

## PSYCHODRAMA WITH AN ALCOHOL ABUSER POPULATION

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Alcoholism and the problems associated with heavy alcohol consumption among Navy personnel have received increasing attention over the past several years (Schuckit, 1974; Kolb et al, 1975, and Cahalan, 1975). One recent report (1975) suggests that the percentage of "problem drinkers" in the U.S. Navy may be as high as 38 percent. (Cahalan and Cisin). One response by the Navy to the problem of alcohol abuse has been the development of specialized programs designed to treat alcohol abusers (Kolb et. al, 1975). One of these treatment programs is conducted at Alcohol Rehabilitation Centers (ARCs) in which alcohol abusers receive multimodality treatment by Navy and civilian personnel knowledgeable in the field of alcohol abuse treatment. The backbone of this treatment program are alcoholism counselors who are recovered alcoholics, group counselors, and Alcoholics Anonymous. The ARCs also emphasize various genres of therapeutic methods, one of which is psychodrama.

Psychodrama, as a therapeutic method, has been applied to a variety of treatment populations and settings, among which are drug abusers (Deeths, 1970), police education and training (Barocas, 1972), children (Irwin, 1972), and psychiatric patients (Warner, 1972). While its use with alcoholics is not new, empirical research up to now has been scarce. Published reports which have indicated that psychodrama is an effective treatment modality with the alcohol abuser (Blume, 1971; Van Meulenbrouck, 1972; Blume et. al., 1968; Weiner, 1967) have generally been descriptive. However, these reports mention that psychodrama seems to provide a framework in which new behaviors and approaches can be expanded. Psychodrama, with its emphasis on role playing, affords the alcohol abuser population an opportunity to replace old nonproductive attitudes and behaviors with more growthful living styles. Within the therapeutic session, many of these new behaviors can be developed so as to become part of the productive repertoire of the patient population.

The ARC program is considered a successful program in that it has been returning large percentages (78%) of alcohol abusers to effective duty (effectiveness defined as being on active duty or having received a favor-

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Opinions expressed herein are those of the authors and do not necessarily reflect the position of the Department of the Navy.

able discharge and having a positive recommendation for reenlistment at six months following treatment) (Kolb et. al., 1975). Since psychodrama is a part of the total treatment program at ARC and the role of this treatment modality is not fully understood empirically, this report is concerned with examining those personality traits among alcohol abusers in treatment which are affected by participation in psychodrama as a therapeutic experience.

### **Method**

#### **Subjects**

Subjects were 101 patients who received treatment for alcohol abuse at the Navy's Alcohol Rehabilitation Center, San Diego, between September 1975 and December 1975. Demographic variables which characterize those in treatment who received psychodrama and those who did not receive psychodrama may be found in Table 1. Mean ages of those in the psychodrama and non-psychodrama groups were 28.5 years and 27.4 years respectively. This difference is not significant; also no differences were obtained between the two groups on the following dimensions: time in service, pay grade, sex and marital status.

#### **Treatment**

The Alcohol Rehabilitation Center is a 75-bed residential facility in which the patients receive multi-modality treatment by alcoholism counselors who are recovered alcoholics with a minimum of two years of sobriety. The primary focus is on group counseling and Alcoholics Anonymous. Individual counseling, gestalt therapy, transactional analysis, psychodrama and lectures on the medical and legal aspects of alcoholism are also provided. The treatment typically lasts from six to eight weeks at which time the patients are returned to their previous work assignments.

Subjects were referred to the Center because alcohol abuse had interfered with their work performance and/or conduct. The referral was ordered by the subject's Commanding Officer at the recommendation of a physician. Prior to treatment, diagnosis of addictive, habitual or episodic drinking was made by a medical officer at the rehabilitation center, employing Navy Department guidelines for the clinical recognition of drug abuse.

