

Effectiveness of Imagination Workshop Therapy for Psychiatric Outpatients

Lynn A. Fairbanks

Department of Psychiatry and Biobehavioral Sciences, Semel Institute, UCLA

INTRODUCTION

The Imagination Workshop is an innovative psychotherapy method that engages psychiatric patients in theatre arts, including writing, directing and acting in plays. This report describes a controlled research study to test the effectiveness of Imagination Workshop therapy in a psychiatric outpatient program. In an era of increasing interest in the development of evidence-based practices, it is important to demonstrate the efficacy of new approaches in comparison to proven group psychotherapy methods. The results of this study show that the Imagination Workshop was more effective than Role Playing therapy in reducing symptoms of psychiatric illness and enhancing participation in ongoing therapeutic program.

METHODS

Subjects

Subjects for this study were 40 psychiatric patients enrolled in the Adult Development Group (ADG), a day treatment program at the Semel Institute, UCLA. The subjects had a variety of serious and chronic psychiatric conditions, including paranoid and undifferentiated schizophrenia, schizo-affective and schizoid personality disorder, major depression, bipolar disorder, adolescent adjustment reaction, and hysterical and borderline personality disorder. Twenty-one of the subjects were female and 19 were male, with a mean age of 31 years (age range 19-66). The subjects were randomly assigned to the Imagination Workshop or to a Role Play group over a six month period.

Experimental treatments

Imagination Workshop. The Imagination Workshop met once per week as an activity in the Adult Development Group outpatient program. Under the guidance of specially trained actors and theatre artists, the patients worked together to put on a play. By acting out parts that are different from themselves, patients have the experience of expressing feelings and behaving in ways that they are unable to do on their own.

Control treatment - Role Play Group. The Role Play group, which also met once per week, was led by experienced Adult Development Group staff members. Role Play therapy is based on the idea that patients can gain more from acting out their problems than from talking about them. The patient selects an event from his or her life and provides the information necessary for it to be reenacted, and the other group members impersonate significant people from the patient's past or present. After the reenactment, other members of the group discuss their reactions to the reenactment, including ways that it touched on their own experiences.

Outcome Measures

Severity Rating: Severity of mental illness of each patient was rated by ADG staff when they arrived and at the end of the 6 month study period. Severity was rated on a 7 point scale from 1 (normal, not at all ill) to 7 (among the most severely ill patients).

Program Attendance: Records of attendance in the regular Adult Development Group program during the 6 month study period were kept by ADG staff members.

Statistical Analysis

The outcome data were initially screened for distributional properties and for demographic and clinical characteristics of the two treatment groups using t-tests for independent group for the continuous variables and the Chi Square tests of independence for categorical variables. Treatment response was measured using a repeated measures analysis of variance of pre-treatment and post-treatment illness severity scores by treatment groups. A percent improvement score was derived from the pre-post data for each subject for further analyses. Two of the patients assigned to the Role Play group dropped out (1 male, 1 female), leaving 20 subjects in the Imagination Workshop and 18 in the Role Play group for the treatment outcome analyses.

RESULTS

Group characteristics

Table 1 shows the demographic and clinical characteristics of the patients assigned to the two treatment conditions. Patients randomly assigned to the Imagination Workshop did not differ from those assigned to Role Play therapy in sex, age, age of onset of illness, or in global assessment score at intake.

Table 1. Characteristics of patients assigned to the two treatment groups.

Variable	Imagination Workshop	Role Play
Sex	Male n=10 Female n=10	Male n=9 Female n=11
Age (mean + SD)	28.3 (+8.4)	34.8 (+14.9)
Onset age (mean + SD)	21.9 (+6.0)	25.7 (+14.4)
Intake Severity rating (mean + SD)	4.8 (+0.9)	4.4 (+1.0)

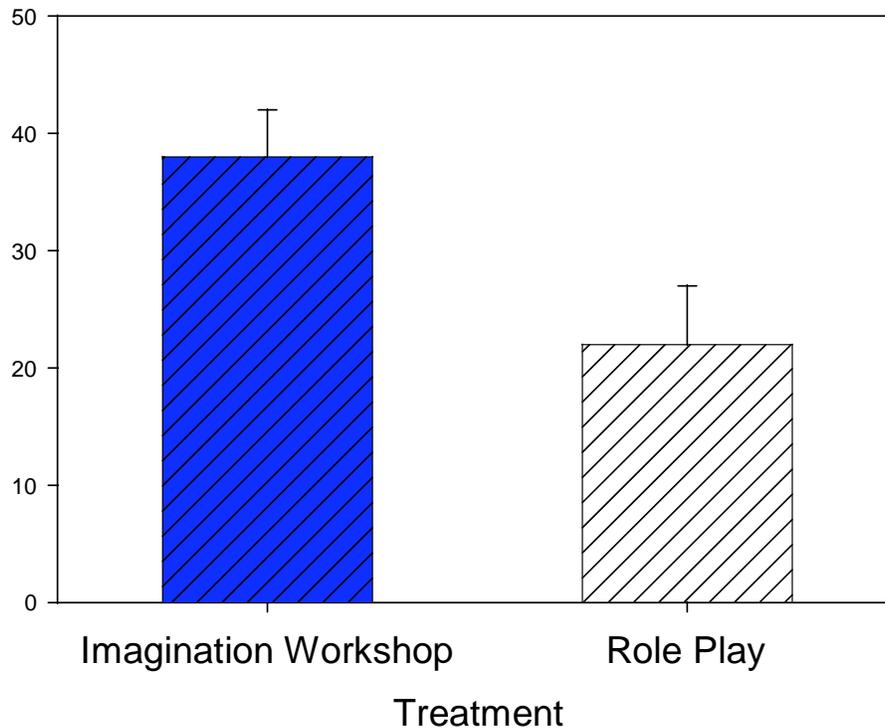


Figure 1. Improvement in Severity of Illness from pre to post treatment by treatment group (percentage + standard error)

