

# A systematic review of dramatherapy interventions used to alleviate emotional distress & support the well-being of children & young people

## Background

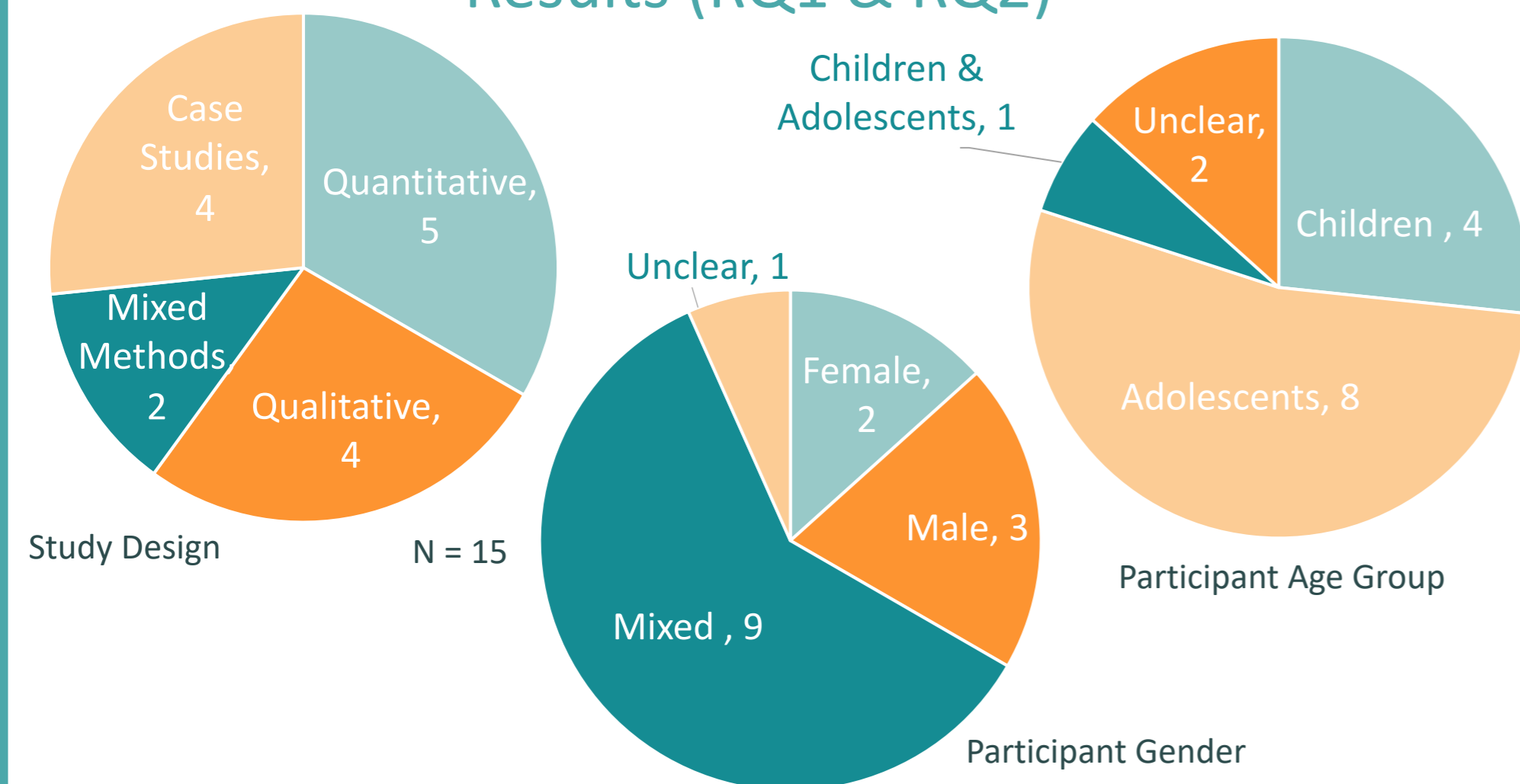
Conditions related to emotional distress, such as anxiety, depression and trauma are leading causes of illness and disability; they affect millions globally each year and cause significant social and economic impacts (Pote, 2022). Although they occur across the lifespan, these conditions commonly arise before or during adolescence (Jones, 2013; Solmi et al., 2022). The personal and social burden of experiencing an emotional disorder during childhood and adolescence is significant. The impact can be felt across many facets of life including via missed school days (Finning et al., 2019; NHS Digital, 2021), impaired social relationships (Elmer & Stadtfeld, 2020) and via economic cost (Konnopka & König, 2020). Intervening, with interventions such as dramatherapy, to treat emotional distress during childhood and adolescence is critical to reducing long-term suffering and significant economic burden.

**RQ1** - What are the population characteristics (such as age, gender and diagnosis) of children and adolescents who are engaged in dramatherapy due to emotional distress?

