



A Scoping Review on the Use and Potential of School-Based Drama Therapy to Enhance Socio-emotional Skills in Early Childhood

Jason S. Frydman^{1,3} · Christine Mayor^{2,3}

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Abstract

Drama therapy incorporates play, imaginary engagement, embodiment, and perspective taking to promote interpersonal skills and affective functioning. Existing school-based drama therapy (SBDT) research has demonstrated utility with select populations; however, much of the SBDT literature has featured disparate findings. Absent from the current literature is a thorough synthesis of the benefits of SBDT for socio-emotional development in early childhood, an age cohort that may be well suited for drama therapy due to the method's theoretical and practical focus on action, symbolism, and play. A scoping review was conducted to answer the research question: *What is the use and potential of SBDT to enhance socio-emotional skills in early childhood?* Following a thorough database and manual search, 406 articles were identified and, after screening, 16 articles met the inclusion criteria. Based on the results, practice recommendations include the use of metaphor, distance, and life-drama connection to enhance socio-emotional skills, using dramatic play as a tool to address adverse experiences, and applying SBDT to support specific clinical populations. Policy recommendations include the use of SBDT within a public health trauma approach and the need for ecological integration of SBDT into schools. Research recommendations include the need for a broad-level articulation of a scaffolded SBDT research agenda in schools focused on socio-emotional skills and recommendations specific to methodological and reporting rigor.

Keywords Socio-emotional development · Drama therapy · School-based drama therapy · Early childhood

Introduction

Over the past two decades, attention has increasingly focused on socio-emotional development and the provision of early interventions to address mental health or behavioral problems of young children in early care and education settings (Bierman et al., 2018). As synthesized by Ashdown and Bernard (2012), socio-emotional development occurs in early childhood and is a process where children develop

emotional expression and regulation skills, build their relational capacities with peers and adults, and learn and discover their environments.

Hammeter and Conroy (2018) argue that because young children are beginning to learn social and emotional skills for the first time (e.g., how to solve problems, work with peers, build friendships, express emotions), socio-emotional supports should be specifically designed for this developmental stage. Relatedly, school-based researchers have suggested that creative and holistic approaches to supporting student socio-emotional functioning can address an identified need for differentiated intervention in schools (Maykel & Bray, 2020). These creative approaches provide a flexible response to each setting, which is recommended for school-based interventions (Burns et al., 2015), and may uniquely support student development, including socio-emotional functioning (Frydman et al., 2022). Furthermore, research on COVID-19 school closures and young children suggests socio-emotional development has been impacted and there is an urgent need for holistic, creative, and play-centered

✉ Jason S. Frydman
Jason.frydman@gmail.com

Christine Mayor
christine.mayor@umanitoba.ca

¹ Department of Expressive Therapies, Lesley University, 5 Phillips Pl, Cambridge, MA 02138, USA

² Faculty of Social Work, University of Manitoba, William Norie Centre, 485 Selkirk Ave, Winnipeg, MB R2W 2M6, Canada

³ The Collaborative for Creative Arts Therapy in Schools, Lesley University, 5 Phillips Pl, Cambridge, MA 02138, USA

school-based supports to assist with the practice of these skills (Egan et al., 2021; Watts & Pattnaik, 2022).

One of these approaches, school-based drama therapy (SBDT), incorporates play, imaginary engagement, embodied expression, empathy and perspective taking, and transfer of drama-based experiences to real life (Frydman & Mayor, 2021; Mayor & Frydman, 2021). The North American Drama Therapy Association [NADTA] (2022a) defines drama therapy as “the intentional use of drama and/or theatre processes to achieve therapeutic goals” (para. 1). Drama therapy is a holistic and action-based method of psychotherapy that has an emerging empirical base (Armstrong et al., 2019; Feniger-Schaal & Orkibi, 2020) and is well-suited to support young children in their natural inclinations to learn, actively explore their environments, build social skills through play, and target mental health and socio-emotional needs in educational spaces (Godfrey & Haythorne, 2013; Leigh et al., 2012; Rousseau et al., 2012).

The current SBDT evidence base has demonstrated utility with students who: have experienced trauma (Burch et al., 2019), are new immigrants and refugees (Rousseau et al., 2012), have been diagnosed with autism spectrum disorder (ASD) (Godfrey & Haythorne, 2013) or attention deficit/hyperactivity disorder (ADHD) (Chang & Liu, 2006), and those demonstrating social, emotional, and behavioral difficulties (Cobbett, 2016). Despite this emerging evidence base, much of the SBDT literature has featured disparate, often disconnected, findings.

