

Emily Faith

Masters in Clinical Mental Health Counseling
& Drama Therapy (2021)

emilypfaith@gmail.com
501.837.5349 | emilypfaith.com



Mission Statement

CV

Internship Experience

Teaching Artist Experience

References | Upcoming Projects

Mission Statement:

All clients, regardless of background, sexual orientation, education, or size, deserve an engaged, compassionate therapist who provides a safe and creative space to reflect, heal and grow. I strive to provide a therapeutic environment that holistically addresses the needs of each client. I establish trust with my clients through my authenticity, reliability and transparency.

I believe that the process of therapy is as important as the product.

With a passion for drama therapy, I utilize projective techniques, performance-based drama therapy, developmental transformations, and script-writing with my clients to create the aesthetic distance required to transform their trauma through the dramatic medium.

My greatest desire is to meet my clients where they are and walk with them towards where they want to be. My clients come with their own stories, backgrounds and traumas with goals ranging from needing to take medication, to walking down the hall, to changing their burn bandages, to processing a suicide attempt. I work hard to intentionally and individually address clients goals as we co-create the healing process.

“ I bring creativity, curiosity, humor, and personal responsibility to the therapeutic relationship”

Emily P. Faith

CV

EDUCATION

Lesley University | Cambridge, MA | 2021

Candidate for Masters of Arts in Clinical Mental Health Counseling | Drama Therapy

Lipscomb University | Nashville, TN | 2013

Bachelors of Fine Arts in Acting, minor Directing

EXPERIENCE

THERAPEUTIC HOSPITAL CLOWN

Laughter League | Hospital Therapeutic Clown & Internship | 2018 - Present

- Provide support and facilitate circus and comedy skills as a therapeutic clown at Camp John Marc, a camp that partners with pediatric hospitals and community centers in Dallas-Fort Worth.
- Serve as Therapeutic Healthcare Clown at Cook Children's Hospital | Fort Worth, TX
 - Support Child Life staff in providing healing to pediatric patients through the lens of clowning, circus skills, comedy, music, improvisation, and relationship building.
 - Engage with patients on pre-op, post-op, Pediatric Intensive Care Unit, chemotherapy, transfusions, dialysis, clinic, inpatient, cardiology, behavioral health and bone marrow transplant floors.
 - Aid medical staff in nonsurgical procedures and preparation.
 - Keep thorough documentation of patient visits and report observations to Child Life.
- Work alongside the Laughter League Administrative Team in the organizing and actualization of the International Children's Festival, Petite Palace Sensory Friendly Performances, and Annual Hospital Clowning Conference.

ARTISTIC DIRECTOR - CO-FOUNDER

Lily & Joan Theatre Company | 2018 - Present

- Co-Founded a female-centric nonprofit theatre that produces plays, musicals, special events and wellness workshops.
- Cultivate and created season programming and community events such as the “Summer Series”, “Kissed by the Flames Cabaret”, “Sips & Sonnets”, “Secret Garden Gala” and the “Come You Spirits Soiree”.

TEACHING ARTIST

Teaching Artist | Research Assistant | Dallas Children’s Theater | Dallas, TX

2017- Present

- Adapt scripts from Children’s literature, promoting literacy in local after-school drama programs both onsite and in local elementary schools.
- Develop and devise original plays with students grades pre-k - 8th through movement explorations, shadow play, brainstorming, and music.
- Collect and organize data, and serve as lead teaching artist for Blue Pegasus Players Program, a program for students ages 8-18 with developmental differences.

Teaching Artist | AT&T Performing Arts Center | Dallas, TX

2017- Present

- Served as co-facilitator for the Disney Musicals in Schools Program
- Directed, choreographed, stage managed and produced The Lion King kids, and Aladdin kids over a four month residency.
- Educated and mentored DISD teachers in the creation of sustainable theatre programming in their elementary schools.

Teaching Artist | Dallas Theater Center | Dallas, TX

2017- Present

- Project Discovery Teaching Artist at Tony Award winning Dallas Theater Center.
- Facilitate pre-show workshops for high school students through discussion based activities.
- Provide a cross-curricular theatrical experience, building confidence and problem solving skills.

