



The experience of school-based dramatherapists: Understanding the barriers and facilitators of UK school-based dramatherapy to inform better implementation

Eleanor Keiller^{a,*,1}, Taryn Hutchinson^{b,2}, Dennis Ougrin^{a,c,3}, Catherine Elizabeth Carr^{d,4}, Jennifer Y.F. Lau^{a,5}

^a Youth Resilience Unit, Centre for Psychiatry and Mental Health, Wolfson Institute of Population Health, Queen Mary University of London, UK

^b Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK

^c Youth Resilience Unit, Centre for Psychiatry and Mental Health, Wolfson Institute of Population Health, Queen Mary University of London and East London NHS Foundation Trust, UK

^d Unit for Social and Community Psychiatry, Centre for Psychiatry and Mental Health, Wolfson Institute of Population Health, Queen Mary University of London and East London NHS Foundation Trust, UK

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ABSTRACT

Approximately 50% of UK dramatherapists deliver their work in schools. Despite this, little is currently known about the way in which school settings affect the dramatherapy that is delivered within them. This qualitative investigation utilised semi-structured interviews (N = 12) and reflexive thematic analysis to identify the facilitators and barriers of providing dramatherapy in school settings. In addition, the unique experiences of working as a dramatherapist in a school setting were also investigated. Amongst others, the facilitators identified included school as an accessible and safe place for therapy to occur. In addition, the structure provided by the school's daily and annual timetable, and the support of other school-based professionals and organisations were also identified. The barriers identified related to funding challenges, inappropriate referrals, schools seeking quick results and a lack of access to suitable spaces for therapy to occur. Regarding their experiences of employment, many dramatherapists spoke of working in multiple schools and, whilst some enjoyed the flexibility this offered, many found it challenging to become part of the school community and experienced a sense of isolation whilst working. Feeling like they are lower paid than clinical counterparts, such as colleagues in Child and Adolescent Mental Health Services (CAMHS), was also raised by those interviewed. These findings suggest that resource investment and investment into teachers' and other school-based professionals' knowledge of dramatherapy is warranted. In addition, dramatherapists who work in schools may benefit from community building. Future research, which explores the experience of dramatherapists in other settings is also encouraged.

Introduction

Data suggests that approximately 50% of UK dramatherapists deliver their work in schools (British Association of Dramatherapists, 2022). Despite this, little is known about the experience of dramatherapists who work in such settings. Drawing from the field of implementation

science, seeking to explore the barriers and facilitators of interventions such as dramatherapy is important when wishing to better understand the delivery of such interventions (Hamilton & Finley, 2019). Conducting research which seeks to understand context-specific influences on the delivery of complex interventions is also crucial (Skivington et al., 2021). In addition, developing an understanding of the experience of

* Correspondence to: Youth Resilience Unit, Academic Unit, Cherry Tree Way, Glen Rd, London E13 8SP, UK.

E-mail address: e.keiller@qmul.ac.uk (E. Keiller).

¹ Orcid ID: <https://orcid.org/0000-0002-2316-3019>

² Orcid ID: <https://orcid.org/0000-0003-4464-8178>

³ Orcid ID: <https://orcid.org/0000-0003-1995-5408>

⁴ Orcid ID: <https://orcid.org/0000-0001-5179-2464>

⁵ Orcid ID: <https://orcid.org/0000-0001-8220-3618>

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workers in these settings provides a valuable perspective (Zbukvic et al., 2022).

Before delving further into the nature of dramatherapy in education today, it is, perhaps, helpful to consider the emergence and origin of dramatherapy in this setting. Dramatherapy could be said to have first emerged in education as a result of Peter Slade's practice, and his resulting seminal publication, *Child Drama* (1954). Slade steadfastly believed in the power of drama for the healthy expression and development of children and young people. Holding various significant roles, Slade dedicated his life to ensuring that drama was practised in schools and that children and young people were able to access the transformative experiences that he recognised were possible through it (Slade, 1989). In 1939, Slade addressed the British Medical Association to discuss his work and, whilst doing so, became the first person to use the term 'dramatherapy' as we know and use it today (Slade, 1989).