Subjects were included in this study if they completed the treatment program and pre-and post-treatment testing packages were complete. Subjects were referred to the psychodrama phase at the discretion of the

subject's group counselor. ARC San Diego has seven ongoing counseling groups, and two patients from each group are selected into the psychodrama tract, which consists of four weekly three hour psychodramas. The psychodramas are typically group-centered; however, protagonist-centered psychodramas are pursued as the occasion arises. The difference between these two forms of psychodrama is that group-centered psychodrama has as its primary concern the theme of the group and specific issues relating to that theme. In a group-centered psychodrama, a protagonist is selected because he best represents that group's theme and issues. The protagonist-centered psychodrama, as developed by Moreno, (1972, 1975, 1975) has as its primary concern the protagonist or patient, and his specific therapeutic issue. The group aids in working with the protagonist as role players and observers, and through him participate in a therapeutic experience as the issues of the protagonist's session affect their own lives.

During the psychodrama, patients not involved in the psychodrama tract were involved in small group therapy. With this exception, treatment was identical for both groups.

### Test Instruments

Upon admission to ARC, patients were administered the Comrey Personality Scales, a short form of the MMPI (the Mini Mult), and the State Trait Anxiety Inventory, A-State Scale. These tests were readministered prior to a patient's discharge from the program. Prior to discharge from treatment, a post-treatment prognosis for each patient was determined by the ARC staff.

*Comrey personality Scales*—The Comrey Personality Scales (1970) are a self-report, multiple choice questionnaire that generates ten scores: Trust vs Defensiveness (T), Orderliness vs Lack of Compulsion (O), Social Conformity vs Rebelliousness (C), Activity vs Lack of Energy (A), Emotional Stability vs Neuroticism (S), Extraversion vs Introversion (E), Masculinity vs Femininity (M), Empathy vs Egocentrism (E), Validity Check (V), and Response Bias (R).

*Mini-Mult*—The Mini Mult (Kincannon, 1968) is a short form of the Minnesota Multiphasic Personality Inventory (MMPI). It was designed to provide objective assessment for major personality characteristics that affect personal and social adjustment. It yields three validity and eight clinical scales: L, F, K (the validity scales); Hypochondriasis (Hs), Depression (D), Hysteria (Hy), Psychopathic Deviate (Pd), Paranoia (Pa), Psychasthenia (Pt), Schizophrenia (Sc), and Hypomania (Ma).

*State-Trait Anxiety Inventory, A-State Scale*—The State-Trait Inventory (STAI) is a measure of State-Trait Anxiety (Spielberger, 1970). Only

the State Anxiety Scale (A-State Scale) was employed in this study. State Anxiety refers to a transitory emotional state that varies in intensity and fluctuates over time. It is characterized by subjective feelings of tension and apprehension. The level of A-State tends to be high in circumstances that are perceived to be threatening.

### **Prognosis**

Prior to discharge, the ARC staff met and discussed each patient completing treatment. Based upon consensual agreement, a prognosis for post treatment disposition of excellent, good, fair or poor was given and entered on the patient's medical record.

### **Data Analysis**

Differences between the two treatment groups were assessed by t-tests for independent means and chi squares.

## **Results**

### **Demographic Characteristics**

Demographic variables which characterize those in treatment for alcohol abuse who received psychodrama and did not receive psychodrama may be found in Table 1. No significant differences were obtained on any of the variables.

### **Comrey Personality Scale**

Pre-treatment scores indicate that the group which received psychodrama scored significantly different on five of the ten Comrey scales (see Table 2). Those who received psychodrama scored significantly lower on Response Bias ( $p < .05$ ), indicating that this group was less concerned with giving socially desirable answers or having themselves appear to be "nice" people. Those individuals who received psychodrama also scored significantly lower on the scales that measure Trust ( $p < .01$ ), Activity ( $p < .05$ ), Emotional Stability ( $p < .01$ ), and Extroversion ( $p < .05$ ).

Post-treatment Comrey Scores indicated that there were no significant differences between the groups subsequent to treatment.