**RQ2** - What are the intervention characteristics (such as length of sessions, number of sessions and setting) of dramatherapy for children and adolescents with emotional distress?

**RQ3** - Where outcome data is available, what is the effect of dramatherapy on reducing emotional distress of children and adolescents? Where it is possible to calculate this, what is the range of effect sizes?

## Results (RQ1 & RQ2)



Studies showed that dramatherapy was often delivered in schools (46%) and clinical settings (20%) and was more frequently delivered to adolescents (53%) (>11 years) than children (26%) (8 to 11 years). Dramatherapy was used as a treatment for diagnostically heterogeneous groups (40%), for emotional and behavioural difficulties (33%) and following a shared, traumatic, experience (20%). The majority of studies (86%) were delivered in a group format.

## Results (RQ3)

Of the fifteen studies included in this review, seven studies reported quantitative data relevant to RQ3. Where possible, Cohen's *d* was calculated and pre-to-post intervention effect sizes ranged from  $d = 0.17$  to  $d > 2$  thus reflecting a wide range of therapeutic improvements.

The largest effects were seen in data relating to adolescent trauma (Hylton et al., 2019; Mackay et al., 1987) however, these studies were uncontrolled and had small sample sizes. Large effects were also seen in studies wherein participants had high level clinical symptoms of emotional distress (McLachlan and Laletin, 2015; Pellicciari et al., 2013). These studies were also uncontrolled. A range of effect sizes were also seen in three studies which took place in schools. Large and medium effects were seen the teacher reported data of two controlled studies which took place in primary schools (McArdle et al., 2002; Moula et al., 2020). Conversely, small to negligible effects were seen in one secondary school based study (Rousseau et al., 2007). More research is warranted in order to explore the range of effects seen in this review.