Following Slade's important work, dramatherapy as a profession has progressed significantly. Since 2005, all UK dramatherapists have been required to be registered with the Health and Care Professions Council (HCPC) (British Association of Dramatherapists, 2017) and work has emerged in a wide variety of settings including in schools and education (British Association of Dramatherapists, 2022). As the profession has developed, so too has the literature. A notable publication regarding arts therapies in schools is by Karkou (2009). Amongst other areas, this book explores the importance of schools as a workplace for arts therapists and begins to explore the impact of the setting on the practice; this study hopes to continue, and update, this important discussion in an empirical fashion. School-based dramatherapy specifically has been explored in the work of Leigh et al. (2012); this extensive edited volume, alongside case studies, provides useful insight into areas including evidence, policy and future direction. Much of the remaining literature regarding school-based dramatherapy focuses on the experience, or outcomes, of the child or young person receiving the intervention (Moula, 2021; Moula et al., 2020). Such literature provides insights into what takes place in the therapy (Dean et al., 2018), what the children, young people (Burch et al., 2019) or their families (Godfrey & Haythorne, 2013) think of the therapy and what effects the dramatherapy had (Domikles, 2012; Dyer, 2017; Frydman & Mayor, 2023).

Such literature is, no doubt, of great value to the field of dramatherapy, however, it does not shed light on the other side of the coin. That is, it does not provide insight into the experience of the dramatherapists who are organising and delivering dramatherapy sessions; it does not explore the challenges that they face and the potential opportunities and solutions to address these challenges. A small body of literature which discusses the policy landscape affecting dramatherapy and dramatherapists in schools also exists. Such literature considers the role of schools in delivering health interventions including dramatherapy (Jones, 2012), explores the implementation of multi-disciplinary teams (including dramatherapists) (McFarlane, Harvey & Jennings, 2012), and examines the relationship between educational and therapeutic professionals (Holmwood, 2016) and practice (Roberts, 2023). Whilst useful, this literature, again, does not provide insight into the experience of those currently delivering dramatherapy in schools.

A select number of researchers, who are based in North America, have recently begun to explore the practise from the perspective of school-based dramatherapists themselves. Although involving only dramatherapists from the USA and Canada, a survey was circulated by the North American Dramatherapy Association which sought to gather both quantitative and qualitative data regarding school-based dramatherapists' workplace practice and experiences (Frydman & Mayor, 2021; Mayor & Frydman, 2018). The questions explored five domains including: "demographics, employment and organizational information, perceived impact of drama therapy within the schools, individual practice in the schools, and challenges to service delivery" (Mayor & Frydman, 2018, p. 11). Amongst other findings, the quantitative element of the survey revealed that nearly half the sample (48.9%)

initially experienced obstacles in relation to the implementation of dramatherapy; 19.2% did so with regards to members of the school faculty (Mayor & Frydman, 2018). Qualitatively, the findings uncovered challenges relating to funding and the need for a specified role for dramatherapists working in school settings. In addition, logistical challenges, such as with regards to space, were also uncovered (Frydman & Mayor, 2021). Although offering useful insight, this data relates specifically to the North American population and thus, may not apply in their entirety to UK settings.

UK schools are fast-paced, dynamic settings wherein many professionals work systematically to support children and young people. Although they are primarily educational settings, more and more interventions which support the general health and well-being of children are being delivered in schools (Hoover & Bostic, 2021). Dramatherapy is one such intervention. It is currently delivered in UK schools to children and young people with a wide range of needs (Berghs et al., 2022; Keiller et al., 2023). Such needs may relate to mental health and illness (Rousseau et al., 2007), to trauma (Jarman, 2014; Sajjani & Johnson, 2014), to Autism Spectrum Disorder (Godfrey & Haythorne, 2013) or a learning disability (Wu et al., 2020). They may also relate to behaviour management (Domikles, 2012) or the development of social skills (Frydman & Mayor, 2023). Understanding the experience of dramatherapists, especially in relation to delivering a health intervention in an educational setting, is important. Researching this area is important, not least for the successful development of the profession in this setting, but also, by understanding the facilitators and barriers of the practice, for potentially optimising the access and outcomes for the children and young people who receive it. As such, this qualitative study utilised semi-structured interviews with UK school-based dramatherapists. The research questions it sought to answer were as follows:

Research Question 1: What do school-based dramatherapists perceive to be the facilitators of the school setting on the dramatherapy they deliver?

