Section 1: History

Golden Age of Psychodrama at Saint Elizabeths Hospital (1939–2004)

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The Psychodrama Program at Saint Elizabeths Hospital (SEH) was founded by J. L. Moreno, MD, and contributed to the profession for 65 years. A strong case can be made that, next to the Moreno Institute, the SEH psychodrama program was the most influential center for psychodrama in the United States and the world. This article describes those contributions, including training 16% of all certified psychodramatists; enhancing and advancing the body of knowledge base through more than 50 peer-reviewed published articles or book chapters; pioneering the use of psychodrama in law enforcement and criminal justice; and its trainees making significant contributions to the theory and practice of psychodrama including but not limited to founding psychodrama in Australia and New Zealand.

KEYWORDS: History; training; law enforcement; Saint Elizabeths Hospital; J. L. Moreno; psychiatry.

The history of the psychodrama program at Saint Elizabeths Hospital (SEH) prior to 1980 is covered in two previous articles (Buchanan & Enneis, 1981; Overholser & Enneis, 1959). This article focuses on the history and events from 1980 to 2004. The article describes the training of professional psychodramatists, training and consultation to other agencies and personnel, research and professional publications, and development of clinical services conducted by the program[3] and concludes with a summary of the legacy of the psychodrama program at SEH.

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[3] Although the authors are no longer employed at SEH and the files and records of the program have been destroyed, the authors have taken great care to reconstruct these events from their own personal notes and records of that time period, communications with former staff and trainees, and published accounts of the services provided during that time period.

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HISTORICAL OVERVIEW

To better understand the golden age of psychodrama at SEH, it is necessary to first provide a brief history of SEH and then the founding of the psychodrama program at SEH.

Brief History of SEH

From its founding in 1852 by the U.S. Government to its demise as a federal agency in 1987, SEH had as its primary mission the treatment and care of patients with severe mental illnesses, support and funding for research and publications in the treatment of such patients, and the training of professionals to treat this population. From its inception until the early 1970s, SEH was routinely cited among the top five public psychiatric hospitals in the United States.

The development of effective psychotropic medications for persons with severe and chronic mental illnesses in the early 1950s, and the advent of the Community Mental Health Act (1965) was the beginning of the decline of large psychiatric hospitals, and SEH was no exception.

With the transfer of SEH from the U.S. Government's National Institute of Mental Health (NIMH) to the District of Columbia (DC) government in 1987, the slow and gradual decline of SEH began as the mission changed to providing psychiatric care in the least restrictive treatment environment. Support for research and training was terminated. However, the DC government continued the psychodrama stipended training program with the stipulation that trainees would provide clinical services to inpatients and outpatients.

From 1987 to 2010 the process of deinstitutionalization accelerated. At its peak census in the 1950s, SEH was home to 7,500 inpatients and had 131 separate buildings located on 350 acres (Otto, 2013). With the transfer of SEH to DC in 1987 the two separate systems (SEH and the DC Community Mental Health Centers) became one agency that was headquartered at SEH and informally known as Saint Elizabeths. In 1987, there were 1,400 inpatients and over 7,000 outpatients.

Origins of Psychodrama at Saint Elizabeths

Since the early 1930s, J. L. Moreno, MD, had been a consultant to SEH, conducted sociometric studies, and presented psychodrama demonstration sessions. In 1939, SEH Superintendent Winfred Overholser, MD, sent a committee to J. L. Moreno's theater of psychodrama in Beacon, NY, to study the theory, method, and techniques used in the treatment of patients with severe psychiatric disorders and in the training of hospital staff. In addition, the committee was to observe the combination of psychodrama and group psychotherapy, and the workings of Moreno's sanitarium as a therapeutic community.

One year later Moreno dedicated the theater for psychodrama at SEH. Only the second one in the world, the psychodrama theater at SEH was in

operation longer than any other psychodrama theater in the world (from 1940 to 1997). During the initial collaboration between SEH and the Moreno Institute, the seeds for all future endeavors were planned and developed including treatment, community training for other agencies, research, training for other hospital staff, and training to create trained psychodrama professionals. From 1939 until 1982 when the Moreno Institute was sold to the Horsham Clinic, this productive collaboration continued.

TRAINING CADRE OF PROFESSIONAL PSYCHODRAMATISTS

According to Roger Peele, MD, Past Acting Superintendent of Saint Elizabeths, from the 1970s until the late 1980s SEH and the Menninger Clinic were the top training hospitals for mental health professionals in the United States (R. Peele, personal communication, October 1, 2013).[4] During this time, SEH was part of NIMH and there was a strong and well-funded emphasis on training and research.

More than 100 year-long stipended interns and residents from the fields of psychiatry, psychology, group work, research and evaluation, family therapy, occupational therapy, pastoral counseling, dance therapy, art therapy, and psychodrama were trained. There were also short-term nonstipended internships for nurses, social workers, and medical doctors.

Psychodrama Professional Staff

In the beginning Moreno trained selected SEH staff to provide psychodrama services, but by 1961 a formal stipended training program was created, and after that all future staff were graduates of the training program. From 1939 until 2004 when the program ended, approximately 28 individuals held paid staff positions in the psychodrama program. Four of them retired after a minimum of 25 years of service to the program (James Enneis, Dale Richard Buchanan, Barry Spodak, and Milton Hawkins). In a variety of different roles, all 28 made significant contributions to the program and to the psychodrama field in general.

Prior to 1979, the Chief of Psychodrama and the Psychodrama Training Officer were combined. However, in 1979 those duties were split, and Dale Richard Buchanan became the Chief, and David Swink became the first and only Psychodrama Training Officer whose duties were 100% devoted to psychodrama training. Appendix A provides a listing of psychodrama staff by years of service and their role with the program. The staffing nadir was one staff from 1940 to the early 1960s, and then again from 2002 to 2004. The staffing apex was reached in 1980 when the staff had grown to 12.

[4] Although there were systems that trained more mental health professionals, such as The Veteran's Administration, training was administrated and provided in over 100 separate hospitals; SEH and the Menninger Clinic each had one central department of training for all interns and residents.