Pre/post-treatment change scores for the psychodrama group indicated that during the course of treatment, they became significantly more trusting ( $p < .001$ ), more active ( $p < .05$ ), more emotionally stable ( $p <$

Table 1  
Demographic Characteristics of Psychodrama Group (N = 36) And Non-Psychodrama Group (N = 65) Participants

	Psychodrama Group		Non-Psychodrama Group		X <sup>2</sup>
	Number	Mean	Number	Mean	
Age (in years)		28.5		27.4	
17-20	1		10		
21-25	13		19		
26-35	13		28		
over 35	<u>9</u>		<u>8</u>		
	36		65		6.22 (ns)
Time in Service (in years)		7.8		7.2	
0-2	8		12		
3-4	3		13		
5-6	9		13		
8+	<u>16</u>		<u>27</u>		
Total	36		65		3.23 (ns)
Pay Grade					
Enlisted E1-E3	10		24		
Enlisted E4-E6	19		34		
Enlisted E7-E9	4		5		
Officer O1-O6	<u>3</u>		<u>2</u>		
Total	36		65		2.18 (ns)
Sex					
Male	34		64		
Female	<u>2</u>		<u>1</u>		
Total	36		65		1.30 (ns)
Marital Status					
Married	10		25		
Single	17		26		
Sep/Div	6		4		
Widowed	3		10		
Total	<u>36</u>		<u>65</u>		4.53 (ns)

ns = not significant.

.001), and more extroverted ( $p < .01$ ). Similar findings were evident for pre/post-treatment change scores for the non-psychodrama group, who became significantly more trusting ( $p < .001$ ), more emotionally stable ( $p < .001$ ), and more extroverted ( $p < .05$ ) than before treatment. One pre/post-treatment change score significantly differentiated the psychodrama from the non-psychodrama group: the psychodrama group changed significantly more on the measure of Activity ( $p < .05$ ) than did the non-psychodrama group.

Table 2  
Pre/Post-Treatment Comrey Scores for Psychodrama (N = 36) and NonPsychodrama (N = 65) Participants

Scales	Pre-Treatment				Post-Treatment				Pre/Post-Treatment Change Score				Pre/Post-Treatment Change Score Difference t
	Psychodrama		Non-Psychodrama		Psychodrama		Non-Psychodrama		Psychodrama		Non-Psychodrama		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	t	t	t	t	
Validity	14.38	5.93	16.82	6.70	16.89	6.95	17.66	6.37	-0.88	-0.53	-1.62	-0.72	1.37
Response Bias	44.46	8.33	48.79	7.77	46.63	6.94	48.68	7.01	-2.56*	-1.38	-1.19	0.08	1.43
Trust	72.30	13.01	79.85	11.93	85.94	12.39	87.45	11.79	-2.87**	-0.58	-4.49***	-3.58***	1.90
Orderliness	90.46	12.97	93.08	13.19	90.11	12.95	93.19	15.36	-0.96	-1.04	0.11	-0.04	-0.44
Compulsiveness	88.43	12.34	88.55	13.88	90.31	12.44	91.57	12.17	-0.04	-0.48	-0.63	-1.30	-0.44
Activity	84.03	16.25	91.48	14.90	93.43	13.56	95.55	14.84	-2.27*	-0.71	-2.63*	-1.53	2.00*
Emotional Stability	74.24	17.27	83.45	15.28	93.71	16.80	95.40	16.25	-2.67**	-0.48	-4.78***	-4.23***	1.71
Extroversion	66.57	21.47	77.79	21.91	81.49	21.17	86.23	20.45	-2.49*	-1.06'	-2.93**	-2.33*	1.20
Masculinity	80.70	13.47	84.51	12.67	82.46	11.56	84.06	10.96	-1.39	-0.66	-0.59	0.21	1.35
Empathy	88.05	14.98	89.92	16.80	90.71	12.66	91.94	14.85	-0.57	-0.42	-0.81	-0.71	0.51

\* p &lt; .05.

\*\* p &lt; .01.

\*\*\* p &lt; .001.