Research Question 2: What do school-based dramatherapists perceive to be the barriers of the school setting on the dramatherapy they deliver?

Research Question 3: How do school-based dramatherapists experience issues related to their employment in the school setting?

Methods

This investigation is rooted in an interpretivist paradigm which asserts that reality is multiple and that it is socially and individually constructed. As such, it utilised individual semi-structured interviews to explore the lived experience of UK school-based dramatherapists in relation to their place of work.

Participants

A total of 12 dramatherapists were recruited to a study that invited their perspectives on the active ingredients of dramatherapy (paper currently in preparation) and their experiences of working in a school. They were all qualified dramatherapists who had experience of working in UK schools particularly with 8- to 18-year-old children and young people, who were experiencing emotional distress. In order to be eligible for this study, participants were required to have worked, in UK schools, with at least three children or adolescents since the year 2000. They were also required to be able to provide informed consent for their participation and be happy to be recorded in their interview.

Recruitment was primarily conducted via an advert placed in the British Association of Dramatherapists' weekly e-newsletter. A brief description of the study was circulated and dramatherapists were invited to contact the lead researcher, via email, if they were interested in taking part. The lead researcher also circulated the same advert via her own professional networks. Upon consenting to take part in the study, all participants completed an online demographic questionnaire

before an interview was scheduled. All participants received a £ 20 high-street shopping voucher as a token of appreciation for their time.

Ethical approval for this study was granted by Queen Mary University of London Research Ethics Committee before recruitment was initiated.

Procedure

As this study sought to understand the lived experience of dramatherapists working in UK schools, a qualitative methodology was employed. All participants attended an individual semi-structured interview which was conducted online by the lead researcher. The interviews lasted up to 90 minutes and participants were offered a short break around half-way through. A topic guide, which was co-created with a research active-dramatherapist who had previously worked in schools, was used to guide the interviews (this dramatherapist did not also participate in the research). A full list of questions asked is offered in Appendix A; the questions pertained to the benefits and challenges of working in schools and to topics such as one's relationships with other professionals in the school. All interviews were audio-recorded and they were transcribed. All participants were also offered the opportunity to edit or amend their transcript following the interview.

Data analysis

The selected method of analysis was reflexive thematic analysis. This method was deemed most suitable as it does not require an initial coding framework or the presence of pre-determined hypotheses (Braun & Clarke, 2021). In addition, this method also foregrounds the researcher's interpretation of the data and recognises the influence that they have on the patterns or findings which are elicited (Byrne, 2022).

To conduct the analysis, all data was placed into NVivo (a computer software package which supports the analysis of qualitative data). Two researchers [EK, TH] then began to analyse 25% of the transcripts (N = 3) which were randomly selected. The researchers first worked separately to become familiar with the data and to fully code the selected transcripts. At this stage, coding involved searching for items of significance and applying a short title or keyword to the relevant area in the transcript. Once three transcripts were coded, the researchers came together to share their coding. They went line-by-line through each transcript and searched for similarities and differences in the codes applied. They then agreed upon a shared coding strategy which both researchers felt summarised and encapsulated the data set well. The researchers then created a thematic map by searching for themes amongst their agreed codes and grouping as such. Using the agreed strategy, the lead researcher then conducted the analysis again on all transcripts (N = 12). In this process, a handful of codes were added. These new codes, along with the text which had informed them, were shared with TH and JL for agreement.

As reflexive thematic analysis foregrounds the researcher's interpretation of the data, reflexive engagement and deeply considering the impact of the researchers on the research, was important in this study (Olmos-Vega et al., 2022). As such, this study utilised both Walsh's (2003) typology of reflexive practices, and Finlay's (2002) 'reflexivity as introspection' in order to support engagement with the researchers' influence on the research procedure and findings. Before the analysis, the researchers discussed their demographic identities and their academic position in relation to the research topic. They also considered the cultural perspective from which they were approaching the research and considered the impact that all such things may have on the findings that they drew.