Stipended Psychodrama Trainees

For 43 years (1961–2004), the program provided stipended year-long training in psychodrama, sociometry, and group psychotherapy. From 1961 to 1987, all training programs at SEH were supported and funded by NIMH. After October 1, 1987, the stipended training program was funded by DC.

Psychodrama trainees were categorized in five levels of internships and residencies ranging from a bachelor's mental health degree with no experience or psychodrama training to a doctorate in mental health with experience or psychodrama training. Dr. Buchanan recalled that when he was a psychodrama intern (master's degree with no experience) in 1971, the stipend was $5,400 a year—adjusted for inflation that would equal $32,000 today. While these official personnel actions impacted the level of stipend for each trainee, the training, supervision, and clinical placements were solely based upon each trainee's aptitude and performance in the program. For the purposes of this article, all interns and residents will be referred to as trainees.

Recruitment and Class Size

The size of each class varied: From 1961 until the late 1960s, there were between four and seven trainees; by the 1970s, that number increased to eight trainees; from 1977 to 1987 the trainee classes fluctuated between seven and 13; between 1987 and 1992 there were five trainees; after 1992 the class increased to eight trainees until 2002. In 2003 with one staff, the last trainee class decreased to two second-year trainees.

In the early years of the program, trainee recruitment was primarily by word of mouth and sociometric contacts. By the late 1970s a marketing plan had been implemented and over 3,000 brochures were sent out to psychodrama training institutes and colleges and universities, and over 100 persons were applying for the training each year. By the mid 1990s funding for the marketing plan had been eliminated and the program, once again, relied on word of mouth and sociometric contacts to recruit trainees.

Psychodrama Aptitude Test

The highest ranking applicants, based upon a review of education and practical experience from the personnel department, were invited to participate in a half-day psychodrama aptitude test. These selected applicants, who resided in various geographical locations from throughout the United States, traveled to Washington, DC, at their own expense to take the aptitude test. Applicants were scheduled in groups of eight to 10 people. Depending upon the number of qualified applicants, the number of aptitude sessions ranged from six to 10.

The action aptitude interview consisted of a series of increasingly complex role-play situations designed to assess each applicant's skills and abilities that were necessary to function as a psychodrama trainee within a psychiatric hospital. The role plays ranged from a solo 3-min nonverbal self-presentation to the final complex role scenario where applicants were asked to create and play the role of psychiatric inpatients in a psychodrama therapy group. A staff psychodramatist

played the role of an authoritarian and critical psychiatrist and another staff played the role of a kind and compassionate psychodrama director who had to abruptly leave the group and turn the leadership over to a trainee. Applicants were reversed into the roles of the other "patients" and the role of the psychodrama director.

The psychodrama staff rated the applicants on a 7-point Likert-type scale composed of qualities that were deemed important for a psychodrama trainee. Some of those qualities included the ability to take a role from a verbal description; assume the role as enacted by another person; manifest a wide range of affect; keep calm under stressful situations; take a leadership role; and assume the role of a person who is acutely psychotic.

The rankings from the personnel department (one-third weight) and the aptitude test (two-thirds weight) were combined and a final ranking was created. The most qualified applicants were then selected for admission to the program.

Psychodrama Trainee Graduates

Over 250 individuals enrolled in the training, and well over 90% successfully completed it. Each graduate received a certificate of "Satisfactory Completion" from the U.S. Department of Health, Education, and Welfare (the name changed periodically between 1962 and 1987) and its subsidiaries, including NIMH and SEH. From the inception of the program until the internship was shortened in 1983, graduates were immediately eligible to sit for the certification examinations from The American Board of Examiners in Psychodrama, Sociometry, and Group Psychotherapy. After 1983, graduates needed an additional 6 weeks of a supervised practicum experience and after 1987 graduates also needed additional training hours prior to sitting for the certification exams.

Psychodrama Trainee Orientation Training

From 1961 until 1982, there was a 12-month internship program. However, in 1983 it was shortened to 11 months to provide staff with time for evaluation, recuperation, and vacations before the next class arrived. From the beginning of the training program in 1961, it was recognized that new trainees would need intensive psychodrama training in order to conduct clinical psychodrama groups. From 1961 to 1981, that orientation lasted for 6 weeks and was called the 200 Hour Series. In 1983, it was changed to a 10-week, 400-hr orientation, and it was renamed Intensive Psychodrama Training (IPT).

IPT embraced a total immersion experience where daily trainees participated as auxiliaries in ongoing psychodrama groups led by staff or second-year trainees and participated in seminars and experiential training sessions. One afternoon per week, the trainees were enrolled as auxiliaries for police training and other training events as described in the section on "Community Training." Trainees received pre- and postclinical supervision prior to each clinical group and weekly group supervision. As their skills progressed, the trainees began directing the clinical patient groups with onsite supervision from the staff. By the end of the IPT series, the trainees were well prepared to begin their own psychodrama groups.

All first- and second-year trainees were included in IPT, and they were joined by "invited" trainees from many disciplines including, but not limited to, psychiatrists, psychologists, marriage and family therapists, social workers, counselors, nurses, probation workers, and law enforcement officers.

At the conclusion of the IPT series, each stipended trainee was given a formal evaluation. The formal evaluation was a key factor in the assignment of the clinical placements for each trainee. The IPT series continued until 2003.

Psychodrama Trainee Training Program

The regular training program was composed of clinical placements, a community placement, individual and group supervision, and daily experiential training sessions and seminars. Special events such as participating in a weekend training at the Moreno Institute and attending and presenting at the annual meeting of the American Society of Group Psychotherapy and Psychodrama were also scheduled. In order to successfully graduate from the program, the trainees had to have received satisfactory performance evaluations from the three-times-per-year evaluation sessions, and to complete a research project commensurate with their educational level. Trainees also participated as auxiliaries in various ongoing extramural training projects both regularly scheduled such as police training and special events provided to other agencies.

Clinical Placements

Between 1973 and 2003, each trainee was assigned to two different treatment units and was required to provide five group sessions per week. Trainees were assigned to those treatment units depending on an assessment of the trainee's skills and abilities. The placements varied from working with chronic long-term psychiatric units to acute admissions units, forensic treatment units, and specialized programs (e.g., Hispanic, deaf and hearing impaired, day treatment). The trainees were responsible for the assessment, treatment, medical record documentation, and evaluation of patients enrolled in their psychodrama groups. In addition, each trainee also served as an auxiliary ego in two sessions per week directed by staff. These auxiliary sessions rotated throughout the year so that trainees could participate with different staff members in a wide variety of clinical groups.

