	4.5
Native American	1	4.5
Middle Eastern	1	4.5
Biracial	1	4.5
Age		
23-29	16	72.7
30-39	3	13.6
40-49	1	4.5
50-53	2	9.1
Previous Acting Experience		
Yes	5	22.7
No	17	77.3
Scene Assigned		
"Savage Son"	8	36.4
"On Purpose"	7	31.8
"Toilets"	7	31.8

Note. *n* = subsample size; % = percentage

Measures

Empathy levels were measured pre and post intervention using King and Holosko's (2012) Empathy Scale for Social Workers (ESSW), a 41 item validated (coefficient alpha of .83) Likert scale survey. The scale requires participants to rate the degree to which they agree with such statements as "I can tell by a client's body language

if they are upset,” “I can put myself in a client’s position,” and I try to understand a client’s viewpoint before making suggestions” (King & Holosko, 2012, p. 183).

Participants are asked to respond to the items using a 5-point Likert scale (1=never, 2=rarely, 3=sometimes, 4=often, 5=always) expressing thoughts, feelings, and actions involved in the use of empathy in social work practice. Higher scores reflect higher levels of empathy with the highest possible score of 205. The scale contains four reverse scored items. These are items 25, 27, 29, 32, and 40 (King, 2009 as cited in King & Holosko, 2012). The ESSW was created using 271 social work practitioners with at least 2 years of direct social work practice experience, and a Master of Social Work (MSW) degree (King & Holosko, 2012). Outcomes were measured qualitatively with a post-intervention written reflection from all participants and with a semi-structured open-ended post-intervention qualitative interview about the workshop experience (conducted with only those students who volunteered to participate in the interviews).

Intervention

Participants were asked to partake in a three-part workshop during three of their 523 classes. Each workshop lasted about 60 minutes. On the first workshop day, participants were given King and Holosko’s (2012) ESSW to complete as the pre-intervention survey. Each workshop day, participants were asked to engage in an icebreaker activity. On the first and second workshop days, participants were asked to study a scene from the play *The God of Carnage* by Yasmina Reza, translated by Christopher Hampton, and to analyze a specific character in their given scene. On the first and second workshop day, participants were asked to engage in a few exercises that involved physical movement. On the third workshop day, participants were asked to

rehearse their given scene with a small group of students, but performance of the scene in front of the class was voluntary. Each workshop ended with a debrief and workshop days. On the third workshop day, participants were given King and Holosko's (2012) ESSW to complete as the post-intervention survey and a brief written reflection prompt for them to reflect on their experience in this study. On the third workshop day, participants were asked if they would like to volunteer in an interview (see Appendix F) outside of class time with one of the researchers to further share their experiences in the three-part workshop. There was no penalty if they chose not to participate in the interview outside of class. The itinerary for the workshop days is outlined in Table 2. Further information on each aspect of the workshop is provided in the appendices.

Table 2*Workshop Curriculum*

Workshop Day	Total Activity Time	Activity	Objective
Day 1	10 minutes	Pre-test: King and Holosko's (2012) Empathy Scale for Social Workers (ESSW)	To collect pre-intervention survey results for baseline assessment.
Day 1	15 minutes	Icebreaker: Bibbidi Bibbidi Bop	To relax participants and have them bond with a creative game.
Day 1	10 minutes	Introduce characters: Divide into groups and read scene out loud	To introduce the character and scene to the participants and to complete an initial reading of the scene.
Day 1	15 minutes	Table Work: Address boundaries between character and actor; complete given circumstances chart	To comment on the importance of boundary settings between character and actor and to understand the context provided by the play for the characters in the scene.
Day 1	5 minutes	Debrief	To bring the group together and connect the day activities with social work values and application.
Day 2	10 minutes	Icebreaker: Dynamize exercise	To relax participants and have them bond with a creative game that focuses on reading body language for emotional state.
Day 2	30 minutes	Finish Table Work: Focus on subtext and character objectives	To read through the script again but focusing on the subtext of each line and the characters' objectives.

Day 2	10 minutes	Physical Embodiment: Lead with different body parts exercise	To bring awareness to their body and how participants can begin to physical embody their characters.
Day 2	5 minutes	Debrief	To bring the group together and connect the day activities with social work values and application.
Day 3	10 minutes	Icebreaker: Status exercise	To relax participants and have them bond with a creative game that highlights privilege and status.
Day 3	15 minutes	Rehearse scene	To put all the elements from the previous workshops into action and embody the character and act out the scene with in-depth understanding.
Day 3	10 minutes	Voluntary Performances	To allow groups to share their scene with the other participants and see the other parts of the play that inform their scene.
Day 3	10 minutes	Group Discussion	To discuss character development process and revelations after seeing the three scenes enacted.
Day 3	10 minutes	Post-test and Reflection	To collect post-intervention survey results and reflection documentation.
Day 3	5 minutes	Debrief	To bring the group together and connect the day activities with social work values and application.

Procedure

The researchers secured an exempt status for this study from the Institutional Review Board of California State University, Northridge. The Director of Field Education and the Department Chair of the Social Work Department approved the conduction of the study in the first year field education seminar course in the two-year Master of Social Work program (see Appendix H). This permission was granted pending voluntary participation from the field liaison faculty and their students. Two field liaisons volunteered to host the workshops in their field education seminar course, and the majority of their students volunteered to participate. Empathy level scores were totaled, and pre/post intervention survey scores were compared. A bivariate analysis was conducted using the Statistical Program for the Social Science (SPSS). Researchers gathered post-intervention qualitative data through written reflection paragraphs administered on the last workshop day and through semi-structured open-ended focus groups and one individual interview, which were scheduled based on participant's availability. Researchers also collected post-intervention qualitative data through a focus group with the field liaisons that hosted the workshops. All focus groups and the individual interview were transcribed, and filler words ("um," "like," etc.) and stuttering were removed after analysis. Qualitative data was analyzed by coding both reflection responses and interview/focus groups transcripts for emergent themes.

Results

Quantitative

Empathy level scores were totaled, and a paired sample t-test showed a statistically insignificant increase in total empathy level scores from pre-test ($M = 171.82$, $SD = 11.13$) to post-test ($M = 174.95$, $SD = 8.47$), $t(22) = -1.60$, $df = 21$, $p < .124$ (two-tailed). The mean increase in total empathy level scores was 3.13 with a 95% confidence interval ranging from -7.20 and .930. The total pre-intervention survey scores ranged from 148 to 195. The total post-intervention survey scores ranged from 154 to 187.

However, a paired sample t-test of the 41 items in the survey was conducted to compare pre-intervention scores with post-intervention scores, and four items (7, 9, 16, and 25) were found to have increased with statistical significance despite the small sample size (see Table 2). Both item 7 “knowing a client’s personal situation is important if I am really going to help them” and item 16 “client’s perceive me as having more power than they do” had p values less than .01. Both item 9 “clients expect me to act a certain way because of my gender” and item 25 “I am careless when working with clients” (a reverse score) had p values less than .05.

