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Role-play and counselor education : bridging the practice-theory gap in prepracticum clinical training

Abstract

Fictitious or imaginary roles within the role-playing paradigm are discussed. The concept of using this model as a method in counselor education is emphasized. Ethical boundaries, diversity, and historical precedents are used to make an argument in favor of role-play. Guidelines for students to create fictitious roles for use in role-play are outlined.

ROLE-PLAY AND COUNSELOR EDUCATION:
BRIDGING THE PRACTICE-THEORY GAP IN
PREPRACTICUM CLINICAL TRAINING

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Abstract

Fictitious or imaginary roles within the role-playing paradigm are discussed. The concept of using this model as a method in counselor education is emphasized. Ethical boundaries, diversity, and historical precedents are used to make an argument in favor of role-play. Guidelines for students to create fictitious roles for use in role-play are outlined.

Although some counseling skills can be learned from didactic instruction, experiential exposure is necessary for the integration of these skills. In order to accomplish this, clinical skills are often taught by having counselor-trainees alternate between the positions of counselor and client. Often a third person is used to give feedback on the session as a whole (Ivey, 2003). Sometimes called the interpersonal-process-recall method (Rabinowitz, 1997), this type of experiential training is actually a form of role-play (van Ments, 1999). Although this method may be helpful when teaching the basic interviewing skills, more complex mental health issues are usually avoided, and most cohort groups usually come from the same cultural background (Kocarek & Pelling, 2003; Osborn, Dean, & Petruzzi, 2003). Also, one must consider the ethics of the interpersonal-process-recall method, and the barriers that may result of having to divulge personal data to classmates (Levitov, Fall & Jennings, 1999).

By using imaginary or fictitious roles within the role-playing paradigm, the counselor educator can eliminate these issues. This paper will discuss how using fictitious or imaginary roles within the clinical teaching setting can remedy the problems of diversity, ethics, and bridge the theory-practice gap. It will demonstrate how this has been used successfully within the counseling field and will conclude with recommendations on conducting this type of training with counselor-trainees.

Role-Play

Definitions

A role-play is a simulated experience involving one or more people, taking on roles and interacting, within a controlled environment (Yardley-Matwiejczuk, 1997). Within this context, the role-player is the person playing or taking on the role. The role-player may be role-playing a fictitious person, factual person, or themselves (van Ments, 1999). The situation may be a simple, two-player interaction that lasts five minutes, or an elaborate, group experience that lasts for hours, days, or even weeks (Yardley-Matwiejczuk, 1997).

Education is the primary purpose of a role-play. A student may learn from first-hand experience by participating in a role-play, or they may learn vicariously, by watching someone else perform a role-play. A role-play may be used to create awareness, practice a new skill, or to help sensitize students to an unfamiliar environment (van Ments, 1999).

The concept of role is open to wide interpretation (Yardley-Matwiejczuk, 1997). For the purposes of this paper, role will be defined as a set of attributes that a person takes on within a particular social position, or situation. For example, a counselor-trainee may play the role of a depressed, Latino mother of four, living in a large city. This may be a fictional role developed using clinical demographics, a factual role based on a relative or acquaintance, or it could be a role in which the student relates details about their own life (van Ments, 1999). It

is this last category that defines most traditional counselor education skills courses. The interpersonal-process-recall method defined by Rabinowitz (1997) requires that the student use their own lives when playing the role of a client (Rabinowitz, 1997). Although useful when helping counselor-trainees develop personal awareness, there are significant problems and limitations, when applying this method to clinical training. It is suggested therefore that clinical roles be based upon fictional characters.

Historical Precedents

Role-play has been used a teaching aid in many educational settings such as business, law enforcement, and social work (Yardley-Matwiejczuk, 1997). The field of medicine has long used role-play to teach medical students how to assess, treat and case conceptualize. Levitov, Fall & Jennings, (1999) describe how medical students learned to practice new skills, interact with patients, and monitor pain levels while performing specific techniques. The role-players were able to provide immediate feedback to the students, providing an experiential component lacking in didactic instruction (Levitov, Fall & Jennings, 1999).

In the previous and following examples, note that none of roles played were that of self, or required the students to relate personal information about their private lives. The author will explain how role-play has been used to test psychological instruments, counselor bias, and aid in psychiatric board examinations.