Results

Participants

A total of 12 school-based dramatherapists were interviewed for this study. 10 of those involved were female, one was male and one was non-binary; the ages ranged from 25 to 64 years old (SD = 10.59). Seven dramatherapists described themselves as English, Welsh, Scottish, Northern Irish or British, one as Caribbean and four as having an 'Other White Background'. Eight dramatherapists had been practicing in schools for between 0 and 4 years, three for between 10 and 14 years and one for between 15 and 19 years. Nine dramatherapists had worked in primary schools, nine had worked in secondary schools and two in sixth form colleges. Four dramatherapists also indicated that they worked in 'other' schools; this included pupil referral units (N = 2), special educational needs schools (N = 3) and alternative provision (N = 1). Nine participants were working in schools at the time of the study and three discussed previous experiences of doing so.

Findings

Following the data analysis, a total of 27 codes were applied to the data. For research question 1, relating to the facilitators of school-based dramatherapy, eight codes were identified. For research question 2, relating to barriers, nine codes were identified. One code, fitted into both facilitators and barriers. The remaining codes (N = 10) were about dramatherapists experience of employment when working in schools and thus, related to research question 3. The research questions and corresponding codes are presented in Table 1. Each of the codes are also presented below, alongside excerpts of the data which informed them.

Research question 1: Facilitators of school-based dramatherapy

Eight codes identified in the analysis were recognised as facilitators of school-based dramatherapy. The first codes in this category related to the school setting as a place where children spend much of their waking life and where, often, they feel safe. As such, many of the dramatherapists we interviewed spoke of schools as being both a safe (code 1) and accessible (code 2) place for dramatherapy to take place. In the data which informed these codes, dramatherapists spoke of being able to reach participants who would otherwise not access therapy and the range of professionals who are present in school to support a child. In addition, some dramatherapists who work with older children also discussed the privacy which is maintained through school-based dramatherapy which is not achievable, for example, due to travelling, in clinic-based work (code 8).

"I think, especially for students who don't have supportive households, I think school is a really safe space. I think schools identify where there is need [and they are places] where there are other adults trained to support them." [Participant 1]

"I think when it works, it's brilliant, because you've already got this village, this community, this wrap-around care for this young person; they do that liaison with home as well." [Participant 10]

"I work with a lot of students that don't want their parents involved or don't want their family to know they're in therapy. If we were to work outside of school, or in a clinic or in a community centre, that would raise questions." [Participant 9]

In addition to school being a safe and accessible place for therapy to take place, dramatherapists also spoke of the structure offered by school-based work. In particular, dramatherapists spoke of working to deliver their therapy within the school's annual or termly timetable (code 3). It should be noted that for some dramatherapists interviewed, they believed this was a good model for therapy whilst others noted that, occasionally, some children found taking breaks for school holidays to

Table 1
Results of analysis.