Table 3*Paired Sample t-test Item Scores with Statistical Significance*

Item	<i>M (SD)</i>	<i>SEM</i>	95% CI	<i>t</i>	<i>df</i>	<i>p</i>
1. I try to let my clients know I am concerned for their welfare.	-.27 (.94)	0.20	[-.69, .14]	-1.37	21	0.186
2. Unconditional acceptance helps clients.	.05 (.72)	0.15	[-.27, .37]	0.30	21	0.771
3. Facial expressions say a lot about what a client is feeling.	-.33 (.86)	0.19	[-.72, .06]	-1.78	21	0.090
4. I enjoy helping people.	.09 (.43)	0.09	[-.10, .28]	1.00	21	0.329
5. I can tell by a client's body language if they are upset.	-.05 (.58)	0.12	[-.30, .21]	-.37	21	0.715
6. I feel compassion for my clients.	.18 (.66)	0.14	[-.11, .48]	1.28	21	0.213
7. Knowing a client's personal situation is important if I am really going to help them.	-.64 (.85)	0.18	[-1.01, -.26]	-3.52	21	0.002
8. I can disagree with a client and still appreciate their position.	-.09 (.92)	0.20	[-.50, .32]	-.46	21	0.648
9. Clients expect me to act a certain way because of my gender.	-.41 (.73)	0.16	[-.73, -.08]	-2.61	21	0.016
10. I enjoy helping people even when I am not at work.	.14 (.64)	0.14	[-.15, .42]	1.00	21	0.329
11. Helping clients is rewarding in and of itself.	.00 (.44)	0.90	[-.19, .19]	0.00	21	1.000
12. Understanding a client's background makes me more helpful.	.00 (.53)	0.11	[-.24, .24]	0.00	21	1.000
13. My relationship with a client can help them overcome their problems.	-.23 (.87)	0.19	[-.61, .16]	-1.23	21	0.234
14. It is important for my clients to be able to trust me.	-.09 (.53)	0.11	[-.32, .14]	-.81	21	0.427

15. It can be helpful for clients to use our relationship to practice new interpersonal skills.	-.14 (.71)	0.15	[-.45, .18]	-.90	21	0.378
16. Client's perceive me as having more power than they do.	-.41 (.67)	0.14	[-.70, -.11]	-2.88	21	0.009
17. It is important for my clients to know that I care about them.	.05 (.49)	0.10	[-.17, .26]	0.44	21	0.665
18. An unbiased approach is helpful to clients.	-.05 (.49)	0.10	[-.26, .17]	-.44	21	0.665
19. The personal dynamics of my relationship with a client are beneficial to the treatment process.	-.27 (.70)	0.15	[-.58, .04]	-1.82	21	0.083
20. I put aside my own feelings to listen attentively to a client.	-.14 (.56)	0.12	[-.38, .11]	-1.14	21	0.266
21. I can put myself in a client's position.	.00 (.76)	0.16	[-.34, .34]	0.00	21	1.000
22. I pay close attention when a client's tone of voice changes.	-.09 (.75)	0.16	[-.42, .24]	-.57	21	0.576
23. My relationship with a client can be therapeutic in and of itself.	-.09 (.61)	0.13	[-.36, .18]	-.70	21	0.492
24. I try to give my clients a warm greeting when meeting them.	-.14 (.47)	0.10	[-.34, .07]	-1.37	21	0.186
25. I am careless when working with clients. (reverse score)	.27 (.55)	0.12	[.03, .52]	2.32	21	0.030
26. I am able to put aside my own feelings to be in accordance with a client's emotions.	.05 (.65)	0.14	[-.24, .33]	0.33	21	0.747
27. I lose track of what a client is telling me. (reverse score)	.14 (.47)	0.10	[-.07, .34]	1.37	21	0.186
28. I try to take a client's cultural context into account when working with them.	.09 (.61)	0.13	[-.18, .36]	0.70	21	0.492

29. I have little sympathy for clients who are victims of their own doing. (reverse score)	.14 (.65)	0.14	[-.16, .44]	1.00	20	0.329
30. I try to understand a client's viewpoint before making suggestions.	.05 (.58)	0.12	[-.21, .30]	0.37	21	0.715
31. I am attentive to my clients' non-verbal cues.	-.14 (.64)	0.14	[-.42, .15]	-1.00	21	0.329
32. My clients tell me I can be insensitive. (reverse score)	-.09 (.29)	0.06	[-.22, .04]	-1.45	21	0.162
33. I carefully consider the ways that social gender role expectations affect my clients.	-.182 (.85)	0.18	[-.56, .20]	-1.00	21	0.329
34. I am kind to my clients.	-.09 (.43)	0.09	[-.28, .10]	-1.00	21	0.329
35. I am a socially responsible person.	.14 (.56)	0.12	[.12, -.11]	0.38	21	0.266
36. If a client cannot afford treatment I try to find a way for them to receive the help they need.	.05 (1.09)	0.23	[-.44, .53]	0.196	21	0.847
37. My working relationship with a client can be detrimental to them.	.36 (.95)	0.20	[-.06, .79]	1.79	21	0.088
38. I try to help clients even if they have not sought treatment voluntarily.	.23 (1.85)	0.39	[-.59, 1.05]	0.576	21	0.571
39. I discuss personal boundary issues with clients.	-.09 (1.27)	0.27	[-.65, .47]	-.34	21	0.740
40. Having an intimate relationship with a client is appropriate. (reverse score)	-.27 (1.64)	0.35	[-1.00, .45]	-.78	21	0.444
41. Discussing the professional nature of my relationship with a client is important.	-.05 (.65)	0.14	[-.33, .24]	-.33	21	0.747

Note. M = mean; SD = standard deviation; SEM = standard error of the mean; CI = confidence interval; t = t -score; df = degrees of freedom; p = p -value.

Qualitative

Researchers identified major themes relating to the participants' experiences of the workshops and class instructors' observations of the workshops by analyzing 1) participants' post-intervention reflection paragraphs, 2) the content of individual and focus group interviews with participants, and 3) a focus group interview with class instructors.

Reflection paragraphs. In the reflection paragraphs, researchers identified the a priori themes of empathy, body language, and positive experiences and the emergent theme of timing (see Table 3).

Empathy. Participants' reflection paragraphs endorsed that the workshops incited empathy by requiring participants to engage in perspective taking, theory of mind, consideration of context, and in-depth interpretation of material.

Perspective taking. Participants endorsed that the workshops helped them empathize with their character by taking their character's perspective.

- Participant 7: "The overall activity of evaluating social dynamics, body language, and empathy were really helpful in the context of relating to clients and therapy training. Theater is a great way to put yourself in another's shoes/situation and that was helpful in this experience."
- Participant 17: "The connections I have drawn definitely lie in the ability to decipher meaning from a conversation by analyzing possible motives."
- Participant 22: "It was good and positive in reading unspoken communication as well as motivations and thought processes of the individual characters."

Theory of mind. Participants endorsed that the workshops exposed them to multiple interpretations of the same material.

- Participant 1: “I feel like I learned a lot about myself as a listener and communicator. For example, at one point I thought I was communicating an angry emotion and it came across differently.”
- Participant 4: “What I was able to get from the activity is that all behavior can be interpreted differently. Also everyone has bias (sic) feelings about certain behaviors.”
- Participant 11: “I loved hearing others interpret the scenes and conversations different than me.”

In-depth interpretation. Participants endorsed that in the workshops, participants engaged in in-depth interpretation of dialogue beyond surface-level analysis.

- Participant 1: “Breaking down the scene to understand the message versus the words was helpful.”
- Participant 6: “The activity also helped us interpret deeper meanings to what people say or act. It is a helpful tool when working with clients.”
- Participant 17: “I thought the workshops’ strengths were clear in that it forced us to think beyond only surface-level interaction and try to interpret the meaning behind them.”

Body language. Participants endorsed that the workshops demonstrated the role of body language in interpersonal interactions.

- Participant 8: “As a social worker we often have to read facial expressions and body language to help determine how our clients are feeling. Incorporating theater helps identify different non-verbal cues that clients may have.”
- Participant 16: “They reinforced a lot of the skillsets I employ at internship (reading body language and practicing empathy).”
- Participant 19: “I also appreciated picking apart the play and trying to think about how everyone was feeling or imagining what their body/facial gestures would be like → totally relatable to how a client may feel and how we can explore simple statements or facial/body gestures with them.”

Positive experience. Participants endorsed having an enjoyable experience of the workshops and noted especially the value of the icebreaker activities (see Table 4).

Enjoyment. Participants endorsed finding the workshop experience to be valuable and enjoyable.

