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# Nurturing Healthy Relationships through a Community-based Interactive Theater Program

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#### **Abstract**

Promoting healthy relationships and preventing unhealthy behaviors, such as bullying and teen dating violence, among young adolescents was the goal of this study. This developmentally appropriate project used interactive theater to deliver a healthy message. Students in  $7^{th}$  grade health classes (N = 114) participated in the interactive theater intervention, a program that consisted of three consecutive performances and one follow-up day. This article reports on community-based research related to the development of a theater script in collaboration with a local theater group, the feasibility of using this innovative format as an intervention method, and lessons learned in collaborating with community partners.

## **Keywords**

community-based participatory research; early adolescents; interactive theater; bullying; teen dating violence; school-based intervention; violence prevention

Creative, appealing programs using community-based participatory research (CBPR) methods can be an effective means of teaching youth how to recognize and form healthy peer and beginning romantic relationships. However, such programs are often implemented without being integrated to rigorous research designs that will ultimately yield reliable, generalizable evidence. Promising studies are frequently conducted with homogenous samples and rarely replicated in larger, more diverse samples. With this in mind, as a first step, a CBPR study to evaluate the effectiveness of using interactive theater methodology to promote health and prevent violence in a sample of young adolescents of middle school age was conducted.

The purpose of this article is to report on a CBPR approach related to the development of a theater script in collaboration with a local theater group, and the feasibility of using this innovative format as an intervention method with middle school youth. The overall goal of the project was to promote healthy relationships and prevent unhealthy behaviors, such as bullying, sexual bullying, and teen dating violence, among young adolescent students. The objectives were to: (a) collaborate with a local theater group to develop and write a script that addresses healthy/unhealthy relationships, including peer teasing/bullying, sexual bullying/harassment, and early signs of dangerous teen relationships; and then, (b) develop and adapt an interactive theater performance that is culturally and developmentally appropriate for middle school youth. Lessons learned from implementing this intervention are reported to promote the use of creative approaches by helping other community-based

researchers, along with community agencies and advocacy groups, to anticipate and address in advance some of the issues that are likely to arise during the collaborative process.

# **Community-based Participatory Research**

CBPR, also known as community-based research, community-wide research, communityinvolved research, or community-centered research, aims to improve the health and wellbeing of communities by addressing identified needs (Israel, Schulz, Parker, & Becker, 1998). Community partners are involved at the inception of the research project. Israel et al. (1998) reviewed CBPR approaches and identified key principles of CBPR as follows. CBPR acknowledges "community as a unit of identity" (Israel et al., 1998, p.178); builds on the community's abilities and unique resources; combines expert knowledge with praxis for the shared benefit of all partners; promotes a knowledge-enhancing, empowering process that acknowledges and addresses social marginalization/disparities; considers health within an ecological framework; and disseminates findings to all stakeholders (Israel et al., 1998). Involving community partners in research projects makes the research more relevant (Israel et al., 1998). Combining diverse skills, knowledge, and the expertise of various community partners enhances the quality of the research because program development is based on local knowledge and actual experiences. Cultural gaps that may exist between study participants and researchers can be overcome by community partners, who have similar backgrounds and are familiar to the study participants. Other economic benefits include avoiding fragmentation or redundancy due to overlapping analogous projects, and sometimes funding creates opportunities to employ community members or share personnel.

The important rudiments for assembling a sustainable partnership identified by Lindamer et al. (2009) included: the ongoing monitoring and evaluation of the collaboration process, an ability to communicate openly, and a willingness to modify procedures as necessary. Obstacles along the way should be expected and considered normative. Anticipating and embracing opportunities to compromise will likely change attitudes and lead to mutually acceptable solutions.