Community Placements

From the late 1960s to 1987, each trainee also had a once-per-week community placement. Most of those placements used the social living class model that was provided for students in the public and private school system in Anacostia, a lower socioeconomic area of Washington, DC. Sociodrama was used to explore relevant social issues and strived to increase the social and emotional intelligence skills of the students.

Prior to the initiation of the social living class the principals and teachers receiving services created a list of classroom and social issues. Some of those issues included bullying, emotional regulation, isolation, career aspirations,

resolving classroom disputes, and effective study habits. Before each class the teacher and trainee would meet to discuss the previous week's sociodrama, and what current issues needed to be explored.

Once the class began the trainee would conduct the warm-up. The initial discussion warm-up focused on how last week's sociodrama impacted the class and the students, and then the trainee would either introduce a structured warm-up for a preselected issue, or assist the students in choosing an issue for this week's sociodrama. The trainee's emphasis was placed upon encouraging participation from all students, particularly those students who were quiet and shy, and those who were underchosen.

Once the warm-up was completed, the trainee created a sociodramatic situation where the issue could be explored. The full panoply of sociodrama interventions was used, including, but not limited to, spectrograms, locograms, doubling, role reversal, mirroring, stop-action, and role training. The goals for all sociodrama sessions were to explore the issue from various role perspectives, to broaden student's role repertoires, and to challenge rigid perceptions and behaviors with a concomitant increase in creativity and spontaneity. Current affairs topics were also enacted. After Dr. Martin Luther King Jr.'s assassination in 1968, many sociodramas were focused on his life and work and how each student would like to carry on and honor his legacy. (For a more comprehensive description of the model, see Altschuler & Picon, 1980).

Swink and Buchanan (1984) wrote a research article on the social living model that was published in the highly respected *Journal of Clinical Psychology*. The article was a summary of Swink's master's thesis in psychology. Fifty-three Black fifth-grade students who had been assigned randomly to two sections of a fifth-grade class received either the goal-oriented social living class or the non–goal-oriented role play. The students' locus of control was measured by pre- and postadministration of the Nowicki-Strickland Locus of Control Scale for Children. The results show that internal locus of control significantly increased for children who participated in the sociodramatic goal-oriented role play.

Trainees with a particular interest and desire in working with populations not served by SEH also created a variety of specialized community placements, including homeless shelters, pregnancy prevention programs, Virginia Human Services Department personnel trained in intrafamilial child sexual victimization (Siegel, 1981), and Vietnam veteran centers (Baumgartner, 1986). All community placements, for trainees, except for the community mental health centers, were terminated on October 1, 1987.

Supervision

Over the years the intensity and types of supervision provided to the trainees changed. For the first fifteen or so years of the program, trainees received weekly supervision and sporadic on-site supervision. The supervisors were rotated every 4 months so that each trainee received supervision from all of the staff members.

From 1979 to 1987, at the peak of the psychodrama staff, trainees received 4 hr of supervision per week: 1 hr of administrative supervision from the same

staff member, 1 hr of clinical supervision where supervisors rotated every 3 months, and 2 hr of group supervision. Clinical supervisors routinely provided on-site supervision to their trainees. After 1987, the administrative supervisor was eliminated and trainees had one weekly individual supervision session that covered both clinical and administrative supervision. Both regular on-site clinical supervision and the weekly group supervision session continued.

Reading Seminars

Weekly reading seminars were conducted to ensure that trainees were learning the history, theory, and practice of psychodrama, sociodrama, sociometry, group dynamics, systems theory, and other group and individual psychotherapeutic approaches. A bibliography was compiled and reading assignments were given. Both didactic and experiential modalities were used.

Trainees also participated in a sociometric investigation of their own class by choosing criteria (psycho- and sociotelic) for a sociogram, administering the sociogram, plotting the sociogram, enacting the sociogram, and processing the sociometric investigation process.

Experiential Training Sessions

Experiential training sessions were scheduled three times a week. Two of these weekly sessions taught a particular theoretical construct (i.e. warm-up, surplus reality, canon of creativity, etc.) or an intervention tool (i.e., developing therapeutic hypotheses, therapeutic role assignments, doubling, sharing, etc.). Once per week, in a skills practice session, trainees put all their knowledge and skills together and demonstrated their directorial skills under the guidance of a staff psychodramatist. The trainee director progressed from directing a simple scene between a protagonist and an empty chair to directing a complete classical three-scene psychodrama.

Group Concerns

Group concerns was a weekly session, directed by a staff psychodramatist where trainees could explore their own training group dynamics and interpersonal relationships with each other. It was also a time that individual trainees could "do their own work," meaning using psychodrama to explore their own psychodynamics. This gave trainees a chance to experience what it was like to be a protagonist.

Group Work Training Program

From the 1960s to 1989 trainees from all of SEH's training programs met twice a week to participate in a 150-hr course in "Basic Hospital Group Work." Psychodrama trainees joined other trainees from dance therapy, art therapy, music therapy, psychology, social work, occupational therapy, pastoral counseling, family therapy, and group therapy training programs. The Group Work Training Program included an intensive experiential Tavistock (Bion) group and lectures and demonstrations from hospital staff on many mental health topics. Trainees received a certificate of completion at the end of the program.

Research Requirement

All trainees were required to conduct research in the areas of psychodrama and its related fields. The degree of research rigor was commensurate with the trainee's level of education and experience. The papers ranged from literature reviews and comparative applications to empirical studies investigating the effectiveness of psychodrama. This research contributed significantly to the psychodrama research arena and many of the papers were published. The research requirement was abolished in 1987 after the transfer of the hospital from the NIMH to DC.

Moreno Institute Visits

From 1961 to 1983, the trainees and staff took a road trip to Beacon, NY, for a Columbus Day weekend at the Moreno Institute, where they experienced the cradle of psychodrama and training sessions taught by J. L. and Zerka Moreno and other well-known trainers. From 1984 to 2002, staff and trainees continued to attend a weekend residential retreat led by an outside psychodramatist. Ann Hale, MA, TEP, led most of these retreats but several were also led by Jacqueline Dubbs Siroka, LCSW, TEP, and Robert Siroka, PhD, TEP.