Research Question	Codes (N = 27)	Example
1 Facilitators	School is a safe place for therapy	"I think they have a space that is in the school [but] it sort of sits slightly outside of the school's system. It's where they can experience being themselves in a different way, but it's still held within, sort of, like, the safe space of school." [Participant 3]
	School is a useful or accessible place for therapy	"The pros are that the child is there so it's not taking them out of other activities, maybe after school activities. If the parents are having difficulty and they're struggling as well, you know, it eliminates the parents having to bring them somewhere. If the family have multiple children, and then the parent has to bring a child somewhere and the other children have to be looked after." [Participant 4]
	Dramatherapists work within the school's annual or termly timetable	"So, we were then thinking about working for certain times only, or, in some circumstances for a year. So, it was maybe, usually, like, yeah, from September to December, or maybe September to February half-term. Rather than having just short interventions of like eight sessions, it was more based on the term." [Participant 2]
	Dramatherapists work within the school's daily timetable	"So, lesson time in the school I work at is an hour, but I think it's useful to have sessions within 50 min because typically that is the therapeutic hour that a lot of therapists work with. But, also, it allows the young person to just have that 10 min of space to come down from the session, to go to the toilet or to go to pastoral." [Participant 12]
	Many organisations or professionals (in and outside of the school) facilitate school-based dramatherapy to happen	"So, there's a multidisciplinary team meeting that I used to attend once a month... So, there were clinical psychologists, occupational therapists and me. We would discuss children and they would make referrals; I might make a referral to them... I often used to sometimes meet with, you know, the head teacher, sometimes they'll just sit with me, I'll sit with the deputy headteachers, we just used to get together just to run through of all the children we're working with." [Participant 10]
	Other professionals' understanding of and perspectives of dramatherapy are important There is, occasionally, organisational support with bureaucratic requirements such as referral and consent Dramatherapists involve, or do not involve, CYPs' parents and families	"I would say the teachers; they can be an amazing benefit but can also be very challenging... and if there's a lack of respect for the intervention within the organisation [that can also be challenging]." [Participant 1] "In one organisation it was usually the SENCo or someone, in the secondary schools it was Foster Care Coordinator who was identifying all the children and young people that needed therapy and they were the one filling in the form." [Participant 2]
2 Barriers	The school environment can contradict the therapeutic environment	"Well, what's supposed to happen, in an ideal situation, is that once the referral comes in the therapist would then talk with the parents. So, we try to have a systemic approach where we're talking to the school and the parents before they talk with the client." [Participant 4]
	Referrals are made for behaviour management	"So, I'm saying this room is different to the rest of the school because, you know, when we're in the classroom there's lots of other people [and] we have to do our best to keep quiet when we're working quietly, etc. But here, this is your space." [Participant 6]
	Access to, and quality of, physical spaces There can be a range of funding sources	"So, if there were some behavioural difficulties, the aim was to help the child to reduce their problem behaviour [or] difficulties in class." [Participant 2] "I go to the room. There's normally someone in who's not meant to be in it. You've got to chuck them out." [Participant 1] "The SENCo departments, that's where they get [funding] from. With the primary school setting, she was a looked after child for a while. So, her funding came through that and then the final bit was from the adoption agency and the rest, it's kind of funded by departments themselves." [Participant 8]
	Security or insecurity of funding	"It's on the fiscal year... So, it's you know, March to April to March. And so, if you run out of your 32 sessions, as you're coming closer to it, you have to put in for the funding and ask for the funding maybe in like, December, no later than January. And you may or may not get it." [Participant 4]
	The number of sessions offered is, often, dependent on funding available School-based dramatherapists feel that they need to prove efficacy or effectiveness Schools may seek quick results from dramatherapy	"I remember situations when we needed to, to plan the possible ending because it was not clear what was going to happen [with funding]." [Participant 2] "So, a lot of time, the aims, a lot of it, come down to funding... If you're in the [the funding organisation], they want to know their money is going someplace 'worthwhile'." [Participant 4] "Both the referrer, the teacher as well and the parents, they were eager for their children to be fixed completely... [it is] difficult to reduce or manage expectations and be realistic with what was going to happen or [what] was achievable." [Participant 2]
	Waiting times are often reliant on therapist availability	"No, I've not had issues with funding. I've had issues of time. I didn't have enough time in the day." [Participant 5]
1 & 2 Facilitators and Barriers	Access to, ownership and transport of physical resources and materials "I have a box that I keep in the like the [Special Educational Needs Coordinator]'s room that I kind of lug downstairs and then take the things out. And so, my resources are a lot more limited than what I have in the [Social Emotional and Mental Health] school because it's out of my own pocket there." [Participant 6]	

(continued on next page)

Table 1 (continued)