Participating in CBPR is not without challenges. Barriers to sustainable community partnerships must be recognized and addressed. Historically, academic institutions claimed jurisdiction over defining the research issues, deciding who was qualified to conduct the research, and how the findings were best utilized. CBPR is not meant to be a radical approach; rather, it is complementary to traditional research methods. It recognizes that "knowledge...outside academia can be equally as important in defining, guiding, and completing research" (Nyden, 2003, p. 576). CBPR is a legitimate means for reducing health disparities among ethnic groups, especially groups marginalized or disenfranchised because of socioeconomic conditions, race/ethnicity, geography, language, or citizenship status (Israel et al., 1998). It can be argued that research participants are justified in asking for an opportunity to influence the direction of research in their communities. This approach has the potential to build trust by responding to community goals/needs while respecting the culture of the community.

Researchers have used CBPR approaches in studies focusing on the health of tribal groups, mentally challenged individuals, overweight/obese children, African American infant health issues, and practices of diabetic patients (Horowitz, Williams, & Bickell, 2003; Savage et al., 2006; Sloane et al., 2003). For example, Horowitz et al. (2003) used a CBPR approach to improve the health outcomes of diabetic patients (N = 939) living in East Harlem. The coalition of partners (clinical experts, community participants, and research team members) together identified health promoting strategies and barriers for successful management of the diabetic condition. Therefore, regardless of the phenomenon under study, collaborating with

those directly involved and who have the knowledge and skills to deliver a relevant and appealing intervention would have the best impact on health (Horowitz et al.).

"CBPR provides opportunities for community health nurse researchers to conduct research with vulnerable populations and sets the stage for implementing evidenced-based nursing interventions in the community" (Savage et al., 2006, p. 472). With this notion in mind, nurse researchers from a large public university decided to collaborate with a local non-profit theater company to pilot interactive theater methodology with middle school youth for the purpose of promoting healthy relationships and reducing and/or preventing violence. It was posited that this approach would appeal to youth of middle school age and be more effective in promoting healthy relationships than the traditional health lesson. Furthermore, nurses in community settings such as schools are well situated to be proactive in helping early adolescents understand and process negative experiences and exposures. The very young adolescent is likely to have fewer adaptive coping responses than adults and older adolescents, who have more experiences solving problems (Patterson & McCubbin, 1987). Their learned behaviors may be reactive. Innovative programs designed to teach these young adolescents respectful peer relationships would increase their repertoire of adaptive responses.

# **Interactive Theater Methodology**

After observing an interactive theater program at an international nursing conference, it seemed plausible that this method would appeal to young adolescents. It is always a challenge to decide upon the best approach to deliver health messages to this age group. Traditional classroom educational methods about health behaviors often "turn off" early adolescents. Developmentally, they have other priorities; however, this is a crucial age to engage youth. Delivering healthy messages to such young people could be facilitated through interactive theater methodology before negative behaviors become normalized, particularly in relation to peer and beginning romantic (dating) relationships.

The research literature supports art-based methods as an effective way to deliver health messages to 7<sup>th</sup> grade students (Yonas et al., 2007). Interactive theatre technique evolved from the Forum Theatre method originally introduced by Augusto Boal (1995), a drama theorist from Brazil. He created Theater of the Oppressed aligned with the philosophy of Paulo Ferire who wrote Pedagogy of the Oppressed (Boal, 2000; Ferire, 1970). Boal's intent was to transition from the monologue form of delivery customary in theater performances to an interactive form in which a dialogue through various techniques would allow for an exchange of ideas and with the intent to alter behavior in a more positive direction (Paterson, 1995). Forum Theater technique uses an antagonist-protagonist approach to teach new ways of handling oppressive or stressful situations. Initially, actors/facilitators portray a scene and a certain outcome, usually negative, is enacted. Then, during the next two or three performances, the scene is reenacted and the audience participants are invited to try alternative means for dealing with the presented situations. The intention is to end the scenario with a more socially desirable outcome for the players. Understanding and reducing, if not eliminating, oppression was at the center of Ferire's lifelong mission (Ferire, 1970). He sought ways to liberate people who suffered from oppression in the political sense through dialogue and education.