Teaching Artist | Watertower Theatre | Dallas, TX

Summer 2018

- Serve as lead teaching artist for two week summer intensive, reaching students ages 6 to 16.
- Devised original scripts through movement, puppetry, music and voice work inspired by the stories of Pinocchio.

Teaching Artist and Education Intern | Arkansas Repertory Theatre | Little Rock, AR

2016-2017

- Create and implement developmentally appropriate theatre courses for K-Adult.
- Teach beginning acting technique, body awareness, voice and speech, character work, improvisation, basic theatre vocabulary and acting through movement.
- Initiate outreach programming with local STEM school, create promotional social media content and serve as events manager for summer fundraiser.
- Courses include: *Acting and Creative Movement, Intro to Improvisation, An Improvisational State of Mind, Beatles Spring Break Camp, M.L.K Day Camp, School's Out Day Camp, Summer Sessions 2017.*

Teaching Artist | Watertown Children's Theatre | Boston, MA

2016

- Created developmentally appropriate movement and music courses for 3rd – 8th grade students, with each class culminating in a final showcase.
- Served as outreach instructor in after-school programming.
- Engaged young actors and their parents in monthly “Free Family Fun Day” through movement and imaginative play.
- Courses include: *Stay and Play I, II, and III, Music and Movement- Holiday Glee!, Imaginary Lands, Free Family Fun Teaching Artist.*

Teaching Artist/Director | TPAC Disney Musicals in Schools | Nashville, TN

2014-2016

- Directed students and mentored Nashville Public School teachers through the process of mounting a fully produced Disney musical (The Lion King kids, The Jungle Book kids).

- Strategically planned auditions, rehearsals, marketing, and final community production.
- Organized and advised volunteers in creating costumes, setting, and technical design elements with limited time, space and resources.

SELECTED DIRECTING

JOAN	Director	Lily & Joan Theatre Company
Feed Me	Director	A Light In Dark Places Festival
One Minute Play Festival	Director	Dallas One Minute Play Festival
Feed Me (Upcoming Project)	Director	A Light in Dark Places Festival
A Midsummer Night's Dream	Director	Lily & Joan Theatre Company
The Lion King kids		TPAC Disney Musicals in Schools
The Jungle Book kids	Director	TPAC Disney Musicals in Schools
Christmas Show Choir	Director	Watertown Children's Theatre
The Woman in Black	Assistant Director	Dark Ride Productions

Internship Experience

I am currently in my first internship placement (minimum of 500 hours) with Laughter League, a healthcare clown non-profit organization that promotes healing with patients at Cook Children's Hospital, Parkland Hospital, Boston Children's Hospital, & Hasbro Children's Hospital. This internship has enhanced my observation and assessment skills, inspired my future work in hospital systems and taught me that some days, laughter truly is the best medicine.

As a healthcare clown, I work closely with Child Life and other medical staff to bring compassion, build relationships, and inspire humor in patients and their families, in pre-op, post-op, surgical, oncology, chemotherapy, transfusion, psychiatric, cardiology, PICU, BMT, neurological and dialysis units. Each patient has individual physical and emotional needs, which I work to meet quickly and authentically.



Teaching Artist

Being a teaching artist has been one of the biggest rewards of my career. I have had the privilege of directing plays and musicals, teaching classes, leading workshops, facilitating educational consultation groups, and creating devised theatre with students ages 4 - 84. I currently teach four onsite classes and seven offsite classes for the nationally recognized Dallas Children's Theater. My students range in ability, age and experience levels, but my goal is always to meet them exactly where they are, and through the lens of theatre, empower them to reach their highest potential.



References | Upcoming Projects

Jason D. Butler Ph.D., LCAT, RDT-BCT
Associate Professor
Program Coordinator, Drama Therapy
Lesley University
617.349.8242 | jbulter8@lesley.edu

Tiffany Riley M.A.
Founder & Intern Supervisor
Laughter League
tiffany@laughterleague.org

Nancy Schaeffer
Associate Artistic Director
Education Director
Dallas Children's Theater
214-978-0110 x 140 | nancy.schaeffer@dct.org

Recent Projects

A recent success of mine was the development and facilitation of a "Devising Day" with Dallas theatre artists titled "Healing, Unscripted". This project implemented drama therapy techniques to initiate personal transformation through the lens of theatrical performance. Performers embodied the change they wished to see within their own stories, creating not only a discussion, but an action plan in regards to personal responsibility in the healing process. It is my desire to continue this type of work as a future therapist.

