



*Measuring Thinking Worldwide*

*This document is a best practices essay from the international, multidisciplinary collection of teaching and training techniques, ["Critical thinking and Clinical Reasoning in the Health Sciences."](#) Each essay in this set provides an example of training reasoning skills and thinking mindset described by international experts in training clinical reasoning.*

## **Role-Play Strategies for Critical Thinking in Psychiatric Mental Health**

### **Tim Blake**

*Tim Blake is an Assistant Professor of Nursing at Ohio University, Zanesville, Ohio, USA. He and his colleagues have studied the differences in achieved learning outcomes stemming from traditional classroom teaching and on-line education. The cognitive-behavioral techniques of demonstration and behavioral modeling, role-play, and providing feedback have long been known to be helpful in therapeutic interventions. Here Professor Blake uses role-play to help students begin to better recognize and interact with patients with personality disorders. Consider using this same case scenario in a clinical conference as a way of working out how the staff will respond consistently and therapeutically to particularly difficult patients. During the role play all students are engaged in higher order thinking processes to interpret, analyze and draw an inference on the nature of the personality disorder being manifested by the 'patient.'*



### **Class Session and students**

I teach this class to second year associate degree nursing students as part of an introductory psychiatric – mental health nursing course. The course is part of their preparation for caring for patients with psychiatric disorders. They have already completed an introductory psychology course as a prerequisite to this course, and at the end of this year of study, students will sit for the certification examination to practice as a registered nurse.

### **The Goal of the class session**

For most students, personality disorders are a somewhat difficult group of psychiatric disorders to understand, let alone recognize. My goal for this lesson is to help the students to understand and begin to recognize three of the more common personality disorders they may encounter in the health care setting. 'Recognizing' the disorder implies having the disposition to observe and interpret verbalizations and behaviors with a view to analyzing their pattern and implications, drawing a correct inference about the psychiatric disorder being expressed. These are all cognitive

behaviors and habits of mind that involve critical thinking. I stress that recognition of personality disorders will assist them in maintaining a working relationship with the patient, whether they are working with them in the psychiatric unit, the clinic, or in a community setting. Role play is an excellent means of demonstrating the behaviors of such disorders. For additional discussions of role-play as a strategy for elaborating a problem focused thinking process, see the paper by Dalrymple and colleagues (2007) at the University of Southern California School of Dentistry. They discuss the use of role-play as integral to problem based learning.

### **Actual material used for the class session**

Any psychiatric textbook that deals well with personality disorders would be appropriate. I particularly favor those texts that take a critical thinking approach to presenting the content and include critical thinking questions at the chapter end or throughout the text. Students are expected to prepare for class by reading about and thinking about each disorder.

### **Learning Objectives and the critical thinking involved**

After participating in this lesson, students will be able to:

- Determine the type of personality disorder that is being portrayed in the role play based upon student comparisons with assigned readings. (analysis and inference).
- Analyze their insights from the role-play exercise and determine the behavioral, affective, cognitive, and socio-cultural characteristics portrayed by the client who has one of three personality disorders. (interpretation and analysis).
- Compare and contrast the causative theories underlying personality disorders.
- Describe specific nursing interventions that are appropriate for the client portrayed in the role play, along with rationale for the interventions (analysis and explanation).
- Discuss personal reactions to the character portrayed in the role play and their potential effect on the nurse – client relationship. (Analysis, interpretation and explanation, as well as the critical thinking disposition of truth-seeking).

### **How I teach this lesson**

Lessons that involve role-play exercises as a way of better engaging the real problems presented in a situation require some thoughtful choices. What roles are required if the learning objects are to be met? Who should play each of the roles? In an exercise where the goal is to have the health care team identify the health problem involved or think through the implications of a particular illness condition, the instructor will often want to play the role of the patient and carefully evolve what the students come to know about the patient's condition. If the goal is rather to sensitize providers or student providers to the problems associated with the illness condition, or to difficulties associated with seeking health care, it works best to have them act the role of the patient.

In this role play, my learning goals involve the students' recognition of the disorder, so I play the part of a patient who has been admitted to the hospital. I ask one student to volunteer to be the "nurse" who provides care for me for that day. This student is then responsible for completing an assessment on me, the patient, focusing on asking me questions that might help them to determine what type of personality disorder she or he is dealing with. During the interview to follow, I try to create the feeling that we are really a nurse and patient in an intake assessment so that the student will think well and ask appropriate questions.