In surveying the field of North American drama therapists practicing SBDT, Mayor and Frydman (2019) found that 34.1% of respondents worked in elementary schools and 5.7% in preschools. With over a third of surveyed practitioners working with this age/grade level, it is critical to have a thorough synthesis of the known socio-emotional benefits of SBDT specific to early childhood. Moreover, a recent systematic review analyzing child-reported outcomes of engagement with arts therapies found no eligible drama therapy research (Moula et al., 2020), further spurring the need for a widened aggregation of relevant literature.

Lastly, despite previous calls for socio-emotional interventions within early childhood education, no known review has consolidated the practice, policy, and research recommendations for SBDT with young children. Doing so would further support investigations into SBDT’s effectiveness and help establish a broadened agenda and/or framework for creative schools-based mental health approaches. In an effort to address these gaps, this scoping review presents both findings and recommendations regarding SBDT’s impact on the socio-emotional functioning of young children.

Methods

Scoping Reviews

Scoping reviews are a rapid and systematic approach to mapping existing conceptual, theoretical, and empirical literature. A scoping review is designed for topics reviewed for the first time, is of a heterogenous nature, and is often inclusive of both theory-building and theory-testing literature (Arksey & O’Malley, 2005). This process provides a transparent and rigorous method for summarizing the existing body of literature, identifying research gaps, and summarizing and disseminating research findings (Pham et al., 2014). Given that no known reviews exist for SBDT with young children, and the need to map a wide array of literature on the topic for practitioners, policymakers, and researchers, a scoping review was selected and implemented.

We utilized Arksey and O’Malley’s (2005) five-stage model in our approach: (1) identify the research question, (2) identify relevant studies, (3) select the studies, (4) chart the data, and (5) summarize and report the results. Following the recommendations of Davis et al. (2009) and Pham et al. (2014), we designed our scoping review process to clearly and transparently demonstrate our procedures for identification, screening and determining eligibility, and inclusion. Further, to ensure comprehensive reporting of our review process where possible, we adopted the PRISMA extension for scoping reviews (PRISMA-ScR) as detailed by Tricco et al. (2018). All checklist items suggested by Tricco et al. (2018) are represented in our report, including items 1, 3, 4, 5 (partial), 6, 7, 8, 9, 10, 11, 14, 17, 18, 20, 21, 24, 25, 26, and 27 (no funding source), except for the following items, which are noted as inappropriate for scoping reviews, non-applicable to this research, or did not align with journal specifications: structured abstract (2), protocol registration (5, partial), critical appraisal of individual sources of evidence (12, 15, 19, 22), summary measures (13), and additional analyses (16, 23). Of note, Tricco et al. (2018) report that a critical appraisal of the literature is optional and not required due to the potential contrast with the methodology of scoping reviews, which seeks to include a wide breadth of possible inclusion literature (e.g., conceptual, theoretical, empirical). We elected not to conduct such an appraisal as our approach was integrative, seeking to draw connections within the literature to assess for potential practice, policy, and research implications, rather than focus on a critical assessment of the body of research.

Boundaries of the Current Review

Given the broad nature of the inquiry, the research question for this review was: *What is the use and potential of SBDT to enhance socio-emotional skills in early childhood?* The following additional inclusion criteria were determined:

- Published in a peer-reviewed academic journal
- Published between January 1, 2000 and November 1, 2022
- Inclusive of children ages 3–8 years old within the sample or theory (Note: if children within this age group and outside of this age group are included in the article, the article is included in the review)
- Explicit framing of the theory or practice as drama therapy or utilizing a specific drama therapy approach
- The practice of drama therapy took place in a school, inclusive of during class time, school day, school breaks, or an after school activity
- Schools could be public, private, religious, or alternative settings (e.g., psychiatric unit, residential setting)
- Written in English
- Inclusive of theoretical, conceptual, and empirical articles
- Worldwide

The following exclusion criteria were determined:

- Gray literature
- Editorials and book reviews
- Books
- Did not use a theoretical orientation of drama therapy
- Techniques or theories only drew on related approaches without referencing drama therapy
- Article focused only on children ages 0–2 or 9+ years old

Due to the limited literature and the growth of interest in socio-emotional supports in early childhood over the last two decades, we extended the typical 10-year boundary to include all peer-reviewed articles meeting the established criteria published between January 1, 2000 and November 1, 2022. The time boundary was selected to both cast a wide search and clearly organize information according to a natural timeline between centuries.