Upcoming Projects

Up next, I will be serving as a consultant and interviewer for a theatrical production that addresses the marginalization of queer and POC congregation members. I will also be producing "Redeemer Mine" by J.C. Pankratz for a non-profit theatre company, Lily & Joan, which I co-founded in 2018 and serve as Artistic Director.

Building Response Flexibility in Clients With Eating Disorders: Improvisation and Embodying Addiction

By Laura L. Wood, MA, RDT-BCT, LPC, CCLS

Currently, statistics show that individuals with eating disorders have a higher mortality rate than those suffering from any other mental illness (Smink, van Hoken & Hoek, 2012). No single type of treatment is universally successful; rather each eating disorder type (Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder) responds to its own unique course of treatment. Even though there has been significant growth over the last twenty-five years in treatment approaches for different types of eating disorders, there is still a significant gap in what we know to be effective (Fairburn & Harrison, 2003). Unfortunately, public interest in eating disorders and common misunderstandings about the disorder far outweigh the research being conducted in eating disorder treatment. In fact, most research is housed in psychiatry department medical schools (Wilson, Grilo & Vitousek, 2007). In 2007, Wilson, Grilo, and Vitousek presented a call to researchers (other than medical doctors) to increase the research for eating disorders, declaring that we as psychologists and counselors are “well positioned to make important contributions to the study of eating disorders...including exploring psychobiological mechanisms that cause and maintain eating disorders, and identify the mechanisms (mediators) of therapeutic change” (p. 212). Answering this call, my work and current research in progress (and this blog submission!) are focused on using drama therapy to help clients with eating disorders to build response flexibility.

It is well known in the field that the cause of an eating disorder is complex. Both genetic predisposition and environmental factors contribute to the use of an eating disorder as a maladaptive coping mechanism (Fairburn, 2008). The different contributing environmental factors can be grouped into the following three broad categories: trauma and abuse, anxiety, and developmental/family of origin issues. Clients with eating disorders often have a make-up of factors from one, two, or all three of these categories. While there are different treatment tracks for eating disorders associated with each category of factors, there are also areas of overlap. All clients with eating disorders (with whatever combination of trauma, anxiety or developmental/family of origin problems), for example, suffer from issues of response flexibility. “Response flexibility enables us to pause before responding as we put a temporal and mental space between stimulus and response and between impulse and action” (Siegel, 2012 p. 33-2). Clients with eating disorders, rather than having healthy response flexibility, suffer from extremes of rigidity and chaos (Cassin and Von Ranson, 2005). With rigidity (most common in clients with Anorexia Nervosa), thought, emotional, and behavioral repetition become the primary way of coping and identifying, rather than a sense of spontaneity, creativity, playfulness, and presence. Extreme chaos is characterized by the intrusion of overwhelming and

unpredictable thoughts, emotions and behaviors (most often seen in clients with Bulimia and Binge Eating Disorder) (Siegel, 2010; Claes, Vandereycken, and Vertommen, 2002).

To encourage movement away from rigidity and chaos and towards healthy response flexibility, Siegel (2012) suggests we help clients increase their window of tolerance: the “span of tolerable levels of arousal in which internal or external stimuli can be processed in a flexible and adaptable manner” (p. 85).