American Society of Group Psychotherapy and Psychodrama Annual Conference

Every April, trainees and staff would attend the annual conference and present workshops. From the early 1970s to 1987, the trainees participated in a panel discussion, led by the Psychodrama Training Officer, on the findings of their research projects. Until the demise of the psychodrama program, staff and trainees continued to attend and present at annual meetings of the American Society of Group Psychotherapy and Psychodrama (ASGPP).

Community Training Events

Trainees also participated in weekly law enforcement training sessions from the early 1970s to 1989. The Tuesday afternoon time period (1–3 p.m.) was reserved for participating as auxiliaries in simulations designed to teach law enforcement officers skills in resolving family crisis intervention. Various police agencies participated in this program including but not limited to the DC Metropolitan Police Department (MPDC), Prince George's County Police Department, Consolidate Federal Law Enforcement Center, and the U.S. Capitol Police.

Externs

In addition to the year-long stipended training program, thousands of mental health professionals participated in externships ranging from 1–10 weeks or to 1 year. As the requests for training were greater than the ability for the program to provide short-term training, priority was given to federal, international, state, and municipal agencies such as the U.S. Probation Office, U.S. Navy, Veterans Administration, and Gallaudet University. The second priority level was from not-for-profit organiza-

tions such as colleges and universities, and state mental hospitals and community mental health centers. While most of the short-term externs were from the United States, there were also externs from around the world including Brazilian, Canadian, and German psychiatrists, a French psychologist on a Fulbright Scholarship, the first deaf psychologist ever trained in psychodrama (she was from Denmark), and mental health professionals from Australia, Netherlands, and New Zealand.

TRAINING FOR COMMUNITY AND HOSPITAL STAFF AND INTERNS

Training for hospital staff and interns and the community was at a peak during the time that there was a full-time Psychodrama Training Officer, David Swink (1979–1987). By 1980, the psychodrama section was conducting over 163 intramural and extramural training sessions that were attended by 1,100 individuals (Buchanan & Enneis, 1981). These figures increased over the next 7 years as a program to train all DC police officers in family crisis intervention was initiated, and 2,500 officers from the MPDC were trained. As other law enforcement agencies became aware of the quality training offered by the program, they, too, requested and received training. Except for one final year of DC police training, all extramural training, except to DC agencies and not-for-profits, was terminated on October 1, 1987.

Community Training

Although the psychodrama program had provided training to federal and state agencies since the 1950s, these endeavors were at their peak between 1979 and 1987. Training events were featured in newspapers and magazines such as *New York Times*, *Roll Call*, *The Wall Street Journal*, *The Washington Post*, and *The Washington Times*.

As an outgrowth of Buchanan and Swink's interest in working with law enforcement, the psychodrama program expanded its training on crisis intervention to federal agencies and local law enforcement. The Prince George's County Police, the Federal Protective Service, Consolidated Federal Law Enforcement Officers, Dulles Airport Police Officers, and the U.S. Capitol Police routinely brought busloads of newly minted officers to the psychodrama theater to learn how to intervene and manage in a variety of crises. The role-play simulations included scenarios such as interviewing a rape victim, suicide intervention, and communicating with people with mental illnesses (Swink, Siegel, & Spodak, 1984).

Federal Bureau of Investigation Training

In 1978, the Federal Bureau of Investigation (FBI) requested psychodrama simulations to be part of their new 2-week hostage negotiation seminar. Through this training program conducted by the FBI, hundreds of local, federal, and international hostage negotiators were trained in life-like simulations of hostage situations. With psychodrama trainees enacting the roles of the hostage takers and hostages, FBI negotiators were selected from the class to "step into" the scenario and practice hostage negotiation skills. With no script, the outcome depended on how well the FBI negotiator performed. The psychodrama director would coach

the negotiator along with input from the other seminar participants. This training was reported by the *Wall Street Journal* in 1981 and in Swink and Altman in 1986. The training continued until 1987.

Secret Service Training

After John Hinkley, Jr., shot President Reagan in 1981, the psychodrama training program began using a modified version of sociodrama to train Secret Service agents. David Swink, Barry Spodak, and Kerry Altman trained new and experienced agents on how to interview people who could pose a threat to the President or other protectees. That training was studied and highly recommended by the National Academy of Science Institute of Medicine in a study entitled "Research and Training for the Secret Service" (Institute of Medicine–National Academy of Sciences, 1984). This model is still in use today by Barry Spodak, who continues to train Secret Service agents.

Army Counterterrorism Training

The psychodrama program was also involved in the first army counterterrorism full-scale simulation at Fort Meade, MD, in 1984. The program provided David Swink as a hostage taker who joined two Special Forces Green Berets and one police SWAT member who took over the base for 24 hr. Ten psychodrama trainees played the roles of hostages while army negotiators and SWAT team members practiced managing the situation. Kerry Altman (Altman & Hickson-Laknahour, 1986) served as a psychologist "controller" to ensure no one was psychologically damaged as a result of the intensity of the simulation. The psychodrama program received a commendation from the army for its participation.

U.S. Senate Training

Beginning in 1985, David Swink and Barry Spodak, along with Marsha Stein and various trainees, provided ongoing training to U.S. Senate staff on how to effectively communicate with mentally ill constituents who come to the capitol to see a senator. This training was covered by the *Washington Times* and *Roll Call*. David Swink and Barry Spodak continue to provide this training today.

Other Community Training

For over a decade, mid 1970s to 1987, students enrolled in the Drug and Alcohol Counselors certificate training program at Johns Hopkins University in Baltimore, MD, attended a 1-day training at SEH. In the morning, the students attended a psychodrama session at a drug and alcohol dual diagnosis program, and in the afternoon, they attended an "Introduction to Psychodrama" training session in the psychodrama theater.

From the mid 1960s to 1987, the program had a long-term consultation and training relationship with the U.S. Probation Office (Buchanan, 1981). The psychodrama program both trained probation officers in psychodrama group

work but also provided ongoing consultation and supervision for those group work services.