The field of psychology has used role-play in a variety of situations. For example, the testing of new psychological instruments can be a long, arduous, process, usually taking years to complete. Research has found that role-play can be used to expedite that process without damaging or depleting the research pool. One study found that professional actors could be successfully used to test the reliability of an addiction severity instrument. In this study, Peters, Friedman, Jacobs, Jones, Kelley and Nazar, (1999) trained a group of eight professional actors on the typical behaviors, lifestyle elements, and health issues consistent with substance abuse clients. The actors also attended 12-step meetings, visited substance abuse treatment centers, and were interviewed by law enforcement personnel. After a month of training, the actors were sent into the field to be interviewed by substance abuse agencies. The actors stayed in their character roles the entire time they were present at the agencies. The staff members who conducted the interviews reported that their ability to utilize the instrument was not adversely affected by the knowledge that the actors were role-playing. The interviewers found the experience to be realistic and believable. It was concluded that this study had effectively demonstrated that client surrogates could be used to test the reliability of the addiction severity instrument. (Peters, et al., 1999).

Psychologists have also used actors to test gender-stereotyping in clinical settings. In one such study, actors portrayed traditional and nontraditional male roles while being interviewed by marriage and family counselors on videotape.

Except for family role and job choice, all other demographics and symptoms were identical. The counselors were then asked to make a diagnosis and recommend a treatment plan (Robertson and Fitzgerald, 1990).

In a related study, research psychologists tested clinical psychologist's reactions to an actor portraying a client with an HIV positive diagnosis. The researchers also tested the clinician's reactions to the same actor portraying a client with a HIV negative diagnosis. This provided valuable feedback to the clinician's who may not have been aware of their own issues influencing the outcome of their work (Hayes and Gelso, 1993).

Psychiatry programs have used role-play scenarios to help prepare students for board examinations. Norton (2000) stated that a significant issue in the board certification process has been the standardization of patients to provide for accurate assessment of students abilities. Some students may have a distinct advantage over others if their patient is more willing to participate in the examination. By using actors to role-play patients, examiners can more accurately assess a student's skill in assessing patients because the actor role-plays the same patient for every student. Norton (2000) also stated that another advantage of using role-play in psychiatry examinations is its cost-effectiveness. The number of medical centers willing to participate in the certification process has dwindled and using client-actors in role-play situations may help remedy this situation (Norton, 2000).

As demonstrated above, role-play has been used in a variety of educational clinical settings successfully. The benefits of using role-play within counselor education to handle ethical issues, bridge the practice-theory gap, and diversify the training process will be now be discussed.

Benefits of Role Play within Counselor Education

Ethics

One advantage of counselor-trainees using fictitious roles during clinical training is that some ethical challenges may be overcome. It has been suggested by Levitov, Fall and Jennings, (1999) that by using the interpersonal-process-recall method, that dual relationships may be a factor. Some counseling students may fear disclosing personal material because it may include information about their professors, classes, and classmates. Although students may be reassured of confidentiality, they may fear being reprimanded at a later time. The American Counseling Association's Code of Ethics and Standards of Practice (2005) suggest that students should be made aware that their self-disclosures will not affect their evaluations. However, Levitov, Fall, & Jennings, (1999) state that:

Regardless of how ethical a faculty supervisor may be, this information becomes a part of how the supervisor perceives the student. On the positive side, the information gives the supervisor a better view of the budding counselor and can aid in supervision. On the negative side, the

disclosures can taint the evaluations of the student in other classes, in faculty meetings, and in other inappropriate settings. (p. 11)

Another ethical concern that may occur in the interpersonal-process-recall method is a student's difficulty in disclosing personal information to other counseling students. Because many practice counseling sessions are taped and viewed by their classmates, beginning counselors may be disinclined to share their personal feelings for fear of being judged by their classmates for their behavior, beliefs, and thoughts. This may lead to a superficial relationship between the client and counselor that never moves beyond the use of the basic interviewing skills (Shepard, 2002).

It has also been indicated that beginning counselors may not understand ethical boundaries. Beginning graduate students have been known to discuss client issues with others outside of the therapeutic environment. In a study conducted by Fly, van Bark, Weinman, Kitchenener, and Lang (1997) it was found that 95 percent of graduate students polled had conducted a breach in ethics. Even more disturbing was the fact that 54 percent of these students had already had an ethics course (Fly, et al., 1997).

Lane (1988) suggests that by using the interpersonal-process-recall method, students role-playing clients may unintentionally assist the counselor by anticipating questions. Instead of letting the therapeutic process unfold naturally,

students may in effect “help each other out” and elicit information not warranted by the counselors questions (Lane, 1988).