Search Process and Data Charting

In October 2022, a database search of five databases was conducted by Mayor, using a keyword search in the title or abstract of: (“drama therapy” OR dramatherapy OR “creative arts therapy” OR “expressive arts therapy” OR “expressive therapies” OR “arts therapies”) AND (school

OR elementary OR “grade school” OR “primary school” OR “K-12” OR “school based drama therapy” OR preschool OR “pre-school” OR Kindergarten OR daycare OR “day care” OR “early childhood center”). Concurrently, Frydman conducted a manual search of four major drama therapy and creative arts therapy journals.

As detailed below, a total of 359 initial results were found through the database search protocol.

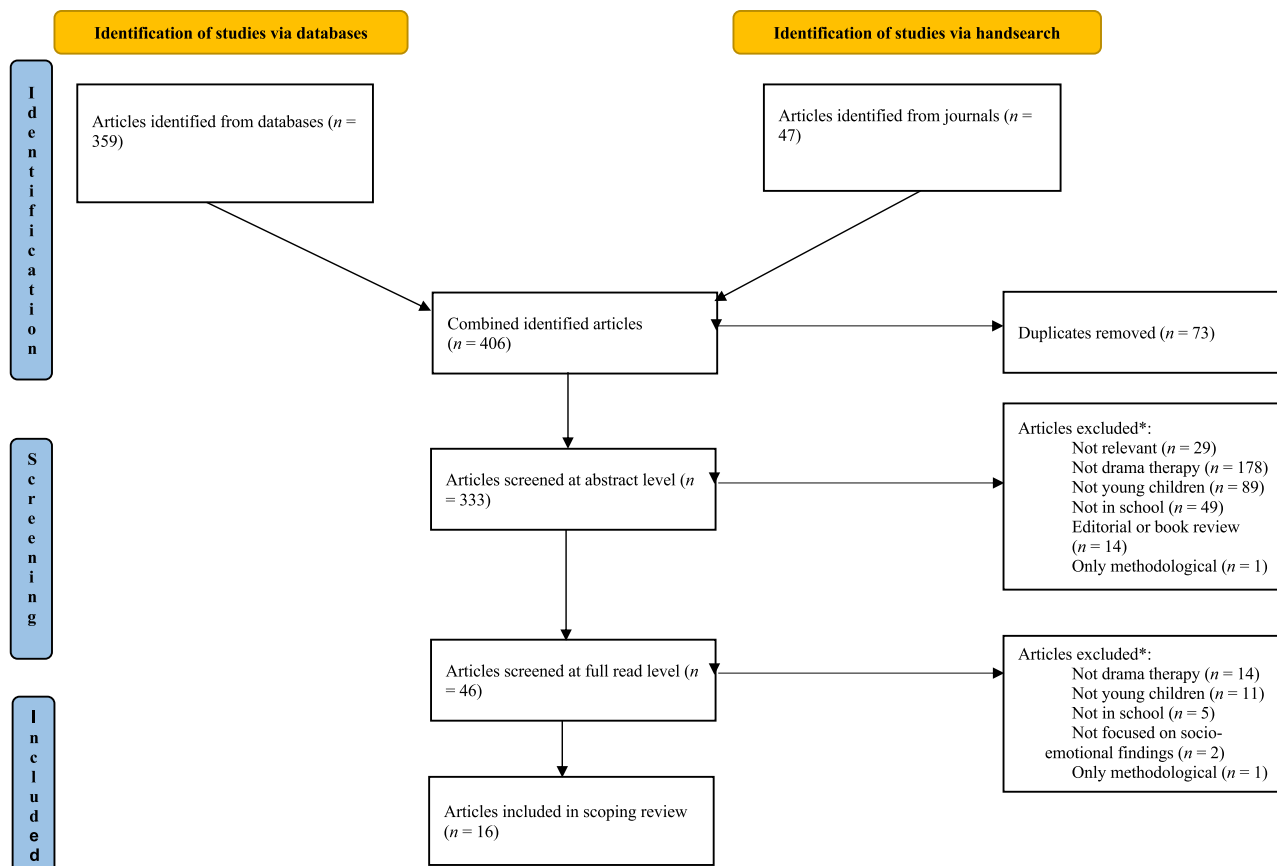
- Ovid (APA, PsychINFO, APA PsychArticles Full Text) ($n=155$)
- Proquest ($n=12$)
- Social Sciences Citation Index/Web of Science ($n=23$)
- SCOPUS ($n=163$)
- EBSCO (Child Development & Adolescent Studies, Social Work Abstracts) ($n=6$).

In addition, the hand search led to the inclusion of 47 articles.