Coming to understand the protective functions of an eating disorder is one of the first steps in formulating a treatment approach. This process is often very frightening for clients, triggering their rigid or chaotic response strategies to deal with the uncomfortable feelings that arise when exploring this material. For example, if asked to write, as a means of exploration, about the function of their eating disorder, rigid clients often become entrenched in writing and re-writing. The focus shifts from developing insight about their eating disorder through spontaneity, connection, and discovery, to writing a “perfect paper” that has outstanding grammar and punctuation. Conversely, chaotic clients use the writing as an opportunity to “purge” their feelings. They may write fifteen pages of repetitive and unorganized thoughts that perpetuate their chaotic way of coping, leaving them feeling more dysregulated and confused. I have found that in the *early* stages of treating clients’ eating disorders, writing is minimally useful. In many ways, this is also true for other traditional verbal methods within the group therapy process. Rigid clients sit, and think, and find a way to give the “perfect” controlled answer that won’t open them up to vulnerability. Meanwhile, chaotic clients ramble on, often getting so lost in the telling of their experience that other group members feel equally lost, and they are left feeling alone, isolated, and misunderstood. When these patterns are mirrored for clients with eating disorders, often their shame and self-hate is so rigid/chaotic they can’t tolerate the feedback. Trapped again, they turn to their soothing friend, the eating disorder, with whom they continue to play out their rigid (restriction) and chaotic (binging and purging) patterns.

Therefore, helping clients to discover the functions of their eating disorder in a way that doesn’t perpetuate their rigid and chaotic coping styles is essential. This is why in the early stages of eating disorder treatment I begin with two different types of groups that work in conjunction with one another to begin to increase clients’ windows of tolerance in order to help build response flexibility:

- 1) A Drama Therapy group in which we explore the role of the eating disorder through the lens of the Internal Family Systems (IFS) Model.

2) A modified Developmental Transformations (DvT) Group that allows clients to start learning to play with their rigidity and chaos (which also helps minimize the triggering of their shame and self-hate).

In the Drama Therapy group, clients are given the opportunity to spontaneously play their eating disorder. This begins with clients embodying – sculpting, without words – what their eating disorder is trying to communicate. First, we look at each sculpt objectively: “The client playing their eating disorder is standing on the chair, giving the middle finger,” “The client is holding the chair up in front of them, hiding their body,” “The client is sitting up straight at the edge of the chair, with their hands folded and a big smile,” etc. We then look at the clients’ sculpts subjectively: “Maybe the eating disorder is giving the middle finger because it communicates the client’s anger?” “Maybe the eating disorder has helped this person to hide in their life?” “The eating disorder seems to put on a perfect mask for the world to see.” The client can then de-role and have someone else take on the role of their eating disorder while they have the opportunity to look at their sculpt objectively and subjectively. This slowing down process, and the opportunity to move between the eating disorder being “me-and-not-me” (Landy, 1994) seems to lay the groundwork for creating windows of tolerance to generate different response flexibility. For some clients sculpting is enough, others move into doing an improvised monologue, speaking as the eating disorder. To take the work one step further, the group can play the *compassion-curiosity panel*, asking the eating disorder questions in order to better understand its functions.

The concept of approaching an eating disorder from a place of compassion and curiosity comes from Richard Schwartz’s model of Internal Family Systems, which purports that the mind is an “ecology of relatively discrete sub-minds, each one intrinsically valuable and seeking a positive role within the internal system” (Johnson & Schwartz, 2005, p. 75). Each part is unique, and yet, they take on three common roles: Managers, Exiles, and Firefighters. The Exiles develop “when a person has been humiliated, frightened, or shamed in the past” and carries “the emotions, memories, and sensations from those experiences” (Johnson and Schwartz, 2005 p. 76). The Managers work to protect these wounded parts of ourselves and keep us functioning on a day-to-day basis, holding the painful experiences at bay. When an experience triggers the Exiles, and the Managers’ protection isn’t working, the Firefighters come in to “extinguish the inner flames of feeling as quickly as possible. (...) Firefighters tend to be highly impulsive and seek stimulation that will override or dissociate the person from the Exiles’ feelings. Binging on drugs, food, alcohol, sex, or work are common Firefighter activities” (Johnson & Schwartz 2005, p.76). At the heart of the model is the concept of Self. Each person is born with a Self, and one is in Self when embodying curiosity, compassion, clarity, courage, creativity, connection, and calmness. In Internal Family Systems, people learn to create a Self to Parts relationship. “When the Self is in charge, it is possible to bring healing to the Exiles and to create harmony in the internal system. Health is defined as the Self having a positive leadership role with all the parts,

valuing the intent of each, and creating teamwork among them” (Johnson & Schwartz, 2005, p. 77).