Cross-Culture Training

The psychodrama program has also, on several occasions, offered training in action methods and crisis intervention to mental health professionals affected by natural disasters or displacements (see also Buchanan & Enneis, 1981). Two such projects were the loaning of psychodrama staff to the Nicaragua Earthquake Relief in 1972 and to the U.S. Customs and Immigration Service from 1978 to 1979 for the Cuban Refugee Program and to provide treatment to the Mariel Harbor Cuban refugees who were housed on the campus of SEH.

DC Police Family Crisis Intervention Program

During its 65-year history, the largest training project ever undertaken by the psychodrama program was the SEH-MPDC joint Family Crisis Intervention Program. The Family Crisis Intervention Program was created to provide training to all MPDC police officers (Meerbaum, 1981). From 1978 to 1988, over 2,500 DC police officers completed a 40-hr training class in family crisis intervention.

The training contained courses on crisis intervention (films and lectures), self-defense, community referrals, emergency psychiatric evaluation, and alcohol and drug abuse. However, the most significant difference from other family crisis training programs was that 25% of the 40-hr training program was spent in daily role plays and simulations led by professionally trained and certified psychodramatists.

The success of this program is documented in research studies published in peer-reviewed professional journals and internal program evaluation studies. Buchanan and Hankins (1983) found that trained officers were less likely than untrained officers to be assaulted when intervening in all civilian situations.[5] Buchanan and Perry (1985) found that student officers' attitudes toward domestic disputes improved significantly as a result of the training. In another published study, Bandy, Buchanan, and Pinto (1986) found that trained officers performed significantly better than untrained officers in their overall handling of domestic disturbance quarrels and in their ability to defuse the emotional intensity of an argument. Several internal program evaluation studies were also completed. These studies reported that (a) there was an increase in the quantity and quality of referrals to community agencies; (b) police officers consistently evaluated the weekly trainings as essential and providing them with new communication skills to resolve and defuse emotional situations; and (c) 1 year after the training officers continued to report that the training significantly

[5] The number of officers injured in family disturbance calls was too small for statistical analysis.

improved their ability to handle domestic disputes and that the training had direct relevance to their actual street duties.

In comparison to similar family crisis intervention programs, the SEH-MPDC Family Crisis Intervention Training Program was the most researched and effective program in the history of family crisis intervention training (Buchanan & Chasnoff, 1986). In 1983, the NIMH gave *The Administrator's Award for Meritorious Achievement* to the SEH-MPDC Family Crisis Intervention Training Program.

Community Training following the Transfer

With the transfer from the federal government to the DC government in 1987, consultation and training for non-DC agencies and not-for-profits was terminated. However, for the next 10 years, DC Commissioners on Mental Health Services, Dr. Washington (1987–1991) and Dr. Zanni (1993–1997), assigned requests for training and consultation from DC agencies to the psychodrama program. Among the services provided were several years of a supervision and a burn-out prevention group for street outreach workers at Whitman Walker Clinic, Inc.; a series of training simulations for DC public library front line personnel on communicating with agitated patrons; several summers for the Mayor's Summer Youth Employment Program for high school students using sociodrama to increase work setting communication skills; and an outreach training and consultation program to DC homeless shelter staff in communicating with clients with severe mental illnesses.

For 7 years (1991–1997) Barry Spodak served as the CMHS liaison to the Mental Health Law Project's Dixon Lawsuit and Dr. Buchanan as the CMHS representative on the DC Ryan White AIDS Task Force.

Training for SEH Staff and Trainees

From the 1940s onward, the psychodrama program was regularly and routinely called upon to provide simulations and role training for other stipended interns and residents (e.g., psychiatry, psychology), and for short-term nursing and medical students doing externships at the hospital. The psychodrama staff also provided short-term training to other SEH clinical and administrative staff on a wide range and variety of special situation projects. Some of the short-term projects provided during the last 24 years of the program included, but were not limited to, assault prevention training, HIV/AIDS training, resolving highly emotional situations for the SEH police and fire department staff, job interviewing skills training for staff who had been identified for a reduction in force, and role training for supervisors with challenging employees. While the apex of the intramural training occurred between 1980 and 1987, there were still significant intramural training provided up until the mid 1990s.

Nursing education. Since its inception, the program had provided training for staff and student nurses. Between 1977 and 1987, SEH provided a rich mental health practicum for nursing students from many colleges and universities. Through the cooperative efforts of the preservice unit of the

nursing education section and the psychodrama section, approximately 500 nursing students from seven schools of nursing participated in introductory psychodrama sessions every year (Siegel & Scipio-Skinner, 1983). The focus of this training was to give nursing students skills in communicating with a variety of mentally ill patients. A sociodramatic model was employed where the nursing students created a scenario of a difficult situation, and the nursing students enacted all the roles in the simulation. A variety of psychodramatic techniques were used to increase awareness of verbal and nonverbal communication.

Medical doctor intern education. Since World War II, the program provided training in communication skills for medical students who were completing practicum placements at SEH. A sociodramatic format was used where the medical doctors would create a patient, a setting, and a medical condition for the medical consultation. The medical students would play all the roles in the sociodrama, and the director would freeze the action and give other group members an opportunity to try on the medical doctor role or any role they desired. The sociodramatic simulations were dependent upon the medical students' primary practice aspirations. The clients in the sociodrama ranged from children to adults and from family practice to specialized areas of medical treatment (e.g., oncology). The medical conditions chosen were usually ones with high emotional impact (e.g., cancer, terminal diseases, and painful medical procedures). Dr. Buchanan recalls a session when the setting was a doctor in family practice informing a male patient that he had contracted a venereal disease. In this simulation the patient begged the medical doctor to treat his wife without telling her she had contracted a venereal disease from her husband. The medical student training continued until the early 1990s.

RESEARCH AND PROFESSIONAL PUBLICATIONS

Psychodrama staff and trainees published over 50 peer-reviewed articles and book chapters, as well as two training manuals from the founding of the program until 1987. Articles and book chapters that were published after Buchanan and Enneis (1981) are included in the bibliography. During the 1980s, staff and trainees documented clinical services via publications in professional journals. These articles about psychodrama clinical services provided at SEH represented a valuable contribution during a period when the knowledge base of the field was developing and growing.