Improvement

Repeated measures analysis of variance of the Severity of Illness scores at intake and at discharge indicated that patients from both groups improved significantly from pre to post treatment ($F = 103.0, p < 0.01$), but improvement was significantly greater for the Imagination Workshop than for the Role Play groups (treatment x time interaction: $F = 8.4, p < 0.01$). Patients in the Role Play group had a mean of 22% improvement in GAS scores, while those in the Imagination Workshop improved by 38% (Figure 1).

Improvement scores were independent patient age, sex, age of onset and length of illness.

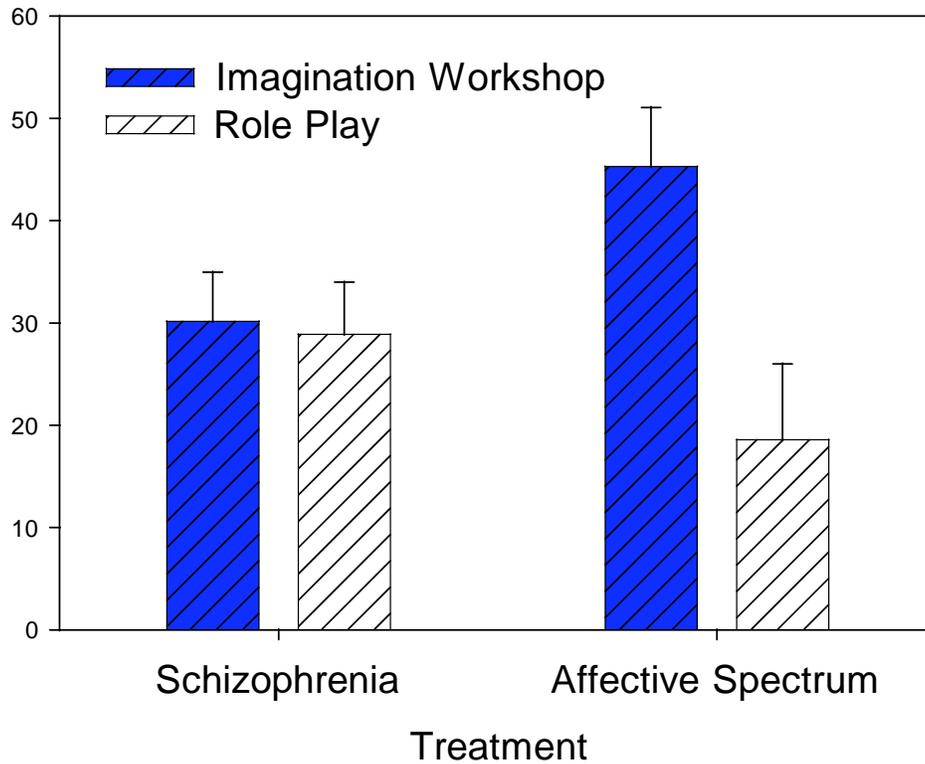


Figure 2. Improvement in Severity of Illness from pre to post treatment by treatment group and psychiatric diagnosis (percentage + standard error).

The 38 patients that completed this study had a variety of serious and chronic psychiatric disorders. For purposes of analysis, these have been grouped into schizophrenic disorders (including chronic, paranoid and undifferentiated schizophrenia, schizo-affective and schizoid personality disorder), and affective spectrum disorders (including depression, manic-depression, anxiety, adolescent adjustment reaction, hysterical personality disorder and borderline personality disorder).

Figure 2, above, shows the percentage improvement in illness severity for patients in the Imagination Workshop and Role Play treatment groups by type of psychiatric illness. The percent improvement for the patients with schizophrenic diagnoses was approximately 30% for both treatment methods. For patients with affective spectrum disorders, the degree of improvement was significantly greater for subjects in the Imagination Workshops (45% improvement) than for those in the Role Play groups (19% improvement) ($t = 2.75, p=0.01$).

Attendance Rate

Attendance rate in regular Adult Development Group program was significantly improved in the Imagination Workshop Group compared to the Role Play group. General program attendance was 80% for patients participating in the Imagination Workshop compared to 55% for patients in the Role Play group ($t = 3.58, p < 0.01$).

DISCUSSION

The results of this study demonstrate the effectiveness of the Imagination Workshop as a therapy program for people with serious psychiatric disorders. The control treatment, Role Play therapy, is a valid and well-respected form of group therapy that includes many of the same social and participatory elements as the Imagination Workshop. One primary difference is the focus on the patients' own problems in Role Play therapy compared to the opportunity for the patient to inhabit other roles and modes of behavior in the context of acting a part in the Imagination Workshop. The results indicated that the Imagination Workshop was more effective than Role Play therapy in reducing severity of illness for psychiatric patients, and particularly for those with affective disorders. The positive effects of the Imagination Workshop also carried over into increased participation in other aspects of the Adult Development outpatient program.