- Participant 9: “I really enjoyed the workshop! I didn’t think I would engage as much as I did, but I really liked how much this experience brought up for us.”
- Participant 21: “I definitely see the benefit and surprisingly thought it was positive and useful.”

Icebreakers. Participants endorsed finding the icebreaker activities in particular to be valuable and enjoyable.

- Participant 10: “The ice-breakers relating to the MSW experience was very useful.”
- Participant 16: “The icebreakers were awkward at first, but the facilitators connected them so well to social work practice!”

- Participant 19: “I enjoyed the different ice breakers. I think it definitely engages an individual to participate and feel more comfortable.”

Timing. Participants endorsed that the timing of the workshops was not optimal.

- Participant 7: “One weakness was that it was a little hard not having the class time for field placement, but I’m not sure how else it would have worked.”
- Participant 17: “Some weaknesses would be the time of morning the workshop took place (very early)”
- Participant 20: “I believe there was weaknesses in that our time in small groups were limited where I believe we could have had more discussion.”

Table 4

Reflection Paragraphs (n = 22)

Theme	Frequency	Valence	Valence %
Empathy	11	7	40.9%
Perspective Taking	3	3	13.0%
Theory of Mind	3	3	13.0%
In-Depth Interpretation	5	5	22.7%
Body Language	4	4	17.4%
Positive Experience	17	14	63.6%
Enjoyment	10	10	45.5%
Icebreakers	7	7	30.4%
Timing	4	4	17.4%

Note. *n* = subsample size; % = percentage

Participant interviews. In the post-intervention participant interviews, researchers identified the a priori themes of empathy, a positive experience, and body language (see Table 5).

Empathy. Interviewees endorsed that the workshops incited empathy by requiring interviewees to engage in perspective taking, theory of mind, consideration of context, and in-depth interpretation of material.

Perspective taking. Interviewees endorsed that the workshops helped them empathize with their character by taking their character's perspective.

- Interviewee 2: "Perspective, other people's perspective, we have to be encouraging and empathetic so we are kind of actors when we're with our clients anyway."
- Interviewee 3: "I thought it was interesting to look at a script and look at these characters and kind of -- both through what their motivations might be and what they might be feeling in that moment -- and kind of put yourself in their shoes, where, when we're working with our clients, we may not take that time to really think about things from their perspective, and we may just be going through the motions of, we'll engage and try to have a conversation and relate to them and get to know them and stuff, but not necessarily kind of look at the world how they see it to really understand who they are."
- Interviewee 3: "Being able to really see kind of where your client's coming from you, might not understand all of the nuances of you know their intersecting identities and their situation just being able to kind of put yourself in their shoes for a second and see um what they're seeing, um when you come into their lives and you know what you represent."

Theory of mind. Interviewees endorsed that the workshops introduced them to multiple interpretations of the same material.

- Interviewee 1: “In our group, we completely interpreted what the two men were saying completely different so when you do have those biases maybe with a client or whatever, to be aware that you do have that bias and check yourself before maybe making a response.”
- Interviewee 2: “I’m really struck because I was the only guy... every week I thought it would change, but it always was the same where I thought, in my mind I thought, “Oh this is what they meant,” and I would say it, but then the other girls would be like, “Oh no, this is what they meant; this is what they meant,” and they were pretty consistent, and I was totally somewhere else, and the only thing I can think of is that I’m a dude... It’s probably, my perspective is really different.
- Interviewee 3: “I’m going into public child welfare so I’ll be representing county DCFS so going into someone’s home and that power differential and stuff, and just recognizing that from their perspective, they’re seeing something totally different than me being like “Oh well I’m here to help,” but they don’t necessarily see that so kind of just taking that time to get into their heads a little bit.”
- Interviewee 5: “I liked how we went through and had different parts so that way we could all analyze it, and it was funny how we -- sometimes we would analyze it differently. We would see a different context and, I mean, they all could be right; we wouldn’t have known until we kept reading.”

In-depth interpretation. Interviewees endorsed that in the workshops, they engaged in in-depth interpretation of dialogue beyond surface-level analysis.

- Interviewee 2: “[In the participant’s assigned scene] there was a lot of things said but not really outright spoken. They didn’t outright say what they wanted to say, but they kind of said it in different ways.”
- Interviewee 2: “I liked that we stuck with one scene and we just kind of like ripped it and ripped it and ripped it apart because at first it seemed like we were going to get through this really fast, but there was so much to it, we just dissected and dissected, and it was like, wow, just from this one short scene we got so much out of it.”
- Interviewee 4: “It was reading, listening to subtext so if my client was saying one thing, is that really what they’re saying and meaning or is it, or is there something more to that when they’re short with an answer or there’s a sarcastic tone to their voice? OK, where is that coming from and what do they mean by that?”
- Interviewee 5: “It was interesting to see [assigned character’s] interaction with her husband, and at first I didn't think anything of it. I thought it was just like, they're in an argument so maybe it's kind of tense, and then to read further into the story and see how much there is there, and even the other couple could feel it, it was really interesting.”

Context. Interviewees endorsed that the workshops demonstrated the role of context in interpersonal interactions.

- Interviewee 3: “The chart where we went through and kind of talked about what each character was feeling and what their motivations were ... all of these different things kind of gave the most context into who they were as people, and I

feel like that really kind of broke it down to -- that's when I had the light bulb moment of 'This is why we're doing this type of training for this.'"

- Interviewee 4: "It really drove home the point for me that all behavior is contextual. And then that exercise really drove that point home again. It's like 'Yeah, of course Michael's acting this way because of x, y, and z,' and then 'of course Anne is doing this,' and it was great."
- Interviewee 5: "When I'm hearing someone say something, I would be able to just listen to what they're saying, listen to what the context is behind, what the situation is, but also linking it back to their behavior, their facial expressions, and, I don't know, I guess what they do next, analyzing it all as one. Even though there's a lot of like factors that play into that, I think it's really important as a social worker to be looking at all those things so we don't miss anything."

Positive experience. Interviewees endorsed having an enjoyable experience of the workshops and noted especially the value of the icebreaker activities.

Enjoyment. Interviewees endorsed finding the workshop experience to be valuable and enjoyable.

- Interviewee 1: "I really liked it. I thought I learned a lot from it...I think it was a really valuable experience."
- Interviewee 3: "It was a positive experience for sure."
- Interviewee 4: "My overall impressions of the workshop after it ended, I wanted more actually. I felt sad that we only had these 3 sessions."

Icebreakers. Interviewees endorsed finding the icebreaker activities in particular to be valuable and enjoyable.

- Interviewee 2: “At first, I didn’t know why we were doing the ice breakers at the beginning. I thought ‘Oh, it was just for fun,’ but I saw -- the second time around, I saw the value in having the icebreakers, especially sort of in the morning and in a class like that and everything.”
- Interviewee 5: “I don't like being the center of attention, but it was actually really good and comfortable especially because of the icebreakers...just, because it had everybody doing weird things, it made, I don't, it just made me really comfortable. Everybody was weird together.”
- Interviewee 5: “Yeah the icebreakers were really good, and I like how we did different ones every time so it wasn't repetitive.”

Body Language. Interviewees endorsed that the workshops demonstrated the role of body language in interpersonal interactions.

- Interviewee 1: “[Workshops demonstrated] how important our body language is, and our -- the way we express our emotions can be as well.”
- Interviewee 2: “Maybe not taking the client exactly word for word, but take into consideration the entire environment. What are the circumstances? Where are we when they said it? Am I standing? Am I sitting, or, you know, what’s the body lang-- what’s the environment, what’s the dynamic, everything, how far am I sitting from them? All of that.”
- Interviewee 4: “When we were trying to act and be these characters, it was like, OK tone of voice body language, facial expressions, they all really really matter, and that matters to what’s happening in that situation so I think these workshops emphasize those and in a way that we as clinicians can understand it.”

