ACTING OUT! PSYCHODRAMA
Healing Eating Disorders and Addictions

RosewoodRanch.com  800.845.2211
Dear Friends,

At Rosewood we understand a pivotal part of the work of recovery includes gaining an understanding of core traumas and how they leave undeniable impressions on one’s development and relationship schemes. Many patients come with wounds that are coded and expressed through somatic sufferings. Hence, we utilize a variety of action oriented techniques that help patients identify, name, claim, and embody their untold and hidden experiences. These interventions assist patients in working through the traumas so they don’t continue to destructively numb themselves in order to keep them at bay.

Psychodrama techniques can be a template for healing. And, they can readily be integrated into other effective treatment interventions such as cognitive behavior and dialectical behavioral therapies.

~ Deborah A Russo, PsyD
Executive Director of Training & Education at The Rosewood Institute

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The art of psychodrama and other action-oriented interventions have been underutilized and at times misunderstood. With proper training, mentoring, and experience clinicians can readily incorporate psychodrama interventions into their treatment toolbox. The following are common techniques used in psychodrama:

**THE FAMILY SCULPT**
Rosewood Psychodrama specialists incorporate action-oriented tools with families. For example, family members play themselves in context of a family sculpt. This way of exploring and examining the relationship dynamics and interactions can decrease defensiveness and bring struggles into the family forefront in a deeper way. In the sculpt, the patient may play herself and voice her perceptions of what she experiences is going on in the family, or she may choose to have someone else play her role and share from their perspective what she/he thinks is happening. Our patient and family feedback surveys reflect a powerful shift in awareness and increase in overall empathy after engaging in psychodrama work. Other families report positive effects from observing this work. “Families tend to do better, when they know better,” Hunter notes.

**DOUBLING**
This role includes bringing to voice thoughts/feelings that the protagonist may not be able to share or articulate.

**MIRRORING**
The protagonist acts out chosen experience then observes another step in to play his/her role.

**STORYTELLING**
Using narrative techniques to allow painful emotions and truths to surface that clients are unable to reveal and talk about directly.
Effectively employing psychodrama techniques requires knowledge and experience in the ethics of how and when to employ such interventions. Hunter Taylor, LCP, Rosewood’s clinical director of adult services, outlines several important tenants to be mindful of:

1. Obtain appropriate sub-specialty training. Psychodrama education and application is not offered in many academic programs, therefore, it is recommended to access training from leaders practicing this skill within the context of a treatment environment.

2. Do your own work and obtain regular mentoring/supervision. We are all bound to experience or encounter counter-transference and projective identification, so it is important to do one’s own work. For example, the pull to push a client into anger work when not clinically ready is one caution. The Director (leader) needs to stay cognizant of their own activated emotions at all times, keeping them separate from those of the protagonist.

3. Recognize that psychodrama work is not for everyone. Individuals at medically compromised weights, under detoxification protocol, or actively psychotic, are not appropriate for such work.

4. Be mindful of cultural and developmental considerations when employing psychodrama interventions. Some cultural norms highly value modesty—not to be seen. Expressive therapies may be outside parameters of acceptable and appropriate interventions. Use with more caution and consideration.

5. In all cases of psychodrama therapists and clinicians must use their judgment and follow the client. Some patients are ready for psychodrama work at the early stages of treatment while others journey further into treatment and recovery before they are ready for such work.
DEBORAH A. RUSSO, PSYD
Executive Director of Training & Education at The Rosewood Institute

Dr. Russo’s roles include the development and management of educational matters related to the Rosewood staff and mental health professionals. Areas of focus are increasing awareness of eating disorders through conference planning and completion, including writing and researching for Rosewood staff training, curriculum development, internship program enhancement, and professional instruction and certification.

Dr. Russo completed an MA in Rehabilitation Counseling from the University of South Florida with a Minor in Women's Studies. She additionally obtained a Masters of Science and Doctorate in Clinical Psychology from The Florida Institute of Technology. Dr. Russo received the Elizabeth B. Wolf award for Clinical Excellence from FIT and the “Women at their Best” Glamour Magazine award for assisting women in transforming their lives and their cultures.

Dr. Russo has 28 years collective clinical experience working with individuals and families within outpatient, partial and inpatient settings. She has 10 + years tenure educating health professionals, academic institutions and community agencies nationally to recognize, intervene and encourage treatment of eating disorders. Her work is published in several treatment professional journals including Eating Disorders: Journal of Treatment, Prevention, and the Georgia Psychologist. She maintains a practice in Marietta, Georgia. And, she and her husband are the proud parents of three children.

“My experience at Rosewood Ranch was amazing. Everyday I learned the importance of a structured meal plan and many important medical and nutritional facts about eating disorders. Psychodrama and primary groups were fantastic and helped unlock the emotions I had buried deep inside for so long. I know I have a long road ahead of me in recovery, but Rosewood put me on the right path.” - Mark C.

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HUNTER TAYLOR, MS, LCP
Clinical Director, Rosewood Adult Services
Hunter brings 36 years of experience working in eating disorders, addictions, psycho-education, and mental health management to Rosewood. Believing the modality of psychodrama is an important component of recovery, Hunter regularly conducts and attends professional trainings, as well as, conducts workshops for ONSITE in Tennessee. He holds a Master’s of Science degree in Counseling Psychology from Fort Hays State University, in Fort Hayes, Kansas.

“When I arrived at Rosewood, I was ready to get the help I needed. The staff made that goal a lot easier. They were so nice and understanding. I felt completely comfortable talking to them about hardships or struggles. The program itself was intense and full of information and ways to beat my eating disorder. I loved psychodrama and primary group. The facility is beautiful—the perfect setting for a time of relating and healing. Kim the dietician is great. She listens to your wants and needs and educates you on disordered thoughts around food and weight. Talking with her was one the most helpful things during my stay at Rosewood. The therapists are also great. They are very understanding and so insightful. My stay at Rosewood was a great experience and I am on the road to recovery. FOR GOOD THIS TIME! I’ve surrendered! - Rosewood Alumni