Research Question	Codes (N = 27)	Example
3 Employment Experiences	School-based dramatherapists work both full- and part-time	"If I didn't have my other job, then I would work full-time but I work with adults in my other job and I like having that difference." [Participant 11]
	There are a range of employment processes, structures and statuses	"There are a lot of things that are frustrating about it, you know, because I'm self-employed. I don't get paid in the summer holidays and things." [Participant 8]
	There are a range of payment and funding processes	"When I was freelance, I received a fee per session. The one thing that was frustrating about that is that I wasn't paid for planning time or note time, or travel time, although you're not really paid for travel time [in other jobs], but that kind of wasn't taken into consideration and then you also weren't paid for resources." [Participant 1]
	Some school-based dramatherapists feel underpaid	"I don't know whether this is worth mentioning or not, but the pay is not great... Like, just really low pay, which obviously affects how I feel valued." [Participant 3]
	School-based dramatherapists are not paid for all aspects of their role	"It doesn't actually take into consideration all the extra costs that we that therapists do have to go through... We need to travel to and from work we need to pay for supervision. Luckily in the organisation I work for supervision is provided but not all organisations do that. You know, and we also pay for our own therapy, you know, suddenly a lot of therapists are also in their own therapy too. And that's not cheap. So, absolutely, you know, the pay is not great." [Participant 12]
	Some school-based dramatherapists have one role only whilst others work multiple jobs	"I love variety... I couldn't go to the same job every day, day after day... I haven't even mentioned the other jobs that I do because they're not related to schools but, I do other things as well, I love the variety of it." [Participant 4]
	Often, school-based dramatherapists work across a number of schools or locations	"I've been kind of jumping between places for a lot at the moment. For the whole time I've been employed, I've been at least in two or three schools." [Participant 5]
	It can be difficult to become part of the school community	"I think at the beginning I accepted half and half, then I didn't find it helpful because, of course, you're travelling during the break to the other school... It's much better to be present at one institution for at least a day to get to know everyone." [Participant 2]
Many school-based dramatherapists feel isolated and that they are lone workers	"Somehow things need to grow around the lone ranger aspect [of school-based working]. Just to make things feel a bit more embedded into a community because on the one hand, I'm not lonely because my whole job is people facing. On the other hand, I am lonely, because I'm not talking to peers who are doing similar or the same thing as me." [Participant 6]	

CYP = Children and Young People

be challenging.

"So, we work term time only. And that gives, obviously, kids a break, especially a long break in the summertime... I think it's okay to have breaks and then [we can] see if they want to come back or not." [Participant 4]

"So much can happen [in school holidays]. You know, a week is not too bad, but two weeks and then the six weeks, there's a lot of regression that happens." [Participant 12]

In addition to the school's annual timetable, the effect of the school's daily timetable (code 4) was also present in the data and was discussed by the dramatherapists we interviewed. For most, this related to session times and length and, for secondary school-based dramatherapists, in particular, scheduling around core subjects such as science and maths.

"Lesson time in the school I work in is an hour, but I think it's useful to have sessions within 50 minutes because typically that is the therapeutic hour that a lot of therapists work with. But also, it allows the young person to just have that 10 minutes of space to come down from the session." [Participant 9]

"With the secondary school [scheduling is based] around their timetable. They don't want to take them out of the core GCSE subjects... [In terms of length, a session in] the secondary school is only 45 minutes, so they have a bit of gap before their next lesson." [Participant 8]

Alongside school structure, other facilitators identified in the analysis related to the range of professionals who are present in a school environment and the impact they can have on supporting the dramatherapy taking place (code 5). In particular, the dramatherapists we interviewed spoke of working closely with school leadership, teachers, parents, organisations and social workers to organise and facilitate their work.

"[When a referral] comes from a social worker, then the social worker would contact the organisation and then the organisation will have already connected to school and so on." [Participant 4]

"It's a kind of conversation, generally, between the teacher or if not the teacher, then the head teacher, my line manager and me. I guess we're all covering a certain voice and my voice, that I'm bringing is like, "Who do I know is already responding well to the art form?" Whereas the line manager might be thinking more about safeguarding [and the] teacher might be thinking about the [Education Health Care Plan]. It's, sort of, this Venn diagram where we're all coming together." [Participant 6]

A related facilitator was regarding other professionals' perspectives of dramatherapy and the impact this can have on the dramatherapy that is delivered (code 6). Some of the dramatherapists spoke, for example, of teachers who understood and supported their school-based dramatherapy and noted the respect that they afforded to the work. It should be noted that this was not true of all dramatherapists we interviewed but it was considered a facilitating factor if present.

"In general, it's about the culture in the school and how much the teachers are aware of what dramatherapy is, because then when they introduce the therapist and the therapy to the child, then they will have different styles. Some [would say] go and have some fun with me basically, or this is your time with [dramatherapist name] your therapist." [Participant 2]

"I say we are very fortunate that we can have these spaces and we have somebody who leads, who advocates [and] makes sure that therapy is the heart of what we do within the service." [Participant 12]

"I found some of the head teachers I worked with were brilliant. I had one head teacher who had been in family therapy, the whole family,

and she was really switched in [to dramatherapy] ... but then there are other head teachers who bought the service in, but I never thought they really believed in it.” [Participant 11]

Some dramatherapists also spoke of receiving support with regards to paperwork, such as referrals and consent forms, and for processes such as payment (code 7). This was particularly true of dramatherapists who worked for organisations and less so for dramatherapists who worked directly with schools.