Table 5

Participant Interviews (n=5)

Theme	Frequency	Valence	Valence %
Empathy	37	5	100%
Perspective Taking	4	3	60%
Theory of Mind	15	4	80%
In-Depth Interpretation	9	3	60%
Context	9	5	100%
Body Language	4	3	60%
Positive Experience	11	5	100%
Enjoyment	8	4	80%
Icebreakers	3	2	40%

Note. *n* = subsample size; % = percentage

Class instructor focus group. In the post-intervention interviews with class instructors, researchers identified the a priori themes of empathy and a positive experience and the emergent theme of timing (see Table 6).

Empathy. Instructors endorsed that the workshops seemed to help participants empathize with their characters by taking on others' perspectives.

- Instructor 1: “The way that you set this up to have the students in the small groups ... analyzing those characters -- when you’re analyzing characters, that’s all about empathy... I think the very nature of the character analysis really is about building empathy.”
- Instructor 2: “I think that one particular student...said, ‘It’s really interesting in reading these characters and seeing everybody with their perspective, it really put me in the shoes of this client or this person,’ ... you can see how you really need to utilize empathy.”

Positive experience. Instructors endorsed that the students seemed to have had an enjoyable experience of the workshops and noted especially the value of the icebreaker activities.

Enjoyment. Instructors endorsed that the participants seemed to find the workshop experience to be valuable and enjoyable.

- Instructor 1: “Well, and I think that [having fun] enhances learning frankly. I think you’re in a more receptive state in a sense to take in new information so I think that’s actually really valuable.”
- Instructor 2: “What I heard, and at moments myself thinking, ‘Oh, that looks like they’re having a lot of fun’ so it was also an added layer of enjoyment that they were experiencing, not just ‘Oh, I’m learning something,’ but ‘I’m enjoying this activity.’”

Icebreakers. Instructors endorsed that the participants seemed to find the icebreaker activities in particular to be valuable and enjoyable.

- Instructor 1: “I was like, wow, some of these ice breakers, these are great, and let’s, you know, talking about the cards and putting you in order and how do people regard you and how do you regard yourself, those kinds of things, what great activities for them to be doing, you know to be thinking about these bigger ideas.”
- Instructor 2: “These icebreakers -- it was just, you could have just ice broken all day long, and just had a really good time.”

Timing. Instructors endorsed that the timing of the workshops was not optimal.

- Instructor 1: “The fact that we had so many weeks between them ... in a perfect world, we wouldn't have done it that way. We would have done, I think, 3 weeks in a row. I think that continuity would have helped ... that was the only part that I wish we could have done differently.”
- Instructor 2: “I will say that for myself, my experience was I felt a little disconnected from the students because we weren't processing ... They were only three weeks with you, but there was the fair, the agency fair, and there was spring break so that's five whole weeks, and we're in week 6 ... so so now I am left with feeling a little bit more of a sense of urgency of -- we need to jam pack all to get the processing done.”

Table 6

Instructor Focus Group (n = 2)

Theme	Frequency	Valence	Valence %
Empathy	3	2	100%
Positive Experience	6	2	100%
Enjoyment	4	2	80%
Icebreakers	2	2	40%
Timing	6	2	100%

Note. *n* = subsample size; % = percentage

Discussion

The study indicates that the acting workshops may enhance empathy among social work students. The lack of statistical significance for the total empathy scores may be attributed to the small sample size. However, the four survey items that showed a statistically significant increase, despite the small sample size, were statements that required participants to consider clients' perspectives in relation to their experience and to the clinician, and the amount of detail the clinician should dedicate to their work with their clients.

The given circumstances chart activity could have contributed to the increase scores for survey item number seven in that this activity required participants to understand the context of the world of the character in their scene. This activity asked the participants to consider the history of the character, their relationship with the other characters in their scene, and the strength and vulnerabilities of their character in the scene. Thus, this activity might have made the participants more aware of the importance of understanding a client's personal context in order to really help them with their presenting issue.

The subtext table work exercise could have played a role in increasing the scores of survey item number nine in that once participants focused on the underlying message in the dialogue in the scene they could have become aware of the various expectations of each character for the other characters in the assigned scene. Therefore, the subtext activity might have increased the participants' awareness of their client's expectations of them and presented skills for the participants to recognize some of those expectations within the subtext of their conversations with their clients.

The status exercise could have helped explain the increase scores of survey item number sixteen in that this exercise highlighted the awareness of power and status perception of others and of oneself. In the debrief of the status exercise, the researchers commented on how clinicians should consider what ranking of playing cards clients feel like when they step into the session, what ranking playing card the clinician treats the client, and what ranking playing card the client attributes to their clinician.

Furthermore, the combination of activities and the entirety of the acting workshops might have contributed to the increase in scores of survey item twenty-five (reversed scored) in that the curriculum of the workshops was intended to increase mindful awareness of self and others, and thus this mindful awareness targets the need to be more careful when working with clients. The content of survey items that saw a statistically significant score increase suggests that the workshop was particularly effective in building the skills highlighted in these four items. This finding is in agreement with previous literature suggesting that participation in acting training classes increases empathy levels of participants by building perspective taking skills.

Qualitative results suggest that participants grew in self-other awareness and perspective taking, two of the four elements of accurate empathy identified by Wagman et al. (2015). Participants endorsed that the activity of close reading the subtext of the scenes was particularly useful in guiding them through seeing the situation in the scene from their characters' perspectives. Analyzing characters in small groups provided the dynamic of a case consultation, and this dynamic prompted the participants to practice theory of mind in a way researchers did not anticipate. Though researchers designed the workshops to enhance self-other awareness by taking on a character's role, participants

reported that analyzing the characters in small groups acquainted them with the many ways their colleagues' interpretations of a scene may differ from their own. Thus, the "others" from which participants distinguished the "self" were not just the play's characters but also the participant's group members.

The participants' positive experience of the workshops seems to have left them receptive to growth. The engaging, hands-on format allowed participants to indirectly perform clinical skills as an actor rather than as a clinician, practicing clinical skills without the pressure of making clinical judgments. Embodying the play's characters as characters rather than as clients seems to have allowed the participants to build empathy with the characters on a deeper level than traditional role plays allow, as role plays usually focus on clinical skills and settings.

Limitations

There are a few potential limitations of this study. A limitation of the study was a lack of a control group or a comparison group. Although two field education classes were used for this study, each class received the same intervention during the same time period. Another limitation of the study was the small sample size. The total amount of students in both classes was 30; however, by the end of the study, only 22 participants were able to be included in the data analysis due to a number of participants' absences on one of the intervention days. Nonetheless, even with the small sample size there were still statistically significant findings. Another limitation of the study was history. On the last workshop day for one of the classes, a few of the students were absent from their field education class due to their participation over the weekend lobbying with the National

Association of Social Workers at the state capital in Sacramento. Their absences affected the total number of students that the study was able to include in the data analysis.

Furthermore, maturation could have been a limitation in that as the participants advanced in their Master of Social Work program their other classes and experiences could have contributed to their increased understanding of the importance of perspective taking skills to enhance empathy with their clients. Moreover, other limitations could have been testing bias and social desirability in that the increase in scores could have been due to the participants' exposure to the same survey for pre-intervention test and post-intervention test; they might have felt compelled to show that the intervention did help them enhance their understanding of engagement skills to validate the researchers' efforts. However, the participants were unaware that the purpose of the intervention was to enhance the specific engagement skill of empathy, and therefore, this deception helped guard against the social desirability bias limitation. Moreover, the results indicated that the increase in total scores was not statistically significant, and the fact the increase in four items scores that focused on perspective taking skills (skills that the workshops targeted) were statistically significant suggests that the acting training workshops did enhance empathy skills despite the potential limitations.