<sup>&</sup>lt;sup>1</sup>Forum Theater, developed by the Argentinean Augusto Boal, is a dramaturgy or process of performing short scenes with a protagonist-antagonist format. The audience is encouraged to stop the performance, and through dialogue and role-play, interact with the actors to suggest alternative scripts. See Boal (2000) for further details.

Through such methods as interactive theater, based on the understandings of Ferire and Boal, young people could be exposed to a theater program encouraging adaptive coping mechanisms. They would have an opportunity to try out alternative behaviors in an effort to establish a repertoire of healthier responses that they could draw upon as needed. These techniques are basic to helping young people replace maladaptive responses that they may have in their limited repertoire of ways to deal with stress and difficult situations. Unfortunately, they may not realize what constitutes grounds for a healthy relationship. The following primary prevention intervention was developed for middle school age youth using interactive theater methodology.

# Methods/Design

The intervention used interactive theater methodology to deliver a healthy message to 7<sup>th</sup> grade students via health classes. The program consisted of three consecutive performances and one follow-up day. The sample consisted of primarily Hispanic 7<sup>th</sup> grade students (*N* = 114) in an underserved rural school district in Central Texas. The Institutional Review Board (IRB), the Superintendent's office of the public school system, and the principal of the middle school approved this study. At the request of the University IRB, it was necessary to submit three proposals for approval in sequence. To obtain approval to pilot the intervention, the IRB requested a fully developed script for the interactive theater program, necessitating a second exempt proposal to develop the script. Once that was developed, a third IRB proposal was submitted to conduct the intervention at a middle school using the developed script. Therefore, the intervention had three phases: the development phase (script development), the planning phase (forming sustainable partnerships), and the implementation phase (the research study).

## The Development Phase

This phase included deciding on the intervention, building on previous research, weighing the pros and cons of collaborating partners, choosing partners, getting buy-in, and forming a cooperative agreement with community partners.

## **Deciding on the Intervention**

After conceptualizing using interactive theater as a useful and appealing way to introduce young adolescents to the notion of healthy relationship formation, the theory had to be operationalized. A previous study, an arts-based CDC demonstration project designed to use the arts as a technique to prevent teen dating violence in urban middle school age adolescents, was foundational to the development of the interactive theater program described here (Yonas et al., 2007). In that study, interested youth combined forces with a local theater company to create a play with an antiviolence message related to intimate partner or dating violence. After observing this interactive theater technique with adult scenarios at a Nursing Network for Violence against Women International conference in London, Ontario, Canada and again with college age youth during Domestic Violence Awareness Month, it seemed plausible that this strategy would also work with younger people. These observations lead to the decision to design a primary prevention intervention that would be taught to 7<sup>th</sup> grade students via health classes.

## **Choosing Partners**

The next task was to decide on the community partners. Choosing a study site was a natural extension of relationships already established among the school system superintendent, the school principal, health teachers, counselors, and coaches. Various health promotion activities conducted by community health nursing students and faculty paved the way for the

community-based research project. The school personnel were interested in having an interactive theater program that focused on respectful relationships.

Having accomplished the site selection, the next step was to explore avenues within the arts community to determine who would be willing and capable of performing an interactive program in middle school settings and weigh the pros and cons of each group. The University theater department was considered as a source of actors/facilitators to perform the task. Although this might have been a viable option, the final decision was made to engage a community agency, a local non-profit theater company. Because University funding was awarded to pilot the project, it was necessary to justify using an outside agency instead of potentially available University theater department faculty and students to develop the program and conduct the performances. The theater company chosen was well known and respected in several school districts in the area and had a track record of scheduling multiple performances within a narrow period, reaching many students. Before brainstorming and idea generation could begin for the script development, a cooperative agreement was crafted. This was necessary because a product, the script, would result from the collaboration between the theater company personnel and the researchers. The expectations and obligations of each party were decided upon and written into the agreement. This protected the rights of the researcher to use the script in future studies, and ensured that the theater company had the option to perform the interactive program in the future. This agreement included budget specifications for the script development, the hiring of actors, and product (script) delivery dates. After the University faculty researcher, the Associate Dean for Research, the Dean of the School of Nursing, and the Executive Artistic Director of the theater company signed the agreement, the brainstorming of ideas began.