Table 3  
Pre/Post-Treatment Mini Mult Raw Scale Scores and State-Trait Anxiety Measure Scores For Psychodrama (N = 36) and Non Psychodrama (N = 65) Groups

Scales	Pre-Treatment				Post-Treatment				Pre/Post-Treatment Change Score				Pre/Post-Treatment Change Score Difference
	Psychodrama Mean	Psychodrama SD	Non-Psychodrama Mean	Non-Psychodrama SD	Psychodrama Mean	Psychodrama SD	Non-Psychodrama Mean	Non-Psychodrama SD	Psychodrama t	Non-Psychodrama t	Psychodrama t	Non-Psychodrama t	
L	7.30	1.84	7.02	2.10	6.97	1.56	7.23	1.67	0.69	-0.76	0.81	-0.62	0.90
F	17.54	3.11	18.25	3.58	15.85	2.71	16.66	2.81	-1.04	-1.38	2.43*	2.77**	0.03
K	12.78	2.22	13.43	2.40	14.46	2.43	13.39	2.72	-1.36	1.97	-3.01	.09	-2.71**
Hs	17.05	2.45	16.85	2.58	15.31	3.36	15.48	2.85	.38	-.25	2.46*	2.82**	.31
D	28.54	4.62	27.89	4.14	26.77	4.00	26.13	2.52	.70	.84	1.72	2.89**	-.10
Hy	30.51	2.67	30.39	2.69	30.77	2.72	29.66	3.06	.22	1.82	-0.40	1.41	-1.07
Pd	24.08	2.80	23.85	2.95	22.23	2.79	22.13	2.39	.39	.18	2.77**	3.59***	.11
Pa	18.30	2.77	17.48	2.87	16.17	2.50	16.32	2.60	1.40	-.28	3.38**	.55	1.50
Pt	21.14	5.65	18.88	5.73	16.26	5.50	16.31	5.69	1.91	-0.04	3.66***	2.52*	1.56
Sc	34.00	5.92	33.41	5.77	28.97	6.07	30.77	7.32	0.48	-1.29	3.51***	2.23*	1.61
Ma	19.38	2.50	19.06	2.49	17.46	2.76	18.34	2.16	0.62	-1.61	3.04**	1.74	1.80
State-Trait Anxiety Measure	51.73	12.18	47.28	11.37	36.80	13.19	35.47	10.09	1.80	1.51	4.91***	6.15***	1.71

\* p < .05.

\*\* p < .01.

\*\*\* p < .001.

**Mini Mult**

No significant differences were found between the groups, either pre-treatment or post-treatment, on any of the scales (see Table 3). Pre/post-treatment change scores for the psychodrama group indicated that they significantly decreased hypochondrical tendencies ( $p < .05$ ), psychopathic deviance ( $p < .05$ ), paranoia ( $p < .01$ ), anxiety and obsessive tendencies ( $p < .001$ ), schizophrenic ideation ( $p < .001$ ), and hypomania ( $p < .01$ ).

An analysis of pre/post-treatment change scores for the non-psychodrama group indicated that over treatment they significantly decreased their scores in the F Scale ( $p < .01$ ), and on the scales that measure hypochondriasis ( $p < .01$ ), depression ( $p < .01$ ), psychopathic deviance ( $p < .001$ ), anxiety and obsessive thinking ( $p < .05$ ), and schizophrenic ideation ( $p < .05$ ).

Analysis of psychodrama/non-psychodrama, pre/post-treatment change score differences indicated that the psychodrama group changed significantly more on the K scale ( $p < .01$ ), in the direction of becoming more defensive and controlled than the non-psychodrama group.

**State-Trait Anxiety Measure**

The psychodrama and non-psychodrama groups did not score significantly different either pre-treatment or post-treatment on this measure (see Table 3). However, analysis of the pre/post-treatment change scores within each group indicated that the psychodrama and the non-psychodrama groups decreased their anxiety significantly ( $p < .001$  for both groups). Analysis of pre/post-treatment change score differences between the two groups yielded no significant difference.

**Post-Treatment Prognosis**

No significant "between group" differences were demonstrated with this variable (see Table 4).