Despite the potential limitations, this study did showcase strengths. The study utilized a reliable and valid testing instrument. Also, this study triangulated data by collecting data from survey scores, focus groups, an individual interview, written reflections, and an instructor focus group. This triangulation provided multiple methods for the researchers to analyze the effectiveness of the intervention.

Future Implications

This pilot study was successful in demonstrating that acting training can be used to enhance social work students' empathy levels. The researchers do have some suggestions based on the qualitative feedback on how to improve the workshops for future implementation. If the same play were to be used, it has been suggested that the "toilet" scene did not have as much depth of content compared to the other two scenes used. For future implementation, the researchers advise to select another scene in the play that showcases depth of content similar to the other two scenes selected. In addition, future implementation of the acting training workshop as outlined in this study should be cognizant of allowing enough time for each activity in order to not rush the students' processing of each exercise. The intervention fidelity in future implementations of the acting training workshops is important to yield valid and reliable results. However, the researchers are aware that there are some concerns with the feasibility of the acting training workshops. In this study, three facilitators were used to lead the exercises in the small groups. The researchers suggest that there are options for how to conduct the intervention without utilizing three outside facilitators. One option could be for the class instructor to demonstrate the small group activities with the whole class utilizing another short scene from the play as an example and then allowing the small groups to conduct the exercises on their own based off the example. Another option could be to select three students that want to be trained as facilitators and then lead the small group activities in their classes. This study demonstrates that acting training can be a useful tool to implement in social work curriculum.

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Appendix A

Workshop Day 1

1. *Pre-test*: We allotted about 10 minutes to hand out the pre-test engagement scale survey (Appendix D) for subjects to complete.

2. *Ice Breaker (Bibbidi Bibbidi Bop)*: We conducted an icebreaker theater game to encourage creativity in our subjects and to ease them into the theater process. This icebreaker game is called Bibbidi Bibbidi Bop and took about 15 minutes. There are no winners in this game, and the game ends when time runs out. The instructions to this game are that all subjects formed a circle and one person was assigned to be in the middle of the circle. The point of the game is to not be in the middle of the circle. Once in the middle of the circle, the subject had two options to find a way out of the circle. One option is to approach one of the subjects on the outskirts of the circle and say “Bibbidi Bibbidi Bop”. The subject on the outskirts has to say “bop” before the person in the middle reaches the word “bop”. If the subject on the outskirts says “bop” in time, the subject in the middle of the circle remains in the middle. However, if the subject on the outskirts does not say “bop” in time, then the subject in the middle switches places with the subject in the outskirts of the circle, and now there is a new subject in the middle. The second option for the subject in the middle of the circle to find a way out is to pick one of three tableaux for the subjects on the outskirts to display. The three tableaux to choose from are the following: elephant, house, and jello. The subject in the middle approaches one of the subjects on the outskirts and tells them to do one of the three tableaux, and the two subjects standing next to the chosen subject have to complete the tableau. The chosen subject and the two subjects next to that chosen subject have five seconds to complete the tableau. If the subject in the middle chooses ‘elephant,’ then the chosen subject has to make an elephant noise and use one of the arms to act like a trunk of an elephant; the two subjects next to the chosen subject have to form the ears to the elephant with their arms by making the letter ‘c’ with their arms towards the subject making the elephant noise. If the subject in the middle chooses ‘house,’ then the chosen subject has to invite the subject in the middle into their home by saying “come in, come in” and the two subjects next to the chosen subject have to act like the roof of the house by holding both of their arms above the head of the chosen subject and form a triangle. If the subject in the middle chooses ‘jello,’ then the subject chosen has to move their body like jello, and then two subjects next to the chosen subject have to form the bowl of the jello with their arms around the subject chosen. If any of the three subjects on the outskirts of the circle do not complete the tableau image within five seconds, then that person who made an error is now the new subject in the middle.

3. *Introduce characters*: We explained that there are three scenes that we will hand out and that each scene contains two to three characters. The three scenes come from Yasmina Reza’s *The God of Carnage* and feature content that is common to what we may encounter as social workers. These scenes are not client/therapist scenes but rather scenes that depict a character experiencing an issue with another character.

4. *Divide into groups*: Before the workshop begins, we discussed casting choices with professors to ensure we are considering subjects' personalities when casting them in a role to avoid subjects feeling so uncomfortable with their character that it would distract them from the exercise. For example, we do not want to cast a subject who is uncomfortable using foul language in a role that demands them to do so. At this point, we will hand out the scenes and pair subjects with their scene partners.

5. *Read out loud*: We allowed subjects time to read through their scenes with their partners.

6. *Address boundaries*: We divided the class into three larger separate groups, and each group contained all the subjects who were given the same scene. This means there were multiple subjects analyzing the same scene. If a class has 15-20 subjects, then it is expected that there will be two or three small groups that will have the same scene, and in total there will be three larger groups consisting of two to three smaller groups. One of the researchers directed one of the larger groups. The other researcher directed one of the other larger groups. A colleague with theater experience directed the remaining larger group. In these three larger groups, the directors explained how to complete table work to analyze the scene and the given circumstances for their characters. The directors discussed setting boundaries when embodying their characters. We mentioned that it is important to not allow the character to overwhelm them with the emotions they feel during the scene. It is significant to note that subjects can feel their characters' emotions but to remind the subjects that they are not their characters and that self-regulation of emotions is therefore important when acting. We reminded subjects that they could step out of the workshop at any time without consequences.

7. *Given circumstances chart*: The directors distributed a given circumstances chart to each subject. The chart had one column for each of the characters in the scene and one for the variables we discussed for the given circumstances. There were nine rows in total to the chart. Eight of the rows consisted of one of the eight variables. The chart appeared as follows:

	Character A	Character B	Character C	Character D
Relationship				
History				
Immediate History				
Present Moment				
Strengths				
Vulnerabilities				
When				
Where				

The first row asked that the subjects describe the relationship of each of the characters in the scene with their own character. The second row asked the subjects to describe the history of each of the characters in the scene with their character. The third row asked the subjects to describe the immediate history of each of the characters in the scene to their character. The directors provided the information for the first three rows. The fourth row

asked the subjects to describe what the current moment means to each of the characters in the scene. The fifth row asked the subjects to list the strengths of each character as presented in the scene. The sixth row asked subjects to describe the vulnerabilities of each character as presented in the scene. The seventh and eighth rows asked the subjects to describe the time and place of the scene. The given circumstances chart allowed the subjects to understand the context of the scene and to get a deeper sense of their characters. This exercise is meant for subjects to consider these same variables when meeting with clients as the variables may inform them as to what their clients might have on their mind. The instructions and time to complete the given circumstance chart should take about 10 minutes.

8. *Debrief and grounding/relaxation exercise*: We ended the day with a brief discussion of the activities and a grounding/relaxation exercise such as guided breathing or guided muscle relaxation.

Appendix B

Workshop Day 2

1. *Ice breaker (Dynamize exercise)*: Subjects arranged themselves in two rows facing each other. The person across from each subject is that subject's partner. We discussed and practiced "dynamizing" (striking a strong pose with the whole body). Then subjects in line 1 closed their eyes while subjects in line 2 were instructed to pay attention to how they are feeling at that exact moment. Then, line 2 subjects were instructed to "dynamize" a pose that expresses that feeling without sharing what it is out loud. Subjects in line 1 were asked to open their eyes for three seconds to take a mental snapshot of their partners. Then they were asked to "dynamize" into their partners' poses. Subjects in line 1 then shared aloud how standing in that pose makes them feel, and subjects in line 2 shared aloud the feelings they were expressing through those poses. We repeated the exercise, this time switching the roles of the subjects in lines 1 and 2 (subjects in line 2 copy the poses of subjects in line 1). We then repeated the whole exercise again; this time asking subjects to identify their characters' feelings from the scenes they were assigned day 1 and "dynamizing" poses to express those feelings. We ended with a brief discussion of how the skills practiced in this scene may apply to social work.