While many of these articles were published in the *Journal of Group Psychotherapy, Psychodrama, and Sociometry,* Buchanan and Swink were invested in publishing clinical practice–based articles in other professional journals so that mental health professionals would develop greater awareness of the use and value of psychodramatic treatment. Some of those journals were *American Annals of the Deaf*; *Adolescence*; *Arts in Psychotherapy*; *Hospital & Community Psychiatry*; *Journal of Clinical Psychology*; *Journal of the National Association of Private Psychiatric Hospitals*; and *Journal of Visual Impairment & Blindness* (see Appendix B).

Articles that focused on the use of psychodrama and sociodrama as training and consultation models were also published in journals such as *FBI Law*

Enforcement Bulletin, Federal Probation, *Journal of Criminal Justice*, *Journal of Police Science & Administration*, and *Psychological Reports*.

Additionally psychodrama staff and trainees also participated in research studies conducted by other agencies and departments. One of those was a groundbreaking study on brain blood flow, the first experiment of this type, which found that "six normal men who pretended to be depressed and anxious had cerebral blood flow patterns characteristic of persons who actually are depressed and anxious" (Folkenberg, 1984, p. 5).

Swink (1984) completed a training manual with curriculum summaries for all seminars and teaching sessions for the 10-week IPT series. This 10-week training manual was distributed to all individuals certified as a trainer, educator, and practitioner by the American Board of Examiners in Psychodrama, Sociometry, and Group Psychotherapy.

Buchanan and Hankins (1987), in collaboration with the faculty of the Family Crisis Intervention Program, wrote a training manual, "The Badge and the Battered: A Manual for Family Crisis Intervention Training for Law Enforcement Officers." Copies of this training manual were mailed to the Chiefs of Police in over 200 metropolitan police departments.

In 1987, with the transfer of SEH from the federal government to DC, the mission statement for the hospital and the program significantly changed. Neither research nor professional publications were funded or supported, halting the production of research and publications.

CLINICAL SERVICES

From the program's beginning in 1939 until 1962, fewer than 3% of the SEH patients received psychodrama treatment. At that time there were only one or two psychodrama staff members and no trainees for an inpatient population of over 7,500. In the early 1960s, the stipended training program began and as more trained psychodramatists became available, more psychodrama staff were hired, allowing up to 25% of patients to benefit from psychodrama treatment.

With the transfer of SEH in 1987 and the subsequent termination of extramural training, publications, and research, 100% of staff and trainee resources were devoted to direct patient care. Enrollment of inpatients in psychodrama treatment peaked in the early 1990s. During this time period it was estimated that 80% of inpatient treatment units received regular and ongoing services. A large number of outpatients were also enrolled in psychodrama services through day treatment programs at the community mental health centers.

Clinical Services: 1960s to 1980s

From the 1960s to the 1980s, three types of group services were provided: (a) ward living, (b) reentry, and (c) general therapy. These three general services were adapted to meet the needs of specific populations such as geriatric, and child and adolescent. In addition, psychodrama clinical services were adapted for inpatients who were also visually impaired and inpatients who were also

hearing impaired. The Central Concern Model (Buchanan, 1979) was used for all clinical services.

Ward living groups were the most frequently used modality and followed a sociodrama model where the entire community (staff and patients) participated in role-playing situations common to living and working together on a psychiatric unit (Buchanan & Dubbs-Siroka, 1980). Reentry groups combined psychodramatic (individual-focused) and sociodramatic (role-focused) methods to help patients prepare for and make the transition from hospital to community living. Some sessions focused on the role of outpatient using sociodrama and at other times a specific patient's concerns related to community placement were enacted using psychodrama (Altman, 1983; Buchanan, 1982). General therapy group services were provided for higher functioning forensic patients, and for dual-diagnosis mental illness and drug and substance abuse programs.

Advances in Clinical Services

Between 1983 and 1997 the program initiated new services and modified or eliminated existing ones to meet changing needs. For example, in response to deinstitutionalization, decreased patient census, and evolving accreditation standards that mandated patient-specific goals and objectives, ward living group services were terminated. To conform to recognized and standardized treatment modalities social skills training replaced the reentry groups.

With the hospital's transfer to DC in 1987, psychodrama services were provided in the community mental health centers where a new service called community living was created. This group combined sociodrama and psychodrama to increase outpatients' resilience and coping skills. Throughout this time period, the 1980s to 1990s, the program served individuals and families on a limited basis with most staff and second-year trainees working with one individual or one family therapy session per week.

The 1990s brought increased scrutiny to meet more rigorous standards from accreditation agencies, so generic services could no longer be offered. Instead, each specific service required unique tailor-made treatment protocols with objective behavioral criteria for admission and discharge from the service. The program used objective criteria based on sociometric and role theory terms, with a developmental ladder of behavioral objectives, for each service (e.g., patient will respond when spoken to, patient will initiate conversations, and patient seeks assistance in identifying triggers that led to rehospitalization). The developmental objectives ladder progressed from a few objectives to 10 or more for maximum security and patients with chronic and severe mental illnesses. Although initially time-consuming, the project was valuable in promoting a clearer understanding of the psychodramatic treatment process among hospital staff and accreditation surveyors.

Clinical Program Evaluation

Between 1979 and 1995, annual program evaluation surveys were conducted with the results distributed to treatment units and administrative and budgetary

staff. The annual survey, between 1979 and 1982, and the results of those surveys were published in Buchanan (1984b). During that time period, there were 1,857 inpatients and 66 treatment units. Of these treatment units, between 30 and 42 had psychodrama services each year.

These annual program surveys continued until 1995 and all the survey findings were highly consistent from year to year despite the turnover in staff and trainees. The findings documented that both psychodrama treatment services and the psychodrama providers (staff and trainees) were highly valued. As a direct result of these annual surveys, the psychodrama program experienced fewer reductions in staff and trainees than other programs during the early years of the hospital's downsizing.