**Matched Pre-Treatment Comrey Personality Scale**

Since five pre-treatment Comrey Scale Scores significantly differentiated the psychodrama and non-psychodrama groups, two additional comparisons with these groups were made to determine how much change occurred between them over treatment when they were matched on

Table 4  
 Number of Post-Treatment Prognosis Ratings For Psychodrama (N = 34) and Non  
 Psychodrama (N = 61) Groups

Prognosis	Psychodrama	Non Psychodrama	X <sup>2</sup>
Excellent	2	1	
Good	14	31	
Fair	13	19	
Poor	<u>5</u>	<u>10</u>	
Total	34	61	2.04 (ns)

ns = not significant.

pre-treatment Comrey scores. Hence a sub-sample of non-psychodrama (n=15) participants was matched to the psychodrama group (n=36) and a sub-sample of the psychodrama participants (n=15) was matched to the non-psychodrama group's (n=65) pre-treatment Comrey scores. Results of the former match are presented in Table 5. Although the Validity scale significantly ( $p < .05$ ) differentiated the two pre-treatment populations, both t-scores are within the validity range for this scale established by Comrey (1970); the remaining scale scores demonstrated no statistical difference. However, post-treatment Comrey scores indicated that the Psychodrama group was significantly more trusting ( $p < .05$ ), active ( $p < .05$ ), and emotionally stable ( $p < .05$ ) subsequent to treatment than the sub-population of non-psychodrama participants.

Results of the matched sub-sample of psychodrama participants to the non-psychodrama participants' pre-treatment Comrey scores are presented in Table 6. No statistical difference between the two groups is noted in either pre- or post-treatment scores.

### Discussion

The major finding of this study is that although pre-treatment Comrey scores demonstrated that the patients in the psychodrama group possessed significantly different personality profiles, (i.e., scored lower on Response Bias, Trust, Activity, Emotional Stability and Extroversion) than patients in the non-psychodrama group, nevertheless post-treatment Comrey scores demonstrated that there were no significant differences between the two groups. Another important set of findings was that when a sub-sample of non-psychodrama participants was matched to the psychodrama group's pre-treatment Comrey scores, post-treatment results indicated that the psychodrama group was significantly more trusting, active, and emotionally stable than the non-

Table 5  
 Pre/Post-Treatment Comrey Scores for Psychodrama (N = 36) and a sub-sample of Non-Psychodrama (N = 15) Participants Matched to the Psychodrama Group's Pre-Treatment Scale Scores

Comrey Scales	Pre-Treatment			Post-Treatment			Pre-Treatment $t$	Post-Treatment $t$
	Psychodrama Mean	Psychodrama SD	Non-Psychodrama Mean	Psychodrama Mean	Psychodrama SD	Non-Psychodrama Mean		
Validity	14.38	5.93	18.93	16.89	6.95	20.27	-2.24*	-1.49
Response Bias	44.46	8.33	45.65	46.63	6.94	46.53	-0.46	0.15
Trust	72.30	13.01	74.07	85.94	12.39	78.67	-0.43	1.94*
Orderliness	90.46	12.97	87.93	90.11	12.95	87.40	0.58	0.61
Compulsiveness	88.43	12.34	84.60	90.31	12.44	87.20	1.03	0.85
Activity	84.03	16.25	82.20	93.43	13.56	85.27	0.39	2.10*
Emotional Stability	74.24	17.27	74.40	93.71	16.80	84.27	-0.03	1.73*
Extroversion	66.57	21.47	63.93	81.49	21.17	79.40	0.43	0.34
Masculinity	80.70	13.47	83.20	82.46	11.56	84.60	-0.67	-0.61
Empathy	88.05	14.98	84.00	90.71	12.66	85.80	0.75	1.15

\*  $p < .05$ .