- *Arts in Psychotherapy* ($n=7$)
- *Dramatherapy* ($n=21$),
- *Drama Therapy Review* ($n=11$)
- *Journal of Applied Arts and Health* ($n=8$).

Combining the hand search and database search, 406 articles were selected during the identification phase. 73 duplicates were then identified and removed. The remaining articles ($n=333$) were screened at the abstract level. The process of identifying qualifying articles was undertaken by both authors. Mayor initially reviewed all articles collected from the database search and Frydman reviewed those from the manual search. Two hundred and eighty seven articles were removed during the abstract screening phase; a breakdown of the rationale for these removals is included in Fig. 1. Based on this abstract level review, 46 articles were identified as appropriate for a joint full text screening by both authors. During the full read, 30 articles were removed with the rationales documented in Fig. 1. Notably, during screening at the abstract and full read stages, articles were removed for at least one, but often, multiple reasons. When a disagreement between authors occurred during the screening phases, the disagreement was resolved through discussion until a joint consensus was reached and a final selection of articles was established. Figure 1 documents the search process, screening, and results. A total of 16 articles were determined to meet all criteria.

Data charting was conducted by both authors, each taking eight articles for extraction and identification of key components determined to be relevant within the scope of this review. Once all predetermined categories were populated for each article, authors jointly reviewed the entirety of the chart and clarified details, resolved any observed



Note. * indicates that articles were removed during the abstract and full read screening for one or multiple listed reasons.

Figure 1 Scoping review search process and results (image adapted from PRISMA flow diagram, Page et al., 2021)

discrepancies, and ensured that data were representative. The chart was then used for comparison to draw connections between articles and identify where each article maintained a unique contribution. Following the use of these data to inform practice and policy findings and recommendations, essential categories were further extracted and used to generate Table 1, which highlights key aspects of each qualifying article.

Results

In an effort to arrange and integrate the wide collection of literature, the results are organized according to practice, policy, and research findings. In doing so, we establish the ways in which SBDT with an early childhood population has been conceptualized and delivered, and subsequently make scaffolded recommendations to advance the literature in these areas.

General Findings

Practice-Related Findings

The Use of Metaphor, Distance, and Life-Drama Connection

Researchers highlighted how SBDT’s use of metaphor to cognitively and affectively distance sensitive socio-emotional content makes it an appropriate intervention model for young children. Specifically, authors noted the aesthetic frame of drama afforded a developmentally appropriate opportunity to safely engage with issues that might otherwise be overwhelming or destabilizing (Bornmann et al., 2007; Cropper & Godsal, 2016; Johnson et al., 2021; Sajjani et al., 2019; Webb, 2019). Furthermore, SBDT’s focus on creative expression through socially-focused drama activities, structured role plays, and projective objects (e.g., puppets) establishes an inviting therapeutic environment to address socio-emotional content (Akhmetzhan et al., 2020; Kejani & Raeisi, 2020; Lau, 2019; Mayor & Frydman, 2021;

Table 1 Results

Author & Year	Country	Drama Therapy or Blend	Type of Drama Therapy Intervention	Individual vs. Group	School Program	Specific Age Range	Methodology	Sample Size
Empirical Articles								
Bassingthwaite (2017)	UK	Drama therapy	Not explicit	Individual	During school hours, out of class	8–12 years old	Qualitative; phenomenological case study	2 clients, 2 drama therapists
Bormann et al. (2007)	USA	Blend	Warm-ups from Emunah and Sternberg	Group	During school hours, prior to first class	5–13 years old	Quantitative; quasi-experimental pre-post design with control group	Experimental = 25, control = 23
Dyer (2017)	UK	Drama therapy	Not explicit	Group	During school hours, out of class	5–11 years old	Qualitative; case study	N = 6
Frydman and Mayor (2021)	Canada, USA	Drama therapy	Mixture	Both	Mixture	Grades Pre-school-12th	Mixed methods; survey research, descriptive statistics	N = 79
Kejani and Raeisi (2020)	Iran	Drama therapy	Emunah's five phase model	Group	Not explicit	6–12 years old	Quantitative; quasi-experimental pre-post design with control group	Experimental = 21, control = 24
Mayor and Frydman (2021)	Canada, USA	Drama therapy	Mixture	Both	Mixture	Grades Pre-school-12	Mixed methods; survey research, qualitative content analysis of case vignettes	N = 49 case vignettes
Moula (2021)	UK	Blend	Mixture	Group	Not explicit	5–12 years old	Qualitative; reflexive thematic analysis	N = 62
Moula et al. (2020)	UK	Blend	Not explicit	Group	Not explicit	7–10 years old	Quantitative; quasi-experimental pre-post design with control group	N = 62; drama therapy specific (n = 14)
Sajani et al. (2019)	USA	Drama therapy	Mixture	Both	Mixture	Grades K-12th	Qualitative; collaborative discourse analysis	N = 8