THE TRANSFORMATION OF SEH: 1987–2004

For the first 110 years of SEH, from 1852 until 1962, there were only five superintendents, but in the 25 years that followed there were seven superintendents (Otto, 2013). From the 1960s to the 2000s, the two major factors in the transformation of SEH were the same two factors that drove the deinstitutionalization movement across the United States: (a) improved medications and treatment procedures that allowed patients to move from inpatient to outpatient programs, and (b) the social, legal, and political movement to deinstitutionalize inpatients. In addition, two unique factors that contributed to the transformation of SEH were the Mental Health Law Project's Dixon Lawsuit—a class action lawsuit to provide psychiatric treatment in the least restrictive environment—and the transfer of SEH from the federal government to the DC government.

On October 1, 1987, Robert Washington, PhD, was made the first Commissioner of Mental Health Services and held that position until January 1991. At the time of the transfer, there were over 1,400 inpatients and 7,000 outpatients (Commission on Mental Health Services, 1994). Although it was expected that the staff at SEH would shrink as the staff at the community mental health centers increased, Dr. Washington became a strong supporter, and advocate of the psychodrama program. As a direct result of his support, both the staff and the intern positions increased under his leadership as the caseload expanded beyond the inpatients to providing services to outpatients at all the community mental health centers. Dr. Guido Zanni, PhD, Commissioner from 1993–1997, was also a strong supporter and advocate for psychodrama.

In the mid 1990s, the District of Columbia had a severe financial crisis, and the U.S. Congress created a financial control board with oversight and management of the District's finances. This period of time was also a challenging time for SEH as the budget was cut: There were strict hiring freezes; the heating systems failed; there were food shortages for the inpatients; many overdue bills; and the hospital lost its accreditation. By 1996, the number of inpatients had significantly decreased to 850 (Holley, 2007).

A Sad Ending to Over 60 Years of Service

By 1997, after years of slow progress to deinstitutionalize inpatients vis-à-vis the Dixon Case, and given the financial chaos of the hospital, the U.S. District Court for the District of Columbia appointed a Court Receiver to manage the District's mental health agency.

In December of 1997, after 2 years of no housekeeping services, and two winters and one summer without heat or air conditioning, the psychodrama staff and trainees fled from Hitchcock Hall to the Allison Building art therapy studio. Without moving assistance, they took only what they could carry to the art therapy studio that had become vacant when the last art therapist had resigned. They left behind photos of all intern classes since the early 1970s, several scrapbooks of newspaper and magazine clippings of the program, a psychodrama library of articles and books, and a dozen filing cabinets overflowing with nearly 60 years of correspondence, memos, and reports.

By early 1998, the new Receiver mandated that SEH staff and trainees were restricted to providing treatment to inpatients only, and thus began the final but inevitable decline in staff and trainee positions. From 1998 forward, as vacancies developed in the psychodrama staff due to resignations or retirements, no replacements were hired. In the mid 2000s the number of inpatients stabilized at around 400. By late 2004, there were no longer any psychodrama staff or trainees employed at SEH.

The West Campus and a small portion of the East Campus are scheduled to become the headquarters for the Department of Homeland Security. The remainder of the East Campus will be redeveloped with a mix of public and private uses. The DC Historic Preservation Office conducts limited scheduled tours of the West Campus. Every May there is a family and friend's visitors' day offering tours of the new SEH.

A new state-of-the art-hospital was built and dedicated in 2010. At its peak, SEH was composed of 350 acres and 131 separate buildings. Today, there is but one building. At its peak, SEH was home to 7,500 inpatients. Today, there are 293 inpatients and there are over 12,000 outpatients enrolled in community-based not-for-profit organizations. Hospital administrators still plan to bring back psychodrama, but with a current hiring freeze those plans are on hiatus.

Legacy

Over the years there have been several psychiatric facilities that employed more than one person and incorporated and valued psychodrama services. However, none have lasted as long as the psychodrama program at SEH (1939–2004), and only Moreno's original two programs (the Beacon Sanatorium and the Moreno Academy [1936–1983]) have had a greater impact on the field than the psychodrama program at SEH.

From the time of the psychodrama program's establishment at SEH (1939) until his death (1974), J. L. Moreno, MD, considered the founding of the psychodrama program at SEH to have been one of his greatest achievements. Over 250 trainees graduated from the stipended yearlong training program.

Aside from the Moreno Institute, there has been no other training program that has graduated and provided certificates of completion to so many people.

Even today, more than a decade after the closing of the training program, in the *2015 Directory of Certified Psychodramatists,* 63 certified psychodramatists (16% of all certified psychodramatists) are graduates of the training program at SEH. There are an additional 59 certified psychodramatists (another 15%) whose primary trainer and/or secondary trainer graduated from the program.

The legacy lives on in the contribution to the advancement and enhancement of the body of knowledge of psychodrama, sociometry, and group psychotherapy through over 50 published peer-reviewed articles and book chapters by staff and trainees while employed at SEH. In addition, there are at least another 50 peer-reviewed articles, books, and book chapters published by graduates of the psychodrama training program.

The pioneering and innovative law enforcement and the criminal justice system trainings of the program live on through the services provided by Barry Spodak, David Swink, and Ira Orchin to the Secret Service, the U.S. Marshals Service, the Pentagon Protection Force, the FBI, the Capitol police, and many other local and federal agencies.

The legacy lives on in Australia and New Zealand where Lynette and Max Clayton introduced and trained others in psychodrama, sociometry, and group psychotherapy. There they founded the Australia Atearo and New Zealand Psychodrama Association, Inc. Lynette was a graduate of the training program and was on staff, while Max was a graduate of the pastoral counseling program at SEH, was introduced to psychodrama by James Enneis, and completed his psychodrama training at the Moreno Institute.