# **Planning Phase**

Brainstorming with Community Partners—The first necessary step of the planning phase was to schedule several brainstorming sessions to articulate the focus of the interactive play, and agree upon the message that the students would be left with at the end of the performances. Key concepts had to be explained and understood initially, specifically bullying, sexual bullying/harassment, and teen dating violence. The researcher perspective was different from the community partner's impressions. For example, the community partner was more comfortable with an advocacy perspective and more familiar with popular literature versus evidence based on research methods. However, one of the important aspects of the collaboration was the mutual desire to generate research-based evidence for the program. The first session took place in the research conference room at the School of Nursing to discuss central concepts. The faculty researcher, her graduate research assistant, the Artistic Director, and a theater film intern attended the meeting. (Actors/facilitators were not involved initially.) Notes from the first meeting identified concepts for consideration in script development, shown in Table 1.

The partners identified different perspectives. One of the essential tasks was to define the concepts of bullying, sexual bullying, harassment, and dating violence. The researcher operationalized definitions differently from the artistic view. However, it was important to agree on a common language and understand the intersection of the aforementioned phenomena to develop the program, as well as to show how these concepts were related and could escalate from minor forms to more severe maladaptive forms of peer aggression and antisocial behaviors.

Further discussion focused on how to create the scenarios in general terms to have the most applicability, yet consider adolescent and cultural values, beliefs, and norms. Would one onone or group scenarios best demonstrate the phenomenon of respectful healthy relationships? Should the focus be on the perpetrators or on individual empowerment? Who

can be change agents? Should the story begin with scare tactics, empathy for victims, or employ historical examples? How can the play emphasize, "Violence is never okay?" The notion of a continuum of violence seemed to capture how disrespect generates more disrespect, linking the concepts of harmful, malicious teasing/bullying, with sexual bullying that later could potentially escalate to dating/intimate partner violence. Desirable outcomes identified for the students included: instilling a sense of personal boundaries, recognition of inappropriate peer friendship behaviors or boyfriend/girlfriend relationship behaviors, and learning how to advocate for one's self and others.

Once a draft of the script was developed, the Artistic Director began the process of hiring the actors/facilitators. The goal was to have an ethnically diverse mix of actors. It was also desirable to have at least one Latino because the middle school population was predominantly Latino. Once the actors were hired, rehearsals began.

## Implementation Phase

The script, titled "Crossing the Line," was developed, approved by the IRB, and finally ready for rehearsals before implementation in the Spring Semester. Two actors were originally budgeted for the play; however, it was quickly determined that minimally three actors (one girl and two boys) were needed to portray the various characters adequately. The three actors, more accurately termed facilitators, were hired, and rehearsed the script for approximately 60 hours on at least 12 occasions. The School of Nursing became the primary site for the rehearsals because it was easier to schedule vacant classrooms. The expertise of the Artistic Director and the talented actors now took the lead. Sets were created, props were procured, music/activities were incorporated into the script, and an art/drawing theme became part of the storyline. All three college age actors were quite believable as middle school students, a testimony to their acting ability.

## **Description of the Intervention**

The intervention consisted of four performances, each approximately 50-minutes in length, presented for all students as part of the general health class curriculum. The topics of respect, bullying, and sexual harassment were carefully woven into the play in subtle ways that facilitated the interactive method. The entire play was scripted and presented on day one for the students during health class. On the second, third, and follow-up day, the actors/facilitators reviewed the content of the play through techniques and activities that help young adolescents understand the differences in healthy and unhealthy relationships. Interactive theatre techniques employed included: imaging, tableau, tapping-in, flashbacks/forwards, interviews, and questioning.