Table 1 (continued)

Author & Year	Country	Drama Therapy or Blend	Type of Drama Therapy Intervention	Individual vs. Group	School Program	Specific Age Range	Methodology	Sample Size
Theoretical Articles								
Akhmetzhan et al. (2020)	Kazakhstan	Blend	Sociometry, sociogram, storywork	Group	In class	Pre-school	N/A	N/A
Cropper and Godsal (2016)	UK	Blend	Not explicit	Individual	Not explicit	5–12 years old	N/A	N/A
Dix (2001)	UK	Drama therapy	Not explicit	Individual	Not explicit	Grades K-12th	N/A	N/A
Ellinor (2019)	UK	Blend	Booth & Jenberg's Group Theraplay with Booker's elemental play aims	Group	In class, built into school timetable	7–11 years old	N/A	N/A
Johnson et al. (2021)	USA	Drama therapy	Developmental transformations (adapted)	Individual	During school hours, out of class	3–7 years old	N/A	N/A
Lau (2019)	France	Blend	Role method, developmental transformations (with forum theatre)	Group	In class, built into school timetable; after school activity	5–18 years old	N/A	N/A
Webb (2019)	USA	Drama therapy	Developmental transformations	Both	Transitional spaces, individual session, in classroom	Grades K-6th	N/A	N/A

Moula, 2021). These activities provide an opportunity for young children to draw parallels between what occurred in the dramatic space and connections to their real world relationships and emotional experiences (Ellinor, 2019; Kejani & Raeisi, 2020; Lau, 2019; Mayor & Frydman, 2021; Sajjani et al., 2019).

In addition, SBDT may be particularly suited to support socio-emotional skills like communication and expression in groups (Lau, 2019). When engaged in a group process focused on decision making, SBDT's use of role play and emphasis on self/creative expression may be useful for communicating, identifying points of dis/agreement, and generating group norms and systems (Akhmetzhan et al., 2020; Lau, 2019). Students practice these socio-emotional and self-expression skills within the metaphor and play, which offers opportunities for strengthened skills in the real world.

Dramatic Play as a Tool to Address Adverse Experiences

Consideration of children's inner worlds is especially relevant given the potential impact of adverse experiences on socio-emotional functioning (Pitre et al., 2016; Scully et al., 2020). School-based drama therapy practitioners reported merging a trauma-informed framework with a play-based disposition to open opportunities for student emotional expression and processing. This playful approach intentionally communicates to young children that their experiences are welcome and can be addressed in a non-threatening manner (Sajjani et al., 2019; Webb, 2019). School-based drama therapy practitioners noted that different styles of children's play can offer insights into their understanding of self and others, especially when impacted by trauma (Cropper & Godsall, 2016; Dix, 2001; Johnson et al., 2021). Further, SBDT practitioners report being uniquely trained to assess how differing student presentations in drama activities might reflect intrapsychic difficulties related to toxic stress exposure and proposed play-based assessment tools to identify interpersonal patterns of concern (Johnson et al., 2021).

Effectiveness of SBDT with Specific Clinical Populations

The SBDT literature suggested that techniques like structured role play, engaging in imaginal thinking, and dramatic projection have been useful in improving interpersonal and cognitive skills. In a mixed group of neurotypical young students and those diagnosed with ASD, Dyer (2017) identified the use of play, embodiment, and metaphoric representation as factors in increased friendship skills and verbal communication, enhanced capacity for extended relational play, and expanded awareness of others. In a cohort of elementary school children diagnosed with ADHD, Kejani and Raeisi (2020) found significant improvements in working memory for those who received SBDT, including role playing and

script generation, when compared against a no-treatment ADHD control group. The findings suggest that improvement in working memory is linked to a potential increase in self-regulation capacities and social awareness and decreases in classroom problem behaviors related to executive functioning deficits.

For children with profound and multiple learning differences and developmental disabilities, SBDT was shown to build social connections and strengthen a secure base between child and caregiver in a weekly family group at a special needs primary school (Ellinor, 2019). The use of drama therapy to strengthen relational bonds was identified as a catalyst for greater in-group risk-taking by the children, attuning to others, and creative expression. Humor, drama games, and imagination were noted to deepen communication skills among group members and support parent-child relational awareness.