Table 6  
 Pre/Post-Treatment Comrey Scores for Non Psychodrama (N = 65) and a sub-sample of Psychodrama (N = 15) Participants Matched to the Non Psychodrama Group's Pre-Treatment Scale Scores

Comrey Scales	Pre-Treatment			Post-Treatment			Pre-Treatment t	Post-Treatment t
	Psychodrama Mean	Psychodrama SD	Non-Psychodrama Mean	Psychodrama Mean	Psychodrama SD	Non-Psychodrama Mean		
Validity	16.27	7.07	16.82	6.70	16.71	7.52	17.66	6.37
Response Bias	48.73	7.81	48.79	7.77	49.86	8.08	48.68	7.01
Trust	77.73	8.15	79.85	11.93	91.29	10.48	87.45	11.79
Orderliness	96.00	13.70	93.08	13.19	92.71	14.14	93.19	15.36
Compulsiveness	90.73	10.01	88.55	13.88	93.14	10.87	91.57	12.17
Activity	87.87	12.53	91.48	14.90	96.86	14.74	95.55	14.84
Emotional Stability	84.93	15.48	83.45	15.28	101.79	14.24	95.40	16.25
Extroversion	73.20	16.74	77.79	21.91	89.21	18.95	86.23	20.45
Masculinity	80.40	12.03	84.51	12.67	85.14	10.27	84.06	10.96
Empathy	90.00	16.37	89.92	16.80	95.86	16.37	91.94	14.85

psychodrama sub-sample. Also, when a sub-sample of psychodrama participants was matched to the non-psychodrama group's pre-treatment Comrey scores, the post-treatment trend was in the direction of the psychodrama sub-sample being more trusting, active, emotionally stable, extroverted and empathic. These facts, added to the finding that there were no significant differences between the two groups on post-treatment prognosis ratings, suggests that psychodrama therapy with those in the psychodrama groups contributed, at least, to their "catching-up" emotionally and in personality development to those individuals who did not receive psychodrama.

Traditional psychodrama theory and technique may account for these positive increases as measured by the Comrey. One of the major factors in psychodrama is that as psychodrama progresses, it elicits a high level of trust and sharing among group members (Van Meulenbrouck, 1972; Weiner, 1967). The psychological investment in the controlled atmosphere of psychodrama encourages the development of risk-taking skills through which participants can find a means of releasing themselves from old rigid attitudes and roles, which have been dysfunctional, and replacing these non-productive attitudes and roles with new and more productive ones. Such a process allows a participant to become more honest and genuine. Also, the need to actively participate in psychodrama as either its star or a role player demands that the participants take risks, become responsible for their actions and as a consequence, experience the here and now success of the issue that is being dramatized.

By the very nature of the psychodrama process, one cannot remain isolated from the action. Even if one "seems" to be a non-participant, silent group member, his destructive life patterns are audibly and visually presented before him, via the roles taken by his fellow group members. The impact and consequences of that psychodrama presentation are equally his, as the other group members. To remain in his shell of fear and isolation is very difficult. Growth may take place in spite of himself.

Van Meulenbrouck (1972) mentions that two of the strongest denominators describing the dynamics of many alcoholics are passivity and denial. Psychodrama provides an "ideal vehicle" for reversing both of these. Decreases in passivity and denial would seem to allow for an increase in activity and emotional stability, especially since an important aspect of psychodrama treatment (Blume, et al., 1968) is helping the alcohol abuser to understand the motivation behind his drinking and the way alcohol use/abuse fits into his patterns of interpersonal behavior. There is some support for this theoretical position in the fact that the psychodrama group obtained a significantly greater change score on the Activity scale of the Comrey and the K scale of the Mini Mult implying,

for them, a greater movement toward more activity and away from denial. Lastly, the psychodrama director, the group, and other auxiliaries permit the protagonist and all group members to help each other, (Blume et al., 1968; Weiner, 1967) which when combined with the aspects of psychodrama already mentioned, would seem to account especially for the increase on the Extroversion scale of the Comrey.

Significant pre/post-treatment change scores on the Comrey, Mini Mult and the Anxiety Measure for patients in both the psychodrama and non-psychodrama groups were consistent with significant change scores for patients in the Navy's Alcohol Rehabilitation Program as a whole and as reported elsewhere (Bucky, 1975; Bucky et al., 1975). Additional studies are needed in explaining the role of psychodrama in the rehabilitation of alcohol abusers in treatment. Such studies are currently underway at the Navy's Alcohol Rehabilitation Center; however, if this role is to be understood, research from a variety of alcohol treatment facilities is indicated.

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