When eating disorders are approached from a place of Schwartz’s Self, clients can depart from rigid and chaotic responses and move towards a place of curiosity, a desire to better understand the way their eating disorders have helped them to survive. When this window of tolerance is created and the clients begin to practice new ways of understanding themselves, we often see a shift in their motivation. They become more driven to continue to unfold their underlying narratives and begin to practice new ways of engaging with themselves and others.

Clients also participate in a weekly Developmental Transformations (DvT) group that primarily uses *the cauldron exercise*, which stems from a classic improvisation game from Viola Spolin (1963). Two people share the space and engage in an improvised scene, and at any point a third player can tag out one of the actors and insert themselves into the scene. In our version, the same structure of the game applies, but all of the principles of DvT are also involved. As the play progresses, more people can enter and exit through the portal. I believe that Johnson’s (2013) Recursive Interpersonal Process in DvT (noticing, feeling, animating and expressing) are all steps that foster clients’ movement towards response flexibility in the present moment. As I have found with clients with eating disorders, this first level of engagement in improvisation and DvT allows one to “lower fear of the instability of Being, rather than lowering the instability of Being ... lowering one’s own fear of instability involves learning how to accept risk and learning to maintain one’s balance amidst uncertain circumstances” (Johnson, 2013 p. 32). In essence, it seems the DvT playspace with more structure (in early phases of treatment) helps to increase clients’ windows of tolerance and opportunities to play with choices other than rigid or chaotic responses. DvT also offers an opportunity to overtly play out rigid and chaotic responses in which the therapist can offer playful mirroring that doesn’t trigger shame and self-hate. Even if they are triggered, the discrepancy between reality and playful encounter allows the shame and self-hate be played with in a way that increases tolerance. The combination of the IFS drama therapy groups and DvT groups helps create an excellent fundamental foundation that therapists can use to scaffold into the next phase of eating disorder treatment.

As stated earlier, there is an important call for those who work with eating disorders and addictions not only to discover creative methods of treating this challenging (but deeply rewarding!) population, but also to continue to strive for research in this area moving forward. I hope you will take time to check out an article I wrote recently with my co-worker, Christine Schneider, on [the use of Interpersonal Neurobiology and drama therapy](#).

DRAMA THERAPY AND EATING DISORDERS

Eating disorders impact an individual's eating habits and cause body image distress and concerns about weight, shape, size, or even an unhealthy preoccupation with exercise. The most common types of eating disorders include anorexia nervosa, bulimia nervosa, and binge eating disorder (Eating Disorder Hope, 2018). People with eating disorders often have other mental health conditions like panic and anxiety disorders, mood disorders, and PTSD. Once an individual receives an assessment and diagnosis, it is recommended that treatment includes a collaborative medical and mental health team, with an individualized treatment plan and peer support (Eating Disorder Hope, 2018).

References:

Gargaro, E., Guertin, R., McFerran, K., Punch, S., Trondalen, G., Cameron, N., ... & Orinska, S. (2015). Creative arts therapies and clients with eating disorders. Jessica Kingsley Publishers.

Heiderscheit, A. (Ed.). (2015). Creative arts therapies and clients with eating disorders. Philadelphia, PA: Jessica Kingsley Publishers.

Wood, L. L., & Schneider, C. (2015). Setting the stage for self-attunement: Drama therapy as a guide for neural integration in the treatment of eating disorders. *Drama Therapy Review*, 1(1), 55-70.

Wood, L. L. (2016). The use of therapeutic theater in supporting clients in eating disorder recovery after intensive treatment: A qualitative study. University of Missouri-Saint Louis. Eating

Disorder Hope. (2018, July 11). Eating disorders: Causes, symptoms, signs & medical complications. Retrieved from:

<https://www.eatingdisorderhope.com/information/eatingdisorder>

Lesley University Drama Therapy Second Internship Requirements

LMHC Practicum:

- A minimum of 100 hours over at least 7 weeks.
- At least 40 hours of direct client contact
- A minimum of ten hours of individual supervision.
- 1 Hour a week individual supervision by a Licensure Approved Supervisor.

After you have completed ALL of the criteria for your practicum, you can begin to accrue hours towards your LMHC Pre-Masters Internship

- A minimum of 600 hours total
- At least 240 hours of direct client contact
- A minimum of 1 hours a week of individual supervision