Content areas to address bullying/teen dating violence objectives were included in the script as follows: What is a healthy relationship? What are the warning signs that your relationship could be a dangerous one? What are the dangerous myths/misconceptions about relationships? How can you be in respectful friendships and relationships? How do we make sure that we are respected and loved the way we want to be? How can you be successful in school? How can you achieve your goals; i.e., get what you want in life?

Day 1 begins with "line up" games (choosing a team name, line up by height, shoe size, first name). The activities are talked about in the context of facilitating conversation, teamwork, and ground rules. The actors/facilitators begin a conversation about bullying and sexual harassment, assessing what the students know about the topics. The characters are introduced: Cody, Mark, Jessica, and Jack. Next, the entire play is presented with scenes from early elementary school through middle school. Once the actors have run through the play without stopping, they come out of character, quickly asking the students: What

happened? What did they see? Why did words appear on Cody's clothes? Why is the play called "Crossing the Line"?

On **Day 2**, the play from Day 1 is analyzed. A warm-up activity includes a "bomb and shield" game, introducing the concept or roles people assume. Character x-ray is a technique to explore each individual character further. Each character has a backpack with items that give further insight into the character. For example, the bully character has a failing grade, the female character has a diary, and the main character has a letter informing him of his selection to go to art camp--fulfilling a personal aspiration. The actors/facilitators review select scenes from the play, ask students to articulate what else could have happened, and come up with alternate endings (i.e., new ways to address the problems they identified in the play). Individual monologues allow the students to be privy to what the characters are really thinking. At the end of this day, vocabulary, themes, and character intentions are clearly understood.

Day 3 begins with warm-up activities to get students used to the idea of coming up to perform/role-play. Characters are reviewed. In the tradition of *Forum Theater*, actors first perform the middle school scenes and ask students to watch for moments that the characters could have done something differently that would have gotten them closer to their goals. (What each character really wanted was decided in Day 2.) Specific scenes are selected for replay. Students are instructed to watch for a moment that could have a better outcome. When they see such a moment, they raise their hand and say, "Stop." Whoever stops the scene is then asked to perform the behavior change. Actors are adept at creating a comfortable atmosphere for students to come up and use techniques such as extending a hand and encouraging applause. All students who raised their hands to stop a scene came up to the stage area and were coached by one of the actors to act out their alternative coping response successfully. Surprisingly, even students who appeared to have a more introverted personality were comfortable participating.

**Day 4 (follow-up)** connects the play to the students own life and their school. In a free form, but guided, discussion, the learning of the past three days is reviewed. Students are asked to come up with rules or ideas that could stop sexual harassment. The actors/facilitators cluster the comments and list the "Top 10 Things We Can Do to End Bullying/Sexual Harassment on Our Campus," such as talk to your friends when you need help; be respectful of other people's boundaries; or promote healthy relationships on campus with a poster campaign.

Twenty-four performances took place in a three-week period. Each 6<sup>th</sup> grade class experienced three consecutive performances and a follow-up session. The performances were held in the drama room, a larger area that allowed the stage area, equipment, and props to be set up and left in place for all the performances, saving a lot of set-up time.

Qualitative responses to the student survey responses indicated that the majority of students perceived the interactive theater method as a positive experience. They thought that, along with their classmates, they gained new knowledge about either bullying or sexual harassment. Most felt comfortable participating in the interactive theater process. They thought their behavior and that of their classmates would likely change based on the procurement of the new information learned. (Survey and qualitative findings will be reported elsewhere.)