2. *Subtext*: Subjects read through the scenes distributed day 1 and identified the subtext of the scene between each of the characters, that is, the unspoken thoughts, feelings, and motivations of the characters.

3. *Objectives*: Subjects identified and analyzed their characters' objectives, both in the play overall and in their assigned scenes.

4. *Lead with different body parts*: The last physical exercise instructed all the subjects to walk around the room leading with different body parts, and this exercise took another ten minutes. One of the researchers directed subjects to first walk around the room as themselves and asked them to notice which part of their body they tend to lead with. Then, the researcher instructed subjects to now lead with their forehead as they walk and to reflect on how that posture makes them feel. She asked what type of person they think of when they see someone leading with their forehead when they walk? She repeated the same instructions but with various body parts, such as the following: chin, chest, abdomen, pelvis, and feet. At the end of this exercise, she asked the subjects to reflect on what body part they think their character leads with and what their walk portrays to the other characters in their scene.

5. *Wrap-up, brief debrief*: We wrapped up and debriefed the activities completed on the second workshop day for the remaining five minutes.

Appendix C

Workshop Day 3

1. *Ice Breaker (Status exercise)*: The status exercise took about ten minutes. The status exercise consisted of passing out 15-20 playing cards with a range of number cards and face cards to the whole class. We reminded subjects that their participation in each activity is voluntary and that if at any point they do not want to participate in the proposed activity they can sit out and observe, or step of the class for the activity. The participating subjects each received a card. They each took a look at their card and did not show it to anyone else. We then asked subjects to stand in a line in ranking order with playing card ace or two on the left side and king on the right side. However, we instructed the subjects to rank themselves without talking or gesturing their rank but rather by using their presence and body language to demonstrate their card's value. The class was given one minute to rank themselves, and then we asked each of the subjects to reveal their card to see if they were able to rank themselves correctly. We repeated the same exercise but with a minor tweak in instructions. The second time we passed out the playing cards we asked subjects to not look at their cards but rather hold the card up to their forehead for others to see. Then, we asked the class to rank themselves in order without talking or gesturing to others their rank and instead use their body language and presence as last time, but this time they ranked themselves in order based on the reactions of how others acted like they perceive their rank. After the completion of both versions of this activity, we asked the subjects to share their thoughts on the exercise and how they could apply what they learn to an interaction with a client.

2. *Rehearsal*: We instructed the small groups to rehearse their scenes with their scene partners and shared that they have 15 minutes to practice.

3. *Performances*: Then, we asked one small group from each of the three larger groups to perform their scene in front of the class. This way, each scene was performed once. The group who performed volunteered, and no one was required to perform if they do not want to do so. The subjects had their script in hand when they performed.

4. *Discussion*: After the performances, we discussed the performances and the workshop's intervention overall.

5. *Post-test and reflection*: Finally, we asked the subjects to complete the post-intervention engagement scale test and asked them to write a reflection of their experience. Their reflections were submitted anonymously.

6. *Debrief and interview sign-up*: We revealed the focus of our study (empathy rather than engagement skills in general) and asked subjects for their final thoughts. While we did this, we passed around a sign-up sheet requesting students' names and emails if they were interested in participating in the post-intervention semi-structured qualitative interview with the chance to win one of two \$25 Visa gift cards.

Appendix D

Pre/Post Intervention Survey

ID Number:

Gender:

Have you previously participated in acting training? (Circle one) Yes No

Race:

Age:

Name of Scene? (Circle one) "Savage Son" "On Purpose" "Toilets"

Please fill in the circle that most closely applies to you in your practice. The response choices are listed below.

1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Always.

1. I try to let my clients know I am concerned for their welfare.
2. Unconditional acceptance helps clients.
3. Facial expressions say a lot about what a client is feeling.
4. I enjoy helping people.
5. I can tell by a client's body language if they are upset.
6. I feel compassion for my clients.
7. Knowing a client's personal situation is important if I am really going to help them.
8. I can disagree with a client and still appreciate their position.
9. Clients expect me to think a certain way because of my gender.
10. I enjoy helping people even when I am not at work.
11. Helping clients is rewarding in and of itself.
12. Understanding a client's background makes me more helpful.

13. My relationship with a client can help them overcome their problems.
14. It is important for my clients to be able to trust me.
15. It can be helpful for clients to use our relationship to practice new interpersonal skills.
16. Clients perceive me as having more power than they do.
17. It is important for my clients to know that I care about them.
18. An unbiased approach is helpful to clients.
19. The personal dynamics of my relationship with a client are beneficial to the treatment process.
20. I put aside my own feelings to listen attentively to a client.
21. I can put myself in a client's position.
22. I pay close attention when a client's tone of voice changes.
23. My relationship with a client can be therapeutic in and of itself.
24. I try to give my clients a warm greeting when meeting them.
25. I am careless when working with clients.
26. I am able to put aside my own feelings to be in accordance with a client's emotions.
27. I lose track of what a client is telling me.
28. I try to take a client's cultural context into account when working with them.
29. I have little sympathy for clients who are victims of their own doing.
30. I try to understand a client's viewpoint before making suggestions.
31. I am attentive to my clients' non-verbal cues.
32. My clients tell me I can be insensitive.
33. I carefully consider the ways that social gender role expectations affect my clients.
34. I am kind to my clients.
35. I am a socially responsible person.

36. If a client cannot afford treatment I try to find a way for them to receive the help they need.
37. My working relationship with a client can be detrimental to them.
38. I try to help clients even if they have not sought treatment voluntarily.
39. I discuss personal boundary issues with clients.
40. Having an intimate relationship with a client is appropriate.
41. Discussing the professional nature of my relationship with a client is important.

Appendix E

Reflection Prompt

In the space provided, please write a brief paragraph describing your overall experience of the workshop, including the workshop's strengths, weaknesses, and any connections you have drawn between the workshop and social work practice.

Appendix F

Semi-Structured Qualitative Interview Questions

1. What were your expectations going into the workshop?
2. What were your overall impressions of the workshop?
3. How do you think these workshops could enhance a clinician's engagement?
4. How, if at all, do you see yourself using the skills from the workshop in your social work practice?
5. Which activity did you find the most valuable? Why?
6. Which activity did you find the least valuable? Why?
7. Are you aware of other aspects of actor training that would have been valuable for the workshop but were not included? If so, what are they?
8. What else, if anything, would you like us to know about your workshop experience?

Appendix G

Workshop Scenes

The God of Carnage by Yasmina Reza, Translated by Christopher Hampton

Allen and Annette Reille meet with Veronica and Michael Vellon to discuss a playground fight between the two couples' sons, Bruno and Ferdinand. As civil but passive aggressive remarks make way for blame throwing and name calling, their "adult" conversation soon escalates to child-like havoc.

ALLEN—Allen is a dedicated lawyer and the father of Ferdinand. He was dragged to this meeting by his wife, Annette, and has been interrupted by urgent work calls throughout the visit.

ANNETTE—Annette works in wealth management and is the mother of Ferdinand. She insisted Allen attend this meeting with the Vellons.

VERONICA—Veronica is a part-time writer, part-time employee at an art history bookstore. She organized this get-together after her son Bruno broke two teeth when he was hit by the Reille's son Ferdinand with a stick on the playground.

MICHAEL—Michael owns a wholesale company selling domestic hardware. He is the father of Bruno and the husband of Veronica.

Setting: Veronica and Michael's living room in present-day Brooklyn

SAVAGE SON

VERONICA: So what have we decided?

ANNETTE: Could you come by the house with Bruno about seven-thirty?

VERONICA: Seven-thirty? . . . What do you think, Michael?

MICHAEL: Well . . . If I may . . .

ANNETTE: Go on.

MICHAEL: I rather think Ferdinand ought to come here.