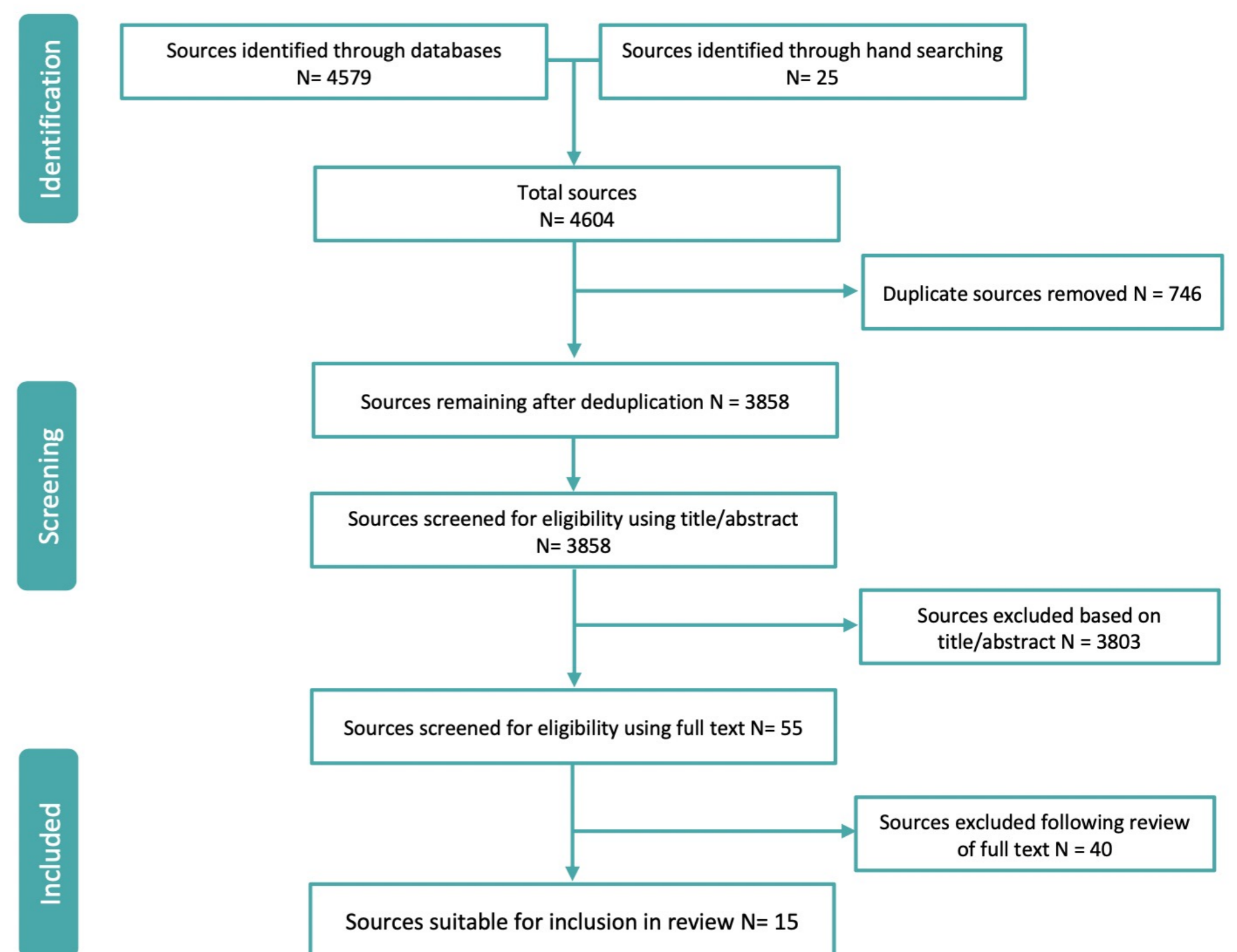
## Method

The protocol for this review was registered on PROSPERO (CRD42022310960).

A total of seven electronic databases (PsychInfo, PubMed, Scopus, Web of Science, CINAHL, EMBASE and Cochrane) were searched in March 2022. A PRISMA flow diagram, outlining the search and screening process is presented below.

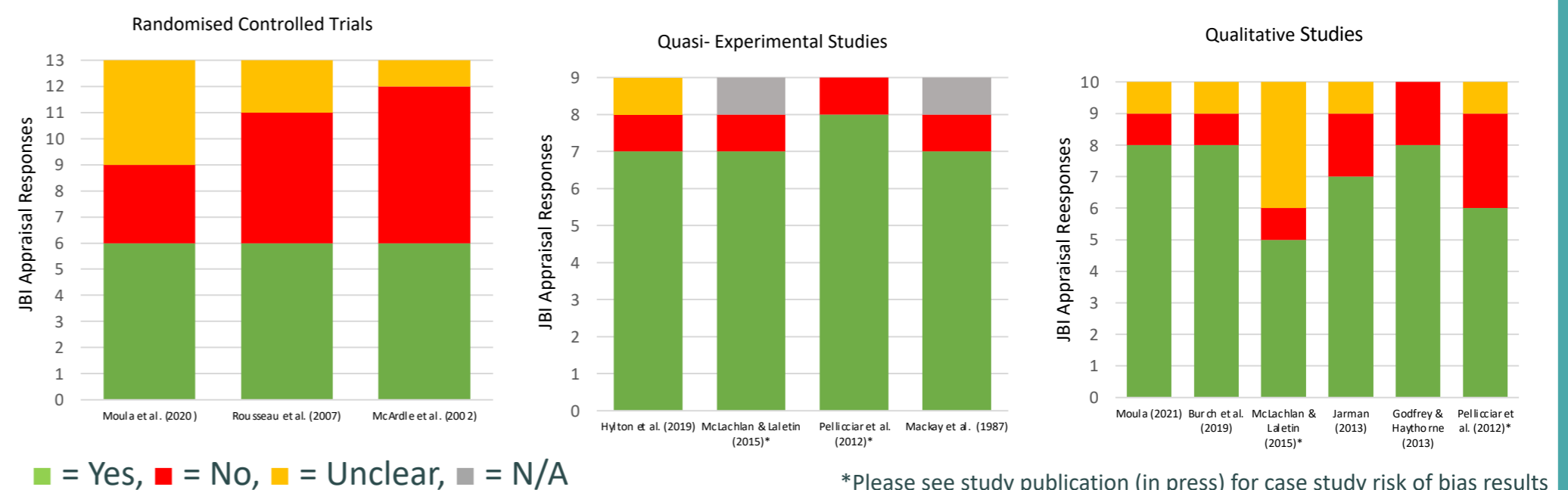
In order to be eligible, studies were required to be peer-reviewed articles written in English on any date. The study sample was required to be children and / or adolescents between the ages 8 to 18 years who were experiencing emotional distress. The intervention was required to be dramatherapy which was delivered either alone or in conjunction with another intervention.

Data relating to participant and intervention characteristics, and to the effect of the intervention were extracted independently by two authors using a piloted data extraction form. Participant and intervention data was tabulated and quantitative data relating to outcome was used to calculate pre- and post-intervention effect sizes.



## Risk of Bias

Risk of bias in all studies in this review was measured using the Joanna Briggs Institute (2020) risk of bias tools. No studies were excluded based on quality however, methodological weaknesses were present in most studies. Future research should focus on methodological robustness.



## Conclusion

The evidence base of dramatherapy is small but growing. Dramatherapy is currently used with children and young people as a treatment for a range of conditions related to emotional distress including anxiety, depression and trauma. Provision of dramatherapy is largely heterogeneous but much work takes place in schools (46%) and with adolescents (53%). Existing research is methodologically limited. Amongst other issues, studies are small and often uncontrolled. Dramatherapy may be useful for high-level clinical needs or following a traumatic event; it may also be useful for early intervention however further research, focused on methodological quality, is required.