## **Discussion**

#### **Lessons Learned**

"The long-term goal of the partnership is to collaboratively establish an evidence-based implementation network that is sustainable" (Lindamer et al., 2009, p. 1); therefore, it is advantageous to compromise when possible. A good strategy is for the researchers on the team to begin the collaboration, devoting a little time for gentle education related to the research process. This is a new area for most community partners, particularly in terms of time frames. For example, the time constraints for the implementation of this project were considerable and dictated by the IRB process, the school schedule, the actors availability, the number of performances that could be realistically conducted in one day, rehearsal needs, and lastly, by the pre- and post-data collection requirements.

Challenges of the implementation phase included: some changes in the script dialogue, inconsistent icebreaker activities, and lack of consistency from performance to performance. This was partly a result of the interactive nature of the script, and partly due to the way theater productions usually evolve. The director and actors were insistent on improving the performances on a day-to-day basis. However, this point of negotiation should have been discussed before the implementation of the performances. The research team was unaware of the possibility that the theater partners would desire to alter the program. Fortunately, changes that were made were not of a substantive nature, but had more to do with timing and flow of dialogue. Furthermore, due to varying amounts of time for class periods (48 to 58 minutes), some classes had more discussion time on a particular topic, and some class groups had less time for an ending game or activity. In the end, all essential content was incorporated into all performances.

Having to proceed through the IRB process three times was difficult in that the approval of the entire research project was dependent on the script development. If this had been known in advance, considerable time would have been saved by initially submitting the script as a separate study. The following suggestions are helpful to keep in mind when forming partnerships.

## Make a List of Negotiable and Non-negotiable Items

For example, data contamination is a concept that may not be known to community partners; however, it is a non-negotiable point. For example, the school drama department scheduled an assembly before the final data collection period in which students from a high school in another school district were to perform a play with an anti-dating violence theme. This warranted that all performances and data collection be completed before the scheduled assembly. As a result, there was no leeway in the interactive theater performance or data collection schedule. In this instance, all performances and data collection were completed in a timely manner. However, the assembly could have compromised the data collected.

#### Don't Be Afraid to State Your Point of View

Sometimes a worry arises that is not even a point of contention, but rather a communication issue or a one-sided situation that has not even occurred to the other partner. It is a good idea to schedule regular debriefing meetings that are solely for examining the process and to uncover sub-threshold issues that might have arisen.

#### Give the Partner a Chance to Explain

A reasonable explanation for a strategy may not have been communicated. For example, artistic expression is complex and must be respected. Getting an objective opinion is helpful because the researcher may be too involved in the intervention or interaction to be objective.

For example, e-mail communication may seem confrontational to someone, on one hand, while the intent was to illustrate a non-negotiable point. Therefore, it may not be what you think.

#### Start Somewhere and Tweak Later

It is not necessary or possible to have all of the questions answered or pieces in place, especially when you are creating an arts-based program such as an interactive theater program. Therefore, making modifications along the way should be the rule as long as the integrity of the research is protected.

#### **Respect Time and Other Commitments**

Another important point is to respect the busy schedules and other commitments of community partners. These individuals tend to be very involved in many things. They may be acting and attending classes toward a Master's degree along with personal family responsibilities.

#### Meet When and Where it is Convenient

If possible, provide for parking or transportation. Although this is not necessary at every meeting, refreshments are sometimes in order, and beverages such as bottled water show an appreciation for community partners. For example, a lunch meeting to discuss the final draft of the script or the implementation process may be a pleasant way to conduct business and show appreciation for the work accomplished.

#### Be Quietly Involved

Researchers should be quietly involved to preserve the integrity of the research study, while taking care not to interfere with the director or the actors while in production. The simple act of bringing coffee and snacks to a rehearsal may be a nice gesture, but the director may find that it throws the timing off or causes the actors to lose focus. Be sure to clear any activities ahead of time.