Unique among the findings was a study assessing the effectiveness of a psychotherapeutic relaxation group on aggression levels among children in an inpatient psychiatric unit attending in-hospital school (Bornmann et al., 2007). The experimental group received a blend of drama therapy, other creative activities, and relaxation techniques. When matched to a treatment-as-usual control group, the experimental group demonstrated significantly lower post-intervention aggression scores. The findings suggest that SBDT in an embedded school within a larger clinical setting can yield targeted relational outcomes for young children diagnosed with a variety of psychiatric conditions.

Policy-Related Findings

A Public Health Approach to Addressing Trauma

Numerous calls have focused on a public health approach to addressing traumatic stress among students in schools (e.g., Chafouleas et al., 2019; Kolbe, 2019). School-based drama therapy practitioners have targeted trauma and delivered services across a multi-tiered systems of support (MTSS) framework (e.g., Hoover et al., 2019) to address the impacts of adverse experiences on young students' socio-emotional functioning (Frydman & Mayor, 2021). For example, researchers stressed the imperative of a public health model to address the whole school. Implementation of tier I SBDT models have provided school-wide, developmentally-appropriate psychoeducation on the adverse effects of trauma-exposure across socio-emotional and learning domains (Sajjani et al., 2019) and offered play-based assessments of trauma-informed, drama-based behaviors intended as a universal screening of younger students (Johnson et al., 2021). Moreover, tier II SBDT classroom-based or group interventions have been utilized to facilitate decision-making processes, provide conflict resolution (Lau, 2019), and

improve well-being and social roles (Moula et al., 2020), all arenas related to the interpersonal impact of trauma-exposure (Johnson & Lubin, 2015). Lastly, tier III SBDT individual interventions have targeted secondary effects of trauma exposure with young children (Cropper & Godsal, 2016; Dix, 2001; Webb, 2019), noting the utility of SBDT as an expressive outlet for psychological containment. These approaches were often a component of specialized programs intended as a “last chance” (Cropper & Godsal, 2016, p. 13) for students who have been exposed to harm, suggesting that SBDT could be a useful model in these cases.

Ecological Integration in the School Setting

In a recent survey of SBDT practitioners, ecological integration into schools was noted as needing development, specifically improvements in professional collaboration and accessing physical spaces (Frydman & Mayor, 2021). In contrast, articles in this review indicated working alongside allied school-based professionals to deliver SBDT (Ellinor, 2019; Lau, 2019) and support assessment (Johnson et al., 2021; Moula et al., 2020). Researchers noted that educators could potentially incorporate content from SBDT sessions to support the social-emotional progress of students, suggesting that in-class practice of skills explored in SBDT could solidify targeted outcomes (Akhmetzhan et al., 2020; Kejani & Raeisi, 2020). Scholars wrote about how interdisciplinary collaboration facilitates the incorporation of SBDT into the school ecology, including being built into schedules (i.e., students do not miss instruction time to participate), supervising those providing SBDT services, and helping shape the school structure (Dyer, 2017; Ellinor, 2019; Lau, 2019). Further, some SBDT practitioners reported challenges establishing a physical space for their work, potentially compromising effectiveness and the containment of socio-emotional content. Suggestions include securing committed school spaces where students can feel safe to fully engage in SBDT (Bornmann et al., 2007; Frydman & Mayor, 2021), which may include sessions occurring outdoors in a natural setting, when appropriate (Bassingthwaight, 2017).

Research-Related Findings

There has been a recent call for rigorous empirical research to further establish an evidence-base in drama therapy (Armstrong et al., 2019; Feniger-Schaal & Orkibi, 2020). This call is reflected in the SBDT literature, advocating a school-specific emphasis (Frydman & Mayor, 2021) with targeted populations (Dyer, 2017) and increased sample sizes (Moula et al., 2020). However, seven of the 16 articles included in this scoping review are theoretical and do not include empirical support for SBDT (see Table 1). Given previous findings that funding is limited due to a lack of occupational

recognition in schools (Frydman & Mayor, 2021), a stronger SBDT evidence base may increase awareness and yield further funding opportunities to support research efforts.