The rest of the class also has a responsibility. They are the "peanut gallery," and they play the part of the nurse's "mind." In this role, they are allowed to prompt the nurse by asking questions that can help in the nurse's evaluation. This way everyone stays engaged in the exercise, and has an opportunity and the responsibility to take part in the evaluation of the client. If the session gets off track, I have the option to jump out of role and become the professor again, but this is rarely necessary. It's more common that someone from the peanut gallery offers a question in what

would otherwise be an awkward silence if only one student were on the hot spot conducting the interview. Generally speaking, the majority of the class takes part in the assessment, asking questions relevant to each part of the patient's cognitive, behavioral, affective, and socio-cultural domains.

So in the actual role-play, for example, I specifically take on the role of a person with an antisocial personality. To prepare for the role-play, I develop a specific patient history before the lesson. This preparation assures that my role-play will be as authentic a portrayal as possible. The history of the patient that I have in mind for this lesson is shown in Figure 1.

**Social History for this patient:**

The patient goes by the name of Roy. He grew up in a home where the father was an alcoholic. The father was physically abusive to Roy's mother, Roy, and his sister. When Roy was 14 years old, his father killed his mother in a fit of rage, and Roy was forced to go live with relatives. His sister had been sexually abused for years by the father. As a teenager, she would be committed to a state mental facility where she has remained. Roy has had no contact with her or his father.

Roy also has a history of heavy drinking and drug abuse (marijuana), and generally uses both on a daily basis. He has done most other drugs when he has the opportunity. He is not currently married, and lived with a number of women in the past. These relationships usually don't work out because "they just don't listen very well." He has no problem "beating a woman around" to knock them into shape or to get them to listen, adding "this is my world and they're just livin' in it."

Roy also has a history of prison time for manslaughter and grand theft, but denies any responsibility for any of his actions, stating that it is generally someone else's fault. When confronted with any of this behavior, he demonstrates no remorse for his past behaviors or for infringing on the rights of others.

**Figure 1: Role-playing 'Roy'**

This case history is not known to the student nurse at the time when the interview begins. If the nurse (and the other students) ask the right questions, they are able to elicit all of this information from "Roy." The students do have information about Roy's admission to the Unit (Figure 2).

Roy was admitted to the hospital after an incident that occurred at work where he had an altercation with another employee. He threatened to kill the employee by cutting his throat. The employee told the supervisor, who called Roy into his office. Roy admitted that he had indeed "promised" to cut the man's throat because he didn't like him. Roy's supervisor told him that if he hoped to keep his job, he must seek help immediately or he would be fired. Because he needed the job, Roy went to the hospital and reported that he was homicidal. Thus, he was admitted to the psychiatric unit for treatment.

**Figure 2: Roy's Admission History**

I role-play 'Roy' with enough passion to draw the student nurse and the group into the dialogue, and they successfully come up with appropriate questions. I generally try to make "Roy" as obnoxious as possible because this is what psychiatric nurses are likely to encounter! Sometime the interviewer struggles but when this occurs they have the assistance of the class to help guide them along. This guidance usually prompts them in the right direction.

After about 15 minutes, I bring the patient interview to a close and ask the group if they can identify my diagnosis along with evidence to back up their claim (analyze, infer and explain). The evidence for their proposed diagnosis must be based on the readings that they've done and this helps them to put it all together. This session is a think aloud where everyone works to recall what was said by Roy and to connect it to what is known about the disorders we are studying. In this case the correct diagnosis is 'antisocial disorder.' In the event that you are unfamiliar with this disorder, Table 1 shows the cues in the role-play that students should identify as significant when they make the clinical judgment that Roy has antisocial disorder,