In 2013, the American Society of Group Psychotherapy and Psychodrama recognized the historical significance of the training program at SEH. Former psychodrama staff members, who were current members of the ASGPP, received the Collaborator's Award for working as a training team to provide a stipended trainee program for 42 years to over 250 yearlong stipended trainees. In addition, four recipients of the J. L. Moreno Lifetime Achievement Awards (Don Clarkson, Dale Richard Buchanan, Jacqueline Dubbs Siroka, and Dena Baumgartner) are graduates of the program.[6] Numerous other graduates of the psychodrama training program have also received awards from the ASGPP, such as the Zerka T. Moreno Award (Shelley Alexander, Roberto Cancel, John Olesen, and Alyce Smith-Cooper), the Hannah B. Weiner Award (Stephen Kopp and David Swink), the Neil Passariello Memorial Workshop Award (Gregory Ford, Stephen Kopp, and John Olesen), the David A. Kipper Scholar Award (Kate Hudgins), Innovator Award (Kate Hudgins), and the Collaborators Award (Kerry Altman, Barry Spodak, and David Swink; Dena Baumgartner and Milton Hawkins; Martica Bacallo and Paul Smokowski; and Linda Bianchi, Dale Richard Buchanan, Monica Meerbaum Callahan, Don Clarkson, JoAnna

[6] For reasons of space the other ASGPP awards received by the four J. L. Moreno Lifetime recipients are not listed.

Durham, Milton Hawkins, Loretta Lane Pettiford, Jacqueline Dubbs Siroka, Marsha Stein, and Jeffrey Yates).

In conclusion, this article provides a historic 65-year account of the diverse and widespread contributions that were generated through the SEH psychodrama program. Next to the Moreno Institute, the SEH psychodrama program has been the most influential center for psychodrama training, research, publications, and clinical treatment in the United States and the world.

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APPENDIX A
Psychodrama Staff

From its inception until its demise, there were approximately 28 psychodrama program staff members. Herriott, Enneis, and Wickersty were the only staff who were not graduates of the SEH psychodrama training program. In addition to these psychodrama program staff, one psychodramatist, Stanley Smith, MA, TEP, worked directly within the John Howard Forensic Division for the Criminally Insane from 1972 to 1974. During its existence, three secretarial/office managers also staffed the program: Sylvia Fried (196X–1978), Cindy Eckard (1979–1983), and Elizabeth H. Hunter (1978–1980 and 1985–1996).

Name	Degrees	Years	Position
Frances Herriott	Unknown	1942–1948	S
James M. Enneis	MS, TEP	1949–1979	S, TO, C
Mary Lou Lynch	Unknown	Unknown	S
Don Clarkson	MSW	1962–1969	S, L
Norman Zinger	MA	1966–1972	S, L
Lynette Clarkson	BA	1969–1971	S
Don Hearn	MS	1971–1978	S, L
Gene Cole	MA	1971–1973	S
Allan G. Wickersty	PhD, TEP	1973–1982	S
Judith Zucker Anderson	BA	1973–1974	S
Dale Richard Buchanan	PhD, TEP	1973–1998	S, L, C, D
Jacqueline Dubbs Siroka	BA	1974–1976	S
William J. Picon	PhD, TEP	1976–1980	S
Barry Spodak	MSW, TEP	1976–2000	S, L, T0, C, D
David Swink	MA, TEP	1976–1987	S, TO
Monica Meerbaum Callahan	PhD, TEP	1977–1984	S
Kerry Altman	PhD, TEP	1978–1987	S
Marsha Stein	MSW, TEP	1979–1987	S
Jessica Scott Myers	MA, CP	1980–1983	S
Davene Nelson	MSW, CP	1980–1981	S
Neil Passariello	MEd, TEP	1980–1982	S
Milton Hawkins	MSW, TEP	1983–2002	S, TO, C
Loretta Lane Pettiford	MSW, CP	1987–1991	S
Linda Bianchi	MSW, TEP	1989–2001	S
Jeffrey Yates	MSW, TEP	1989–1995	S
JoAnna Durham	MSW, TEP	1992–1998	S
Alyce Smith-Cooper	RN, CP	1992–1994	S
Shelley Alexander Toussaint	MSW, TEP	1996–2004	S

Note. S = staff; L = lead psychodramatist; TO = training officer; C = Chief of the psychodrama section; D = Director of clinical therapies. Degrees indicate the highest degree and certification achieved at the time they left SEH.

APPENDIX B
Practice-Driven Publications

The following clinical-based articles were published between the publication of "Forty-one Years of Psychodrama at Saint Elizabeths Hospital" (Buchanan & Enneis, 1981) and the program's closing in 2004. Both Buchanan and Swink were invested in publishing psychodrama practice articles in journals outside of psychodrama in order to advance and enhance the body of knowledge beyond the psychodrama community and many of these articles appeared in other professional journals.

Those publications include the following: "Psychodrama with Blind Psychiatric Patients" (Altman, 1981); "Psychodrama with the Institutionalized Elderly: A Method for Role Re-engagement" (Altman, 1983); "The Role-Taking Interview: An Assessment Technique for Adolescents" (Altman, 1985); "Sociodrama and the Vietnam Combat Veteran: A Therapeutic Release for a Wartime Experience" (Baumgartner, 1986); "Psychodrama Treatment for Psychiatric Patients" (Buchanan & Dubbs-Siroka, 1980); "Psychodrama: A Humanistic Approach to Psychiatric Treatment of the Elderly" (Buchanan, 1982); "Psychodrama" (Buchanan, 1984c); "Moreno's Social Atom: A Diagnostic and Treatment Tool for Exploring Interpersonal Relationships" (Buchanan, 1984a); "The Use of Psychodrama in Individual Therapy" (Stein & Callahan, 1982); "The Use of Psychodrama with Deaf People" (Swink, 1983); "The Effects of Sociodramatic Goal-Oriented Role play and Non-Goal-Oriented Role Play on Locus of Control" (Swink & Buchanan 1984); "Psychodramatic Treatment for Deaf People (Swink, 1985); and "The Diagnostic Use of the Social Atom" (Taylor, 1984).

The following practice-based publications on training and research were also written during the time between 1981 and 2004. There were two articles on the application of the Myers Briggs Type Indicator to the professional practice of psychodrama (Buchanan & Bandy, 1984; Buchanan & Taylor, 1986). An article on theoretical and clinical similarities between psychodrama and neuro-linguistic programming (Buchanan & Little, 1983) and an article on the clinical utility of Moreno's social atom (Edwards, 1996) were published. In addition, Buchanan and Hankins (1986) wrote an applied research article for law enforcement professionals.

Several articles were also written for the American Psychiatric Association's Conference of Creative Arts Therapies: The Use of the Creative Arts in Therapy (Buchanan, 1979; Picon, 1979).