“When someone gets referred, or put onto the referral list, then the managing therapist of my area will meet with the school and they will triage need and risk. That therapist also has an awareness of what all the therapists in that school have an interest in or specialise in [and they allocate a suitable therapist] ... that’s the process the organisation does.” [Participant 9]

“I know there is a waiting list but I’ve never actually been part of that. So, my main contact is the [Special Educational Needs Coordinator], and the waiting list, I know there is one but I don’t know how long a child is on it for... I don’t know. I honestly just don’t know the answer to that question.” [Participant 5]

The final code in this theme related to the involvement of parents or families. Particularly dramatherapists who worked with younger children found it useful to work in conjunction with, or have a relationship with parents or carers, whilst dramatherapists of older children, who were Gillick competent (i.e. mature enough to consent to treatment), found school-based work was useful for preventing parents from knowing about the dramatherapy their child was receiving (code 8).

Speaking to a dramatherapist who worked in primary schools:

“So, in my practice, they were always involved, so there would be a parent assessment before starting with the child. I think it’s really important because, first of all, you get to see dynamics. Second of all, a lot of the work done in session is taken home.” [Participant 1]

When speaking to a dramatherapist who worked in secondary and sixth form:

“There’s a lot in the college where the parents cannot know the student is in therapy because of cultural beliefs around mental health and their family. So, parents are rarely involved with the college therapy unless it’s [regarding] safeguarding and they need to know.” [Participant 8]

Research question 2: Barriers of school-based dramatherapy

Alongside identifying facilitators of school-based dramatherapy, this study also identified barriers to school-based dramatherapy and the challenges faced by dramatherapists who deliver such work. The first challenge identified related to the school as a *primarily* educational environment in which dramatherapy is facilitated to take place (code 9). In particular, dramatherapists spoke of the contradictory values of the two environments. For example, in the educational environment there are behaviour requirements, students experience academic pressure and they must show respect to their teachers. This is not true of therapeutic environments wherein students are encouraged to freely express themselves and to develop an equal and trusting relationship with their therapist.

“Because you’re going into a system that doesn’t operate the way you operate as a therapist, and so many schools don’t understand (because how could they?), how things operate in terms of confidentiality and so on... So, people come into the room [during therapy], they think it’s okay, they want to know what happened in the room.” [Participant 4]

In a related code, some dramatherapists also spoke of the challenges of referrals which are made *primarily* for behaviour management rather

than, or alongside, an emotional or therapeutic need or aim (code 10). The data does not suggest that behaviour and emotions are unconnected; rather that behaviour management was *sometimes* prioritised over social, emotional or mental health needs.

“I get with children that their needs are behavioural. And that’s fine. Of course, I want to help with that. But sometimes I noticed with schools, the children whose behaviour is tricky to manage in class get into the therapy space [whereas] there’s a lot of the quieter self-harmers who are withdrawing quietly and aren’t getting picked up as much.” [Participant 5]

The physical environment provided to dramatherapists to conduct their work was also identified as a barrier to their work (code 11). Whilst a proportion of dramatherapists we spoke to did not find this aspect of their work challenging, for many, accessing the appropriate space for effective therapeutic work, was particularly difficult.

“So, we have different types of spaces in the school environment and, I would say, probably that’s the one thing that is a little bit limited.” [Participant 12]

“[Space] is an unbelievable challenge. I have conducted dramatherapy in music rooms, science rooms, gymnasiums, you show up on the day, and they’re like, oh, sorry we have a SATs exam going on in your room now. So, can you be in this room? Then you have to ask yourself, what’s more important to actually meet with this client in an inconsistent place or to not meet with them?” [Participant 4]

It should be noted that, for some dramatherapists we spoke to, appropriate space and materials were provided and thus, this was not a challenging aspect of their school-based work.