VERONICA: Yes, I agree.

MICHAEL: I don't think it's right for the victim to go traipsing around.

VERONICA: That's right.

ALLEN: Personally, I can't be anywhere at seven-thirty.

ANNETTE: Since you're no use, we won't be needing you.

VERONICA: All the same, it would be better if his father were here.

Allen's mobile phone vibrates

ALLEN: Alright, but then it can't be this evening. Hello? . . . There's no mention of this in the executive report. And no risk has been formally established. There's no evidence . . .

He hangs up.

VERONICA: Tomorrow?

ALLEN: I'm working tomorrow.

ANNETTE: The main thing is that the children speak to one another. I'll bring them here to have their reckoning. No? You don't look very convinced.

VERONICA: If Ferdinand is not made aware of his responsibilities, they'll just look at each other like two statues. It'll be a catastrophe.

ALLEN: What do you mean, ma'am? What do you mean, "made aware of his responsibilities"?

VERONICA: I'm sure your son is not a savage.

ANNETTE: Of course Ferdinand isn't a savage.

ALLEN: Yes, he is.

ANNETTE: Allen, this is absurd, why say something like that?

ALLEN: He's a savage.

MICHAEL: How does he explain his behavior?

ANNETTE: He doesn't want to discuss it.

VERONICA: But he ought to discuss it.

ALLEN: He ought to do any number of things, ma'am. He ought to come here, he ought to discuss it, he ought to be sorry for it, clearly you have parenting skills that put us to shame, we hope to improve, but in the meantime, please bear with us.

MICHAEL: Now, now! This is idiotic. Don't let's end up like this!

VERONICA: I'm only thinking of him. I'm only thinking of Ferdinand.

ALLEN: I got the message.

ANNETTE: Let's just sit down for another couple of minutes.

MICHAEL: Another drop of coffee?

ALLEN: A coffee, OK.

ON PURPOSE

VERONICA: Would you allow me to speak to Ferdinand?

ANNETTE: By all means!

VERONICA: I wouldn't want to do it without your permission.

ANNETTE: Speak to him. What could be more natural?

ALLEN: Good luck.

ANNETTE: Stop it, Allen. I don't understand you.

ALLEN: (*to Veronica*) Ma'am, you think . . ."

VERONICA: Veronica. This will work out better if we stop calling each other "ma'am" and "sir."

ALLEN: Veronica, you're motivated by an educational impulse, which is very sympathetic . . .

VERONICA: If you don't want me to speak to him, I won't speak to him.

ALLEN: No, speak to him, read him the riot act, do what you like.

VERONICA: I don't understand why you don't seem to care about this.

ALLEN: Look, ma'am . . .

MICHAEL: Veronica.

ALLEN: Of course I care, Veronica, enormously. My son has injured another child.

VERONICA: On purpose.

ALLEN: See, that's the kind of remark that puts my back up. Obviously, on purpose.

VERONICA: But that makes all the difference.

ALLEN: The difference between what and what? That's what we're talking about. Our son picked up a stick and hit your son. That's why we're here, isn't it?

ANNETTE: This is pointless.

MICHAEL: Yes, she's right, this kind of argument is pointless.

ALLEN: Why do you feel the need to slip in “on purpose”? What kind of message is that supposed to be sending me?

ANNETTE: Listen, we’re on a slippery slope, my husband is desperate about all sorts of other things. I’ll come back this evening with Ferdinand and we’ll let things sort themselves out naturally.

ALLEN: I’m not in the least desperate.

ANNETTE: Well, I am.

MICHAEL: There’s nothing to be desperate about.

ANNETTE: Yes, there is.

TOILETS

ALLEN: (On mobile phone) Don't say anything about health problems, just ask one question: who's behind this report? . . . Right.

He hangs up. Brief pause

MICHAEL: They're terrible, these pharmaceutical companies. Profit, profit, profit.

ALLEN: You're not supposed to be listening to my conversation.

MICHAEL: You're not obliged to have it in front of me.

ALLEN: Yes, I am. I'm absolutely obliged to have it here. Not my choice, I can assure you.

MICHAEL: They dump any old crap on you without giving it a second thought.

ALLEN: In the medical field, every advance brings with it risk as well as benefit.

MICHAEL: Yes, I understand that. All the same. Funny job you've got.

ALLEN: Meaning?

MICHAEL: Funny job.

ALLEN: And what is it you do?

MICHAEL: I have an ordinary job.

ALLEN: What is an ordinary job?

MICHAEL: I told you, I sell saucepans.

ALLEN: And doorknobs.

MICHAEL: And toilet fittings. Loads of other things,

ALLEN: Ah, toilet fittings. Now we're talking. I'm interested in toilet fittings.

MICHAEL: And why shouldn't you be?

ALLEN: How many types are there?

MICHAEL: Two different systems. Push-button or overhead flush.

ALLEN: I see.

MICHAEL: Depending on the feed.

ALLEN: Well, yes.

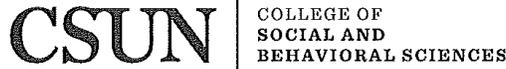
MICHAEL: Either the water comes down from above or up from under.

ALLEN: Yes.

MICHAEL: I could introduce you to one of my warehousemen who specializes in this kind of thing, if you'd like. You'd have to leg it out to Queens.

ALLEN: You seem to be very much on top of the subject.

Appendix H



November 4, 2016

Dr. Alejandra Acuna
Social Work Department
College of Social & Behavioral Sciences
California State University, Northridge
18111 Nordhoff Street
Northridge, CA 91330-8226

Dear Dr. Acuna,

It is a pleasure to write this letter of support and approval for Estefania Gonzalez and Amanda Coleman. The Field Education Department is pleased to partner with Ms. Gonzalez and Coleman in supporting their research capstone project. They will collaborate with two field faculty to implement their research in these assigned field classes. The Field Department has purposely paired the students with these two particular field classes to protect the confidentiality of the students in those field classes. Estefania and Amanda are not a part of nor familiar with this student cohort, therefore there is not a conflict of interest in having these field class students participate in the research project.

The Field Education Department is excited about this research project. We are hopeful the results will enhance our field curriculum as well as our students' professional growth and development as professional social workers.

Please do not hesitate to contact me if you have additional questions or concerns. Thank you again for your willingness in encouraging students to partner with Field Education.

Sincerely,



Jolene Swain, MSW
Director of Field Education
Social Work Department

Appendix I

California State University, Northridge CONSENT TO ACT AS A HUMAN RESEARCH PARTICIPANT

Actor Training in Social Work Education

You are being asked to participate in a research study. Actor Training in Social Work Education, a study conducted by Amanda Coleman and Estefanía Gonzalez as part of the requirements for the MSW degree in Department of Social Work. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to participate. A researcher listed below will be available to answer your questions.

RESEARCH TEAM

Researcher:

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Faculty Advisor:

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PURPOSE OF STUDY

The purpose of this research study is to evaluate the 3-part actor training workshop's ability to enhance engagement skills in master of social work first-year students.

SUBJECTS

Inclusion Requirements

You are eligible to participate in this study if you are a first-year Master of Social Work student enrolled in 523 section 02 (Instructor: Chase, Marjorie A) or 05 (Instructor: Curiel, Luis O) in the full-time Master of Social Work program at California State University, Northridge.

Time Commitment

This study will involve approximately 3 hours of your time over the course of 6 weeks. The study will take place in your 523 course every other week until the three workshop days are completed.

