Who Plays the Client? Collaborating with Theater Departments to Enhance Clinical Psychology Role-Play Training Exercises

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This article offers a description of a student-active method of teaching clinical psychology applications, such as interviewing and psychotherapy, that involves collaboration between psychology and theater departments. Clinical psychology instructors recruit theater students to play the client roles in live dyads with the instructors or other students. These dyads may take place during or outside of class and may be videotaped for use in other educational settings. Practical and logistical issues are discussed, and empirical data are presented to demonstrate the effectiveness of this method. © 2003 Wiley Periodicals, Inc. J Clin Psychol 59: 363–368, 2003.

Keywords: clinical training; role play; interdisciplinary collaboration; psychotherapy; interviewing

Numerous authors have described techniques in which students learn applied clinical psychology skills (e.g., interviewing, psychotherapy) via role-play exercises (Anderson, Gunderson, Banken, Halvorson, & Schmutte, 1990; Gillem, 1999; Gilliland, 1982; Lane, 1988; Low, 1996; Lyons, Bradley, & White, 1984; Weiss, 1986). It seems clear that the role of the clinician in such exercises is to be played by those aspiring to learn it (students) or those competent to demonstrate it (instructors), but who should play the role of the client? Some techniques involve two psychology students pairing up and alternately playing therapist and client roles (Anderson et al., 1990; Low, 1996; Lyons et al., 1984). This is certainly a practical solution, but it is vulnerable to numerous shortcomings. For example, many psychology students simply lack the dramatic talent or desire to play convincingly a therapy client. Secondly, psychology students are invested far more in...
learning the clinician role than the client role and may not approach their responsibility to play the client with appropriate seriousness. Third, especially in smaller schools, classmates in upper-level clinical psychology courses may know each other personally. Such personal relationships can increase the difficulty of adopting novel identities. In the worst-case scenario, poor acting on the part of the client can cause the dyad to deteriorate into a series of gaffes or awkward silences in which little meaningful learning takes place. Other techniques suggest that students find an acquaintance outside of class to play the client role by responding honestly (rather than assuming a prescribed persona) to interview questions (Gillem, 1999; Weiss, 1986). This solution also is convenient, but is susceptible to the client disclosing more serious psychological or personal issues than the novice therapist can manage competently.

Clinical psychology role-play exercises can be enhanced greatly by recruiting legitimate actors from outside the course to play the client roles. Fortunately, many schools have access to an ample supply of such individuals in their own theater departments. Lane (1988) described the use of theater majors as clients in an interview simulation for an undergraduate clinical psychology course. Lane selected undergraduate theater students with improvisation experience, paid them a minimal wage from departmental funds, and provided case-study material upon which the actors based their characters. She reported benefits for both psychology and theater students.

Like Lane (1988), I have recruited undergraduate theater majors to play clients in my graduate and undergraduate clinical psychology courses. Below, I offer specific suggestions (beyond Lane’s points) for such a collaboration, based upon my experiences and feedback.

Collaborate with Theater Faculty to Offer Course Credit to Actors

Many theater departments offer an independent-study course in which a student can work individually with a faculty member on a customized project. Several of the theater faculty members with whom I spoke agreed that the client role-play exercise constitutes such a project and agreed to supervise theater students in this endeavor. Supervision by theater faculty can enhance the learning experience of the acting student in many ways, such as discussing preparation for the role and critiquing performances viewed in person or on videotape. Certainly, actors may participate in this project without registering for it as a course. However, involving the theater majors as registered students is preferable to any other context. If hired, the actors receive no supervision from theater faculty. In addition, psychology department funds may be limited, and grants may be unattainable or non-renewable. If the actors simply volunteer, there is the risk that they may drop out or attend sporadically because there is no formal commitment to the project.