## **Trust and Appreciation**

Give many points for creativity. This is the benefit of collaborating, and as previously stated, this will enhance the quality and validity of the research. When working with community partners who are in the arts, researchers must appreciate the ability to focus and the notion of artistic license! Furthermore, directing is not easy, and "creativity is counter intuitive to post positivist paradigm." Showing appreciation and support for creative work can be accomplished by fostering an atmosphere of colleagueship and building in ways to show appreciation for time and creative, professional work. Attending an event or fundraiser for the community partner is one way to show support. Simply writing a letter of thanks is another.

#### **Time Constraints**

Time constraints were dictated by the IRB schedule, theater script development, the school system schedule, and other commitments that the various partners had to their universities or agencies such as teaching schedules and committee responsibilities. In this case, the IRB conditions made the process longer to complete than originally planned. The IRB shut down for a brief but critical period over winter break. The research team, theater partners, and middle school were all on holiday break at different times. Typically, the research team and community partners use the winter break time between semesters to catch up with other work obligations and family commitments because holidays are often an opportunity to travel. This required careful coordination to start the project at the promised time agreed

upon with the school administration and health teachers. It was necessary to avoid testing days and to take into account early dismissal days. Early dismissal days shortened the class periods considerably, thus leaving inadequate time to deliver the performances.

#### **Ethical Concerns and CBPR**

"Implementing CBPR's ethical values requires a willingness to confront institutional and interpersonal challenges, and offers a vision of research that builds knowledge and strengthens communities" (Postma, 2008, p. 17). Because children were the participants, it was critical to make sure that all involved in the program were aware of the vulnerabilities of the youth. For example, the fact that the characters in the play could have the same name as students in the audience created a need to have a developmentally appropriate disclaimer related to inappropriate associations related to similar names. It seemed that names could be changed; however, this was unrealistic because it would not necessarily be known ahead of time, and after hours and hours of rehearsals, the actors could not easily reprogram themselves to incorporate new names so late in the game. Therefore, youth were cautioned not to attach meaning or to joke inappropriately related to character and classmate names.

In addition, the fact that youth were encouraged to be interactive during the performances raised two issues. The first issue was how insistent could the actors/facilitators be in encouraging some youth to leave their comfort zone and participate actively. Middle school age youth need some encouragement to participate. Professional actors that are comfortable working with this age group know how to encourage youth without embarrassment, be supportive, make it fun, and guide the students through role-play by cuing. The actors/facilitators were adept at implementing the strategies and at role modeling desirable behaviors.

#### **Cost Factors**

As previously stated, hiring two actors, although agreed upon initially, turned out to be inadequate. To enact the various scenarios, it was necessary to hire three actors because each actor assumed the roles of several characters. Even with this modification, it was still somewhat confusing, particularly in one scenario where the nerdy character assumed the role of the bully/aggressor. A fourth actor would be even better if the budget would allow for an additional actor to be hired.

In sum, a script meaningful to young adolescents was produced. Developmental aches and pains focused on the following: the number of rehearsals needed, changing the script, community partners lack of knowledge about the research process, time constraints (schedules, IRB, funding, and data collection), intellectual property issues, and competing events. The need for understanding related to the need for consistency and replication in research designs, the potential for data contamination, differences between advocacy and research roles, cost factors, communication expectations, developmental considerations, and the protection of human subjects. Anticipating these issues would go a long way in creating long-term sustainable partnerships capable of producing research-based evidence.

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#### Table 1

## Concepts for Script Development

Healthy versus Unhealthy Relationships

Positive peer relations versuspeer pressure

Respect versus disrespect

Feeling good versus feeling bad

• Self-esteem

Flirting versus hurting

Teasing versus taunting

• Harmful words create labels

Telling versus tattling

Anti-Bullying/Anti-Sexual Harassment Education

Sexual bullying/sexual harassment

Roles (perpetrator, victim, witness)

Power and control

Cyber bullying technology

Changing School Climate

Self-efficacy to change one's own behavior

Personal boundaries

• Useful language to use to state boundaries

Scripts/appropriate responses