Along with ethical problems, theoretical orientations are hotly debated topics amongst trainees and counselor educators. Although most counseling students leave graduate school with some basic knowledge of counseling theory, they are rarely offered the opportunity to put their knowledge into practice before they enter practicum or internship. We will now discuss how that transition may be made easier by using role-play.

Theory-Practice Gap

The successful counselor education program includes didactic instruction, and experiential contact. The theory behind this model is to provide the framework for practice, and then to work towards an integration of skills. Some students make this leap to practical application better than others (Pitts, 1992). During graduate coursework, numerous theories are presented in order to expose students to as many options as possible so they will be able to develop their own theoretical perspective. However, many times this is not possible until students enter practicum or internship because the theories can seem too pedantic or impractical. The following is a discussion on how to bridge the theory-practice gap.

Woodward, Spiegel and Lin, (1999) developed a prepracticum class that integrated substance abuse theory with practical clinical skills. The first step was

to use Rabbinowitz's method of having the instructor role-play the same client throughout the semester (Rabbinowitz, 1997). Each of the students then took turns role-playing the counselor interviewing the client. Then the students were instructed to choose a counseling theory and to formulate a treatment plan. As the semester progressed, the students rotated role-playing the counselor and continued to interview the client. During the process, students were given feedback on their case notes and engaged in mock case presentations on the client. This was done in order to make the experience more realistic and practical (Woodward, Spiegel and Lin, 1999).

In another example by Osborn, Dean, & Petruzzi, (2003) a team of counselor-trainees were given written cases and 10 counseling theories to work with to develop a multidisciplinary treatment plans. Each student within the team was then asked to choose a different theory by which to approach treating the fictionalized client. The students then met individually with the role-players who portrayed the clients assigned to each team. Afterwards the students met together and discussed their findings. According to the authors, the results of this project were been highly successful, allowing students to integrate theories and practice and prepare for practical applications in clinical settings (Osborn, Dean, & Petruzzi, 2003).

Psychoanalytic theory can seem dated and impractical in our world of HMO's and brief therapies. However, for education purposes students should be

allowed to investigate all relevant theories regardless of popular appeal.

Transference and counter-transference issues come up daily in clinical settings. Most counselor-trainees are not even aware of these issues and the opportunities they may provide. Holmes (1988) found when staff members at an inpatient hospital role-played their adolescent clients, they were more likely to understand and empathize with their clients. Using a group learning environment, one staff member would role-play the client, while another would play the role of counselor. The remaining staff would observe the interaction and offer feedback when the role-play was finished. The staff members began to understand how their own personal attitudes and interactions with clients could influence their clinical work (Holmes, 1988). This is an example of using factual clients within a real-life atmosphere. However, since the staff members did not play themselves as clients, ethical issues were avoided and transference and counter transference issues could be discussed safely.

Multicultural Counseling

Although there have been great improvements in increasing awareness of multicultural issues within counselor development, there is still a need for practicing with clients of diverse backgrounds within a clinical environment (Kocarek & Pelling, 2003). Role-play is uniquely qualified to aid in this area. Because the nature of role-play is an exercise within a safe, controlled environment, much more diversity is possible.

For example, Kocarek & Pelling, (2003) used a three tier system within the clinical environment to introduce students to GLBT issues. The first tier involved using dyads with no observer. The students were briefed on their fictional roles and the issues to be discussed. Within the first tier, students took turns playing the counselor and the client and were asked to focus on language and heterosexist assumptions. The second tier added an observer and the presenting problems focused on relationships, and “coming out” issues. The third tier involved group feedback and the role-player presented with identity development issues, parents, spirituality, and sociopolitical subjects (Kocarek & Pelling, 2003). This type of framework allows students to gain valuable experience working with diverse populations, while working within a safe, ethical environment.

This discussion has focused primarily on using role-play to teach trainees how to counsel single individuals. Role-play can also be utilized in training students in family counseling techniques.

Family Counseling

As students enter working environments during practicum and internship, they may have theoretical experience with family counseling techniques, but no clinical experience. By using fictitious role-play along with the traditional didactic training, empathy and integration of techniques may occur. Jessee & L’Abate (1981) found that basic relationship skills were quite often “incomplete

or missing” in beginning students. By using role-play, students were able to see how their behavior affected other role-playing family members. Second, Jessee & L’Abate (1981) found it easier to assess student skills because the roles of the clients were somewhat standardized. Lastly, when students were operating within a controlled environment, they appeared to let go and experiment with various techniques and family dynamics more readily (Jessee & L’Abate 1981).