PROCEDURES

The following procedures will occur:

You will be asked to participate in a three-part workshop during three of your 523 classes. Each workshop will last about 60 minutes. On the first workshop day, you will be given a pre-survey to complete about your engagement skills with clients (about 10 minutes). Each workshop day, you will also be asked to participate in an icebreaker activity (about 10 minutes each). On the first and second workshop day, you will be asked to study a scene and analyze a specific character in the given scene (total time for these portions among the workshop days will be about 50 minutes). On the first and second workshop day, you will also be asked to participate in a few exercises that will involve physical movement, but no touching of other students will be required. On the third workshop day, you will be asked to rehearse your scene with a small group of students, but performance of the scene in front of the class will be voluntary. Each workshop will end with a debrief and workshop day one and two will end with a relaxation/grounding exercise (about 5 minutes each day). On the third workshop day, you will be asked to complete a post-survey about your engagement skills with clients and to write a brief written reflection of your experience in this study (about 10 minutes in total). On the third workshop day, you will also be asked if you would like to participate in an interview outside of class time with one of the researchers to further share your experiences in the 3-part workshop. There will be no penalty if you choose to not participate in the interview outside of class.

RISKS AND DISCOMFORTS

The possible risks and/or discomforts associated with the procedures described in this study include: physical, psychological, and social risks.

The potential physical risks are associated with the icebreaker games and the physical exercises in which, if not careful, you could trip over your feet and potentially fall, or you might accidentally hit someone near you. You will be advised to be mindful of your movements, and you will be asked to wear comfortable clothing to avoid physical discomfort with clothing choice.

The potential psychological risks include empathizing with your character so immensely that you cannot contain your emotions or you may feel uncomfortable with the content of

the scenes selected. You will be advised to step out of the classroom if you need a break from the activities at any point. In addition, the importance of self-regulation of emotions when playing your character will be discussed in order to minimize this risk. Furthermore, referrals will be provided to the counseling center at CSUN as additional option to minimize the psychological risks.

The potential social risks involve embarrassment of your performance or feelings of awkwardness in completing an exercise. Clear ground rules will be set when introducing the workshop, and the workshop will be designated as a space of experimentation, learning, self-expression, and non-judgment. Emphasis on the fact that participation is voluntary and that the activities are meant to be purposeful in increasing engagement skills will be stressed. The purpose of the icebreakers is to help ease you into the creative process.

This study involves no more than minimal risk. There are no known harms or discomforts associated with this study beyond those encountered in normal daily life.

BENEFITS

Subject Benefits

The possible benefits you may experience from the procedures described in this study include enhanced engagement skills to use in future clinical practice.

Benefits to Others or Society

Society may potentially benefit from this study by gaining social workers with enhanced engagement skills. Moreover, there may be implications for the social work field to consider integrating the actor training workshop curriculum into the social work education and training courses.

ALTERNATIVES TO PARTICIPATION

The first alternative to fully participating in this study is to observe the workshop and still complete the pre-survey and post-survey based on your observation of the workshop. The second alternative to participation in this study is to observe only and not complete the pre-survey or post-survey.

COMPENSATION, COSTS AND REIMBURSEMENT

Compensation for Participation

You will not be paid for your participation in this research study. However, if you choose to participate in the post-workshop interview your name will be entered in a drawing for one of two \$25 Visa gift cards.

Costs

There is no cost to you for participation in this study.

Reimbursement

You will not be reimbursed for any out of pocket expenses, such as parking or transportation fees.

WITHDRAWAL OR TERMINATION FROM THE STUDY AND CONSEQUENCES

You are free to withdraw from this study at any time. **If you decide to withdraw from this study you should notify the research team immediately.** The research team may also end your participation in this study if you do not follow instructions, miss scheduled class time, or if your safety and welfare are at risk.

CONFIDENTIALITY

Subject Identifiable Data

All identifiable information that will be collected about you will be removed at the end of data collection.

Your name will be available during the workshop but will be kept confidential, and your pre-survey and post-survey will be identified by four-digit codes which you will make up and will in no way be connected to your name. If you volunteer to be interviewed about the workshop, then you will be emailed to schedule interview times. Only the researchers will have access to these emails, and your email addresses will be deleted and destroyed at the conclusion of the study. If you choose to participate in the post-workshop interview, the interview notes/transcripts will not include your name or any identifying information.

Data Storage

All research data will be stored on a laptop computer that is password protected. The audio recordings of the post-workshop interview will also be stored in a password protected laptop computer, then transcribed and erased at the end of the study.

Data Access

The researchers and faculty advisor named on the first page of this form will have access to your study records. Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed without your separate consent, except as specifically required by law. Publications and/or presentations that result from this study will not include identifiable information about you.

Data Retention

The researchers intend to keep the identifiable research data until analysis of the information is completed, and then it will be destroyed. In addition, the researchers intend to keep the unidentifiable research data in a repository indefinitely. Other researchers will have access to the unidentifiable data for future research.

Mandated Reporting

Under California law, the researchers are required to report known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, she may be required to report it to the authorities.

IF YOU HAVE QUESTIONS

If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed on the first page of this form. If you have concerns or complaints about the research study, research team, or questions about your rights as a research participant, please contact Research and Sponsored Projects, 18111 Nordhoff Street, California State University, Northridge, Northridge, CA 91330-8232, or phone 818-677-2901.

VOLUNTARY PARTICIPATION STATEMENT

You should not sign this form unless you have read it and been given a copy of it to keep. **Participation in this study is voluntary.** You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your relationship with California State University, Northridge. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

 I agree to fully participate in the study.

 I agree to partially participate in this study by observing the workshop and completing the pre-survey and post-survey based on my observations.

 I agree to be audio recorded if I choose to volunteer in the post-workshop interview.

 I do not wish to be audio recorded if I choose to volunteer in the post-workshop interview.

Participant Signature

Date

Printed Name of Participant

Researcher Signature

Date

Printed Name of Researcher

Researcher Signature

Date

Printed Name of Researcher

Appendix J

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE EXPERIMENTAL SUBJECTS BILL OF RIGHTS

The rights below are the rights of every person who is asked to be in a research study. As an experimental subject I have the following rights:

- 1) To be told what the study is trying to find out,
- 2) To be told what will happen to me and whether any of the procedures, drugs, or devices is different from what would be used in standard practice,
- 3) To be told about the frequent and/or important risks, side effects or discomforts of the things that will happen to me for research purposes,
- 4) To be told if I can expect any benefit from participating, and, if so, what the benefit might be,
- 5) To be told the other choices I have and how they may be better or worse than being in the study,
- 6) To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study,
- 7) To be told what sort of medical treatment (if needed) is available if any complications arise,
- 8) To refuse to participate at all or to change my mind about participation after the study is started. This decision will not affect my right to receive the care I would receive if I were not in the study.
- 9) To receive a copy of the signed and dated consent form.
- 10) To be free of pressure when considering whether I wish to agree to be in the study.

If I have other questions I should ask the researcher or the research assistant, or contact Research and Sponsored Projects, California State University, Northridge, 18111 Nordhoff Street, Northridge, CA 91330-8232, or phone (818) 677-2901.

X _____
Signature of Subject Date

Appendix K

ADDENDUM – Actor Training in Social Work Curriculum

Actor Training in Social Work Curriculum is a joint graduate project between Amanda Coleman and Estefania Gonzalez. This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

Amanda Coleman is responsible for all the following tasks/document sections:

- Literature Review section on Role Theory, Role Reversal
- Organizing Qualitative post-intervention interviews
- Discussion section – Qualitative findings
- Printing all surveys and workshop materials

Estefania Gonzalez is responsible for all the following tasks/document sections:

- Literature Review section on Empathy, The Use of Acting Training in the Medical Field, Theater in Social Work Education
- Analyzing survey statistics using SPSS
- Discussion section – Quantitative findings
- Providing props for the workshop (i.e. playing cards, action thesaurus book)

Both parties shared responsibilities for the following tasks/document sections:

- Problem Statement
- Methods
- Results
- Discussion
- Creating Workshop curriculum
- Executing Intervention

Amanda Coleman
Student Name #1

Estefania Gonzalez
Student Name #2