Recruit Actors Through Personal Contact

Other recruitment efforts such as e-mail lists, flyers, or campus newspaper advertisements also may prove effective, but most of the actors with whom I worked heard me describe the opportunity in person. I made the acquaintance of the faculty sponsor and president of our campus’ theater student organization and was allowed to speak briefly at their meetings. At these meetings, I explained the purpose and benefits of the acting opportunity, answered questions, and distributed written information, including my contact information. In addition, I had met personally with several faculty members in the theater department to inform them of this opportunity and asked them to publicize it to their students.
Participate in the Role-Play Exercise Yourself in Front of the Class

Clinical psychology students may have read extensively about interviewing and psychotherapy and may have viewed a few videotapes, but most have observed very few, if any, live sessions. Such an experience can be a powerful way to demonstrate a variety of approaches to interviews and therapy, often with the same client. In addition, occasional imperfections in your technique (indecisiveness, searching for words, awkwardness with the actor or video camera, etc.) will allow students to realize that even an experienced clinician makes mistakes and that their subsequent experiences in role-play exercises need not be perfect.

If Students Consent, Videotape the Role-Play Exercises

Videotaping the role plays can facilitate discussion, evaluation, and critique of the therapist’s (and the actor’s) technique. These tapes also can be indexed and used in other psychology courses when topics related to clinical psychology arise. Of course, students can decline to be videotaped, and several of my psychology students chose this option. I found that psychology students were more amenable to being videotaped when production value was de-emphasized. In other words, psychology students were most comfortable with an ordinary video camera in an ordinary room (no special lighting, no contrived seating arrangement, no theatrical set per se). The only special consideration in choosing video equipment is to select a camera with a remote control. This way, the remote can be placed discretely between the individuals involved in the role play (in fact, it can be kept on a short table, out of view) so that anyone, at any time, can pause the recording. The availability of these time outs not only increased the comfort level of all participants, but also allowed for intermittent live discussion of technique by participants and observers.

Ask All Parties Involved in the Role Play to Sign an Informed Consent Document

Participants in these role plays should be informed clearly that the roles are fictional and do not in any way constitute personal therapy or a professional relationship between a clinician and a client. Moreover, they should be assured that any videotape in which they appear would be used strictly for educational purposes. Our campus attorney was able to draft a brief, intelligible statement to this effect.

Require Out-of-Class Sessions as Necessary

Depending upon the amount of time available for this role-play exercise during class, instructors may choose to require psychology and theater students to meet each other (without the instructor’s presence) outside of class. Of course, all students should be informed of this additional time requirement as early as possible, and, if it is significant, it can be listed separately as a lab section of the clinical psychology course. It may be possible to reduce the total number of role-play sessions by allowing small groups of psychology students to play the clinician role at various points during a single session. Such a team approach is particularly helpful early in the semester for inexperienced students who are intimidated by the task of sustaining an entire therapy session alone.

The number of role plays required for each psychology student necessarily depends upon the availability of actors and the instructor’s emphasis on student-active learning, but I recommended that each participate in at least one interview and at least one therapy session during the semester, possibly with the same client. Ideally, each student would
have the chance to conduct a variety of interviews (diagnostic, crisis, personal history, etc.) and therapy sessions (cognitive, behavioral, analytic, humanistic, etc.).

**Develop Fictional Client Roles that Require Improvisation While Avoiding Serious Psychopathology**

The client’s role should be sketched in some detail, but not scripted. In other words, maintain the spontaneity of a real session, but provide the actors sufficient information (reason for referral, psychological symptoms, background, family history, current relationships and employment, medical history, etc.) to portray a novel character created by the instructor rather than a projection of their own issues and problems. Several sources can aid in the development of fictional clients, including abnormal psychology textbooks, diagnostic casebooks (e.g., Spitzer, Gibbon, Skodol, & First, 1994), popularized descriptions of diagnostic categories (e.g., Frances & First, 1998), or tales of psychotherapy (e.g., Yalom, 1999, 1989). In addition, the level of pathology displayed by clients should be limited, as psychotic or suicidal symptoms may prove overwhelming for novices playing the clinician role. Mild-to-moderate levels of depression, dysthymia, anxiety disorders, adjustment disorders, and selected personality disorders may be suited best for this exercise.