When examining the empirical studies included in this review, a number of issues are noted. Three articles do not explicitly state the drama therapy model used and a further three report a mixture of drama therapy interventions. Most of the articles fail to include a step-by-step protocol of the intervention. This lack of detail limits the usefulness of applying this research to practice, as well as reduces the possibility for replication. In one of the studies, the person delivering the intervention possessed minimal drama therapy credentials (Kejani & Raeisi, 2020) according to the NADTA’s (2022b) established parameters, and in several studies the researchers provided the intervention themselves (e.g., Bassingthwaight, 2017; Bornmann et al., 2007; Dyer, 2017; Moula, 2021; Sajnani et al., 2019), which is a potential source of conflict of interest and/or bias. Further, thick descriptions are recommended when reporting qualitative findings to increase external validity and determine transferability (Lincoln & Guba, 1985), however, several articles lacked these thick descriptions (e.g., Bassingthwaight, 2017; Dyer, 2017; Mayor & Frydman, 2021). In addition, only three of the quantitative studies included an experimental and control group (Bornmann et al., 2007; Kejani & Raeisi, 2020; Moula et al., 2020), and a single study was a randomized control trial (RCT) (Moula et al., 2020). Three were pilot studies (e.g., Bornmann et al., 2007; Moula, 2021; Moula et al., 2020), with no known follow-up studies. Contextualized, a failure to build from pilot studies has been an identified issue across drama therapy research (Armstrong et al., 2019).

Recommendations

Recommendations for Practice

Utilizing the Dramatic-Aesthetic Frame

School-based drama therapy practitioners should continue to utilize drama-based activities with young children and adopt an awareness of when to creatively and intentionally increase the aesthetic frame (i.e., add more texture to the dramatic metaphor) or decrease it (i.e., allude to a life-drama connection between metaphor and the child’s reality) within a SBDT session. Centering this awareness would generate optimal responsiveness by the SBDT practitioner that can be titrated to the unique socio-emotional needs of students. Moreover, given the findings that SBDT can help support communication, conflict resolution, and generate group norms (Akhmetzhan et al., 2020; Lau, 2019), SBDT practitioners might provide tiered interventions across classrooms

to strengthen these developmental learnings for all students or work with other school employees to identify which students are struggling the most with these skills for a more targeted intervention.

Delivery of SBDT Trauma Assessments

Although there is great promise in utilizing dramatic play as an assessment tool for young children in schools, only practitioners trained in SBDT should attempt to conduct these assessments. Yet, according to current SBDT practice literature, adopting and promoting a playful approach can potentially create and communicate a friendly, supportive, and trauma-informed intention. Since children who have experienced trauma often present with reduced imaginative thinking and rigid behaviors (Pitre et al., 2016), maintaining a playful disposition can re-introduce possibility and counter negative preoccupations. While the literature largely considers the SBDT practitioner, researchers have noted that simplified drama therapy activities can be delivered by educators. The recommendation to train non-clinical staff in whole-school approaches for student betterment was previously made by Stratford et al. (2020) and supports the concept and promotion of packaged drama therapy-based activities offered by non-SBDT personnel. Broadening access points for students to SBDT and related activities would ideally extend the representation of playfulness among stakeholders to support children's communication skills, emotional expression, and mentalization (Akhmetzhan et al., 2020; Ellinor, 2019). It is strongly recommended that non-SBDT personnel consult and receive training from an SBDT practitioner prior to implementing these activities.

Targeting SBDT for Specific Populations

Although preliminary, research focused on specific clinical populations illustrates the potential of SBDT in targeting symptomology and related psychosocial challenges. Identifying and selecting cognitive factors as outcome targets for enhancing socio-emotional development in young children is a suggested intervention, as the inter-relatedness of these domains in this age cohort has been previously established (Ferrier et al., 2014; Li et al., 2020). In line with Kejani and Raeisi (2020), previous drama therapy literature has posited that role play is a cognitively organizing activity that potentially promotes executive functioning capacities and contributes to improved cognitive functioning and relational capacities (Frydman, 2016). Additionally, a focus on relationship building in social skills development should be a priority for SBDT with young children, as clinical issues can interfere with

interpersonal development (Parker et al., 2015; Schwartz-Mette et al., 2020). Lastly, SBDT practice focused on socio-emotional functioning should consider adaptations for schools embedded in unique settings, such as residential treatment facilities or psychiatric units.

Recommendations for Policy

Expanding SBDT Services Through Dedicated Funding

While SBDT practitioners have been working across tiers with young students to provide services relevant to each MTSS level, further expansion of SBDT programs to engage students across tiers would offer a comprehensive response to addressing early childhood psychosocial challenges, such as traumatic exposure. To support this effort, we recommend actively linking SBDT practitioners with school-based funding sources to promote program development. Since funding issues reduce the reach of SBDT practice (Frydman & Mayor, 2021), utilizing the current evidence base of SBDT with young children could help secure funding from school boards for program development. Specifically, a focus on matching the use of creative expression with children's communication styles (e.g., Dix, 2001; Johnson et al., 2021; Mayor & Frydman, 2021; Webb, 2019) could position SBDT as a developmentally aligned primary intervention across MTSS levels.