“I’m in the same room every week. There’s a sign on the door. It’s brilliant. It’s completely full of all the things I need. I don’t take anything into that school. I just use the things that are there. Leave them in there and then come back each week. There’s also blinds so I can close the blinds. There’s windows that you can have open a little bit so there’s some fresh air. There’s a sink with some water. So that is completely geared up for therapeutic experience and the students respond to that really well.” [Participant 7]

“The school really bent over backwards to make the space as good as it can be. So that’s been absolutely fantastic as space is really important.” [Participant 10]

Moving away from the school-environment itself, funding was also identified as a challenge for many, albeit not all, of the school-based dramatherapists that we interviewed. Alongside there being a range of funding sources for school-based dramatherapy (code 12), dramatherapists also spoke of the insecurity of funding (code 13) and the number of sessions offered, occasionally, being determined by the funding available rather than in accordance with the child’s needs (code 14).

“For these clients that I’m holding in mind, yes, the funding was secure. There have been some clients where I’ve had to prove that the intervention [was working], I’ve had to prove to the school that the intervention was beneficial before they would pay any more money.” [Participant 1]

When asked if funding is ever a challenge, one participant noted that...

“Yes, yeah, it can be at the secondary school. They have more students who they want me to work with but they’re just trying to find the funding for it. The primary setting had students that they wanted me to work with but they had no funding.” [Participant 8]

Related to funding, some dramatherapists we interviewed also spoke of feeling the need to prove the efficacy of their work (code 15) and of the school’s need for “quick” results (code 16). Whilst this was not true

of all the dramatherapists we interviewed, as some were able to work for as long as the child or young person needed, for some, the pressure to achieve quick results, such as lower symptoms or better behaviour, and move onto seeing another child was present.

“I think there is some pressure on the dramatherapists to be able to prove efficacy, and to be able to prove the funding is worthwhile” [Participant 1]

“I find it a big struggle in schools because schools are so in need. They, maybe, have a waitlist and they see things, they have a viewpoint of sort of six weeks... you can't see two children for a year... we want to have other children getting seen.” [Participant 4]

Finally, and related to resources, the availability of the therapist was also identified as a barrier to the facilitation of school-based work (code 17). Many of the dramatherapists we interviewed discussed that the waiting time is often dependent on their own availability and that children must wait until there is a suitable space in their schedule.

“We knew that other children on the waiting list would need therapy; they were maybe then going to be seen by me, potentially at the start of the following term (whether it was after half-term in February) or whenever the slot was becoming available.” [Participant 2]

“I think [waiting times are] related to the system of hiring and the fact that I was there one day per week. That's it, because if I was there for five days a week, then they wouldn't have waited for that many weeks.” [Participant 2]

Research question 1 and 2: Facilitators and barriers

One code, which was identified as both a facilitator and barrier was related to the materials or resources required to conduct dramatherapy in schools (code 18). Whilst for some dramatherapists, appropriate materials were provided, others spoke of challenges in relation to transporting their materials as well as funding and purchasing their materials.

“The school I'm employed at, they have a Therapy and Development Centre. They have a room, I'm in the same room every week, there's a sign on the door, it's brilliant. It's completely full of all the things I need.” [Participant 7]

“They're purchased with my own money. Which is tricky when it comes to things like printing or things like that; when you aren't a freelancer, they would definitely be covered.” [Participant 1]

“It's so heavy. I've got a backpack and like a carrier bag. And I had them and that's like my basic kit. And every session I will bring the basic kit and if they want something extra then I can go out my way and try and find that for them.” [Participant 5]

Research question 3: Employment experiences of school-based dramatherapists

The final category of results relates to school-based dramatherapists experience of their working environment and employment practices. In particular, the range of working practices, such as being full- or part-time (code 19), who their employer is and what their employment status is (code 20), were all present in the data. In addition, the way dramatherapists are paid for their school-based work also varied across the sample (code 21).

“I think it's also important to say that I'm employed by the school. So, I'm part of the staff, rather than being like a freelancer, or like somebody coming in.” [Participant 3]

“I honestly don't know the ins and outs but, by it being an employed post, obviously they would have the budget for specifically

psychological therapists and that's how they would put that aside. The primary school is self-employed and that was actually a head-teacher who came across me in the village that I