At this point, the author will discuss some techniques that can be used for conducting effective role-plays. By establishing character demographics, family histories, and activating events, basic guidelines can be established within a short period of time.

Conducting Effective Role-Play

The purpose of using role-play within an educational framework is to create an environment as close to an actual clinical setting as possible. The more attention to detail, the more likely the students will feel the role-play is real. For example, the person playing the counselor could retrieve their “client” from an outside room or hallway, which could serve as a waiting area.

The issue of role must now be discussed. The counselor’s role is self-explanatory. They are to play the role of counselor in a clinical setting. The student playing the client will play a fictitious role that should be developed prior to meeting for the first session. The issue of how to develop such a role will now be discussed.

Shepard (2002) describes several elements that will help students develop characters to role-play. Many of these elements are similar to information you might find on a clinical intake form (Hersen & Van Hasselt, 1998).

Demographics

The client's age, occupation, marital status, cultural background, and living situation should be determined first. This provides basic information about the client that is helpful for students to start with before motivating factors for seeking counseling can be discussed. Without demographics, the role is in danger of becoming a list of symptoms, which would be the equivalent of telling an actor to act depressed without giving a motivating reason for the behavior.

Family History

Next, the family history should be determined. The environment in which the client grew up can be very indicative of current patterns of behavior. If the client has siblings, the current relationship between those siblings should be determined. The character's relationship to their parents should be discussed, and what influence that relationship has on their current psychological issues.

Abuse

Emotional, physical, and sexual abuse are all possible historical factors of a client's life. These elements can have great influence on the current mental state. It should be determined beforehand if the character has experienced abuse and whether or not he or she is comfortable discussing these issues.

Substance Use

If the client uses drugs and alcohol, the role-player must decide if the use is recreational or abusive. A male college student is probably far more likely to drink in excess and experiment than a female mother of four. If the client's family abused alcohol and drugs this could be a large factor in their current behavior.

Activating Event

The activating event is whatever prompted the client to come in and seek counseling. Although it may be tempting to address this category right away when developing a character, Shepard (2002) warns against this. If this is done too soon, the student playing the role play may realize that there is no substance to their back-story. Fully developing the background first will give the student more information to draw from in order to make the activating event seem more plausible (Shepard, 2002). The activating event could be a family argument, work problems, or anything that caused the client some kind of distress. For more advanced role-play scenarios, one could use the death of a loved one, rape, or suicide attempt.

Presenting Problem

This may be the area that most beginning counselors are most familiar, because it deals with symptomology. The client could be angry, resistive, nervous, or tearful. Perhaps they are unmotivated or depressed. The key to role-

play in this category is determining the cause. Rather than just play depressed, the student needs to determine the reason for the depression. For example, perhaps the client is depressed and angry because he just broke up with his girlfriend (McGaw, Clark, & Stilson, 2004).

Inevitably, students will fear that they cannot act or play someone other than themselves. However, the more fully developed a character is, the less anxiety is likely to surface during a role-play. Warm-ups are another way to deal with possible stage-fright. The warm-up could be as simple as a student talking about his or her character, or the student could prepare internally by thinking about what happened right before they came to the counseling session. (van Ments, 1999; McGaw, Clark, & Stilson, 2004).

Another element that Shepard (2002) found effective was to down play the students skill in role-playing in favor of discussing the counselor's role and the client's pathology. If the students feel they are being judged on acting and a realistic performance, versus the counseling elements, the point of the role-play could become lost (Shepard, 2002).

Conclusion

The overall purpose of this paper was to suggest that using fictitious characters within role-play would help develop more effective counselor education programs. As has been demonstrated, there are ethical considerations,

diversity training opportunities, and possibilities for students to explore theoretical concepts not possible with traditional forms of prepracticum training.

Although the idea of using role-play can seem intimidating to some counselor educators, by using some basic guidelines, effective results can be achieved. As we have discussed, by using establishing basic character protocols, it should be possible for all counselor educators to conduct effective role-play.

It would seem fictitious role-play within the clinical prepracticum training environment should at least be a consideration. With the correct preparation, the benefits would appear to outweigh the disadvantages. Although the popular interpersonal-process-recall method is currently in vogue, counselor educators should consider utilizing this alternative, effective technique.

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