Actively Promoting and Integrating SBDT

In an effort to enhance interdisciplinary collaboration, we recommend SBDT practitioners educate peers on their scope of practice and socio-emotional outcome goals for students (Mayor & Frydman, 2021). Doing so can help to transfer appropriate reinforcement for the student outside of the SBDT session and into the larger school environment, where greater attention can be offered by educators in enhancing socio-emotional functioning (Akhmetzhan et al., 2020; Kejani & Raeisi, 2020). Beyond professional education, SBDT practitioners should advocate for active participation in interdisciplinary meetings (e.g., Individual Education Plans, 504 meetings) as core members of a child's social support team. This can further integrate the role of SBDT practitioners in schools, thereby increasing referrals, professional visibility, and collaborative opportunities (Frydman & Mayor, 2021). As Dyer (2017) recommends, involvement in the formal education plan may assist with SBDT becoming a consistent resource for children with identified special needs alongside allied professional's interventions. Furthermore, similar to other members of school social support teams (e.g., social workers, psychologists) who typically have dedicated physical spaces, we advocate for a featured SBDT space within the school, or on school

grounds, that is set up to flexibly engage children in dramatic play (Mayor & Frydman, 2021; Webb, 2019). This suggestion has been previously expressed by scholars in the field (Danieli et al., 2019; Moula et al., 2022; Regev et al., 2015), and would ideally serve to reduce reported experiences of instability among SBDT practitioners (Frydman & Mayor, 2021), thereby supporting ecological integration into the setting.

Recommendations for Research

While there is emerging evidence for SBDT's effectiveness, further research on the use of drama therapy to enhance socio-emotional skills in early childhood in schools is needed (Dyer, 2017; Frydman & Mayor, 2021). In line with previous calls for increased effectiveness research across drama therapy (Armstrong et al., 2019; Feniger-Schaal & Orkibi, 2020) and SBDT specifically (Dyer, 2017; Moula et al., 2020), we recommend a broad-level articulation of a scaffolded SBDT research agenda in schools (e.g., Frydman et al., 2022), focusing specifically on socio-emotional skills.

Furthermore, without SBDT interventions that have been rigorously assessed for effectiveness across schools—beyond pilot studies—there remains a threat to external validity. We recommend expanding the number of quasi-experimental and RCT studies to assess the effectiveness of SBDT in enhancing socio-emotional skills. Future studies could benefit from larger, more representative samples, a recommendation in line with Moula et al. (2020), in order to increase the trustworthiness and generalizability of the evidence. We also recommend the use of thick descriptions when reporting qualitative research so that researchers and practitioners alike are better able to assess the potential transferability of the findings from these studies. Additionally, it is important that forthcoming research clearly articulates the drama therapy approach being studied and provides clear and specific intervention protocols to allow for replication and greater application to practice. Whenever possible, studies should utilize fully credentialed drama therapists to implement the intervention, but we strongly suggest the SBDT practitioner not participate as a researcher to reduce possible conflict of interest or bias.

Conclusion

Despite utilizing a scoping review methodology in order to identify and assess a wide body of literature on the use of SBDT to improve socio-emotional skills with young children, our search criteria yielded notable limitations to our findings. First, we only included articles in English. Given that drama therapy is practiced worldwide, key contributions may be missing. Second, while we followed common

practice to limit inclusion to peer-reviewed articles, many drama therapists publish in books, thus excluding these contributions. Last, because the goal was to focus on drama therapy, which requires specific training and theoretical orientations, we excluded articles that broadly discussed the impact of drama or imaginative play without a specific drama therapy approach. We also excluded articles that relied on related approaches, such as psychodrama, socio-drama, Theatre of the Oppressed, or Playback Theatre (Johnson & Emunah, 2021). Thus, literature on these related and potentially overlapping practices has not been included in this scoping review.

While SBDT has an emerging evidence-base that requires additional research into its effectiveness, the existing literature suggests the intervention may offer needed support for young children with clinical diagnoses, those exposed to trauma and adverse experiences, and can promote age-appropriate socio-emotional skills. The literature has positioned SBDT as an important tool for young children to practice inter- and intra-personal skills using metaphor, aesthetic distance, role-play, and life-drama connections. We recommend that school personnel receive training and consultation on SBDT and how to adopt an intentionally playful stance to support young children. Lastly, we envision a future where SBDT practices and practitioners are part of the ecological fabric of schools, including well-funded programming, inclusion in interdisciplinary planning, having a dedicated physical space, and integrated into MTSS public health approaches to addressing trauma.

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