**Evaluation of the Students Should be Multifaceted**

Because this exercise will represent for many students the first time they have assumed the clinician role, they should not be graded solely upon the quality of the performance. Students can be assigned a reflection or self-critique paper, in which they comment upon their own technique. They also can be given similar assignments regarding the performance of another clinician, including the instructor’s performance in front of the class. Additionally, students can write papers in which they contrast their role play with one they could envision under different circumstances (a different purpose for the interview, a different theoretical orientation to psychotherapy, etc.). Contributions to class discussions of role plays offer further basis for student evaluation.

**Empirical Assessment of Effectiveness**

Table 1 presents data from evaluations by 23 students enrolled in my Applied Clinical Psychology courses in Fall 1999 and Fall 2000. Results indicate that both participation and observation of role plays with theater students were valued highly. Students considered the method a positive educational experience that enhanced learning, and they believed that the use of legitimate actors in place of classmates was an important part of its success. In addition to the empirical data presented below, subjective comments also were solicited. In these comments, the most frequently cited strength was the hands-on experience provided by the exercise, which for many students was the first of its kind. The most frequently cited weakness involved logistical arrangements (appointments with actors, difficulties with video camera, etc.).

**Future Research**

Researchers who investigate this technique or instructors who use it in the future should consider numerous issues. For example, the evaluation of the impact of this technique, particularly if it was extended to graduate programs, ideally would include assessment of
variables such as the number of actual clinical cases a trainee could treat capably, or a rating of the trainee’s clinical skills by a clinical supervisor. Such assessment also might include a control-group design, such that trainees who participated in this role-play technique could be compared to others who did not. Of course, such a design has ethical implications, in that some trainees may receive inferior training, and subsequently their clients may receive inferior clinical services.

Additionally, ethical relevance is the issue of dual relationships. Future researchers may choose to investigate the use of this technique for dealing with dual-relationship issues initiated by the client. For example, the instructor could create a fictional client whose boundary issues are problematic and who pursues a sexual relationship or non-sexual friendship with the therapist. In this way, novice therapists could practice dealing with such issues before encountering them in actual clinical practice. Future researchers additionally may choose to investigate the extent to which the theater students’ personal issues may seep into their improvisation, the extent to which this is problematic, and ways to minimize it.

References


Table 1
Student Evaluations of Theater/Psychology Active-Learning Collaboration (n = 23)

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<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
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<tbody>
<tr>
<td>1. The role-play experience increased my understanding of the textbook concepts.</td>
<td>4.18</td>
<td>1.10</td>
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<tr>
<td>2. The role-play experience increased my understanding of the concepts discussed in class.</td>
<td>4.17</td>
<td>1.07</td>
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<tr>
<td>3. In-class observations of the instructor role playing with the theater students were valuable.</td>
<td>4.57</td>
<td>.59</td>
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<tr>
<td>4. The theater student with whom I worked approached the client role seriously.</td>
<td>4.18</td>
<td>1.14</td>
</tr>
<tr>
<td>5. The theater student with whom I worked demonstrated adequate acting ability.</td>
<td>4.24</td>
<td>.94</td>
</tr>
<tr>
<td>6. The role play would have been less effective if a classmate had played the client.</td>
<td>4.00</td>
<td>.87</td>
</tr>
<tr>
<td>7. The use of the video camera in the role-play experience was troublesome.</td>
<td>2.90</td>
<td>.79</td>
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<tr>
<td>8. The logistics of meeting with the theater students were problematic.</td>
<td>3.05</td>
<td>1.29</td>
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<tr>
<td>9. The instructor’s evaluation process for the role play was fair.</td>
<td>4.41</td>
<td>.85</td>
</tr>
<tr>
<td>10. The purpose of the role-play exercise was explained adequately.</td>
<td>4.61</td>
<td>.66</td>
</tr>
<tr>
<td>11. Overall, the role-play exercise was a positive educational experience.</td>
<td>4.25</td>
<td>1.07</td>
</tr>
</tbody>
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Note. Scores are based on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