<b>Table 1: Key Characteristics of Antisocial Disorder</b>	
<b>Social history:</b>	<ul style="list-style-type: none"><li>• Drug and alcohol abuse (common with these individuals)</li><li>• Childhood home that was quite chaotic and dysfunctional</li><li>• Victim of violence</li><li>• Numerous relationships with women which don't seem to last (because the women don't "seem to listen" to him, and meet his every need)</li></ul>
<b>Personality characteristics:</b>	<ul style="list-style-type: none"><li>• Egocentricism: Antisocial personalities see themselves at the center of their universe. Roy shows this attribute when he says "this is my world and they're just livin' in it."</li><li>• Lack of remorse for past behavior: This type of client is unable to empathize with others, and is therefore unable to understand how his actions affect them.</li></ul>
<b>Behaviors:</b>	<ul style="list-style-type: none"><li>• Prone to violent behavior (the likely result of his father's demonstrated violence)</li><li>• Limited problem solving skills. When Roy is faced with a conflict involving others, he solves it by simply infringing upon the rights of others, a hallmark of antisocial personalities.</li></ul>

After we have completed the discussion of the case, I ask the group to evaluate the performance of the student nurse who "assessed" the patient in the role play. Did the student respond in a therapeutic manner? While it is not a specific learning objective of this course, developing the "art" of therapeutic communication is a program level learning objective that is addressed here. Varcarolis, (2006) put it very succinctly when saying that therapeutic communication provides the client with the opportunity to feel understood and comfortable, to identify and explore the problem they are having with significant others, to explore positive coping methods and to experience a satisfying therapeutic relationship.

I also ask myself, "Did the students use other appropriate interventions that had been previously explored during class? An example of evidence that students were asking therapeutic questions might be if they had asked Roy "Can you tell me more about this problem?" or "Can you describe that feeling in more detail?" A therapeutic statement might seek clarification. For example, "I'm not certain I'm following what you're saying. Can you tell me more?" Or "What would you say is the main point of what you have just said?" One example of a non-therapeutic statement would be giving advice to patients. For example "You should just get out of that relationship now!" Another common mistake which can obstruct communication is giving approval to a client. For example "You look great today, Mrs. Smith." Such an innocent statement can imply to the client that she looked terrible prior to today.

In debriefing the group exercise, there are many more opportunities to engage the group in critical thinking as they evaluate their group role-play. In this case, being sure to ask for the reasons why they are making their critical comments pushes them to reanalyze the exercise and explain the reasons why they have either complimented or criticized the interviewer's work.

During the remaining class period, we continue to discuss theory relevant to the antisocial personality as well as other the personality disorders. We also discuss appropriate nursing interventions for dealing with such difficult patients and how they could have been applied to "Roy." I take some time to elicit student feedback on their immediate reactions to the role play.

### **Student feedback on the role-play exercise**

I can see that every student in the class is absolutely engaged in the role-play process. It's as if they can't wait to see what's going to transpire next. And, because they are all actually part of the process, it's as though each of them has more of a vested interest in the outcome of the interview. After all, each of them is free to ask a question that they feel is appropriate. I've found that when I allow Roy to be quite obnoxious, it draws students right into the situation. For instance, I can provoke students into losing sight of their clinical role and arguing with Roy, particularly when it comes to his views on abusing women. I've even had students yell at Roy (obviously, not a therapeutic communication!) But this class session is the place to provoke this type of reaction if it is going to occur, so that students can learn how to control these responses in this safe student environment.

Here is one definite opportunity to examine personal reactions to the patient in a truth-seeking way. Asking ourselves hard questions about why we find it difficult to work therapeutically with Roy is an important part of the training of the psychiatric health professional. The debriefing the role-play offers the entire group the opportunity to study the interaction from a perspective of analyzing the non-therapeutic exchange and drawing inferences about why it was difficult to maintain a professional and therapeutic relationship with Roy. If I am successful with the role-play exercise, all have gained some insight into how they will work with the real 'Roy' when they meet him in the clinical environment.

Typically 35-40% of the students specifically mention this role-play exercise in their comments about the course when they complete course evaluations at the end of the quarter. The mention how much they enjoyed and learned from the role play and that would like to see more of this type of case exercise. One could use this strategy more than once in a course with the goal of carrying out a real time clinical evaluation of a patient and working on their therapeutic communication skills.

### **Evaluation of Student Learning Objectives**

Formal evaluation of the students' completion of the class objectives comes through examination questions. I use multiple choice questions to evaluate the knowledge that students have gained on personality disorders. I choose questions where there is only one correct answer, and where it can be explained why all of the other answer choices are incorrect. If your class is not too large to grade open format questions, asking students to explain why wrong answers are wrong practices them in the critical thinking skill of explanation and provides evidence that they identify the correct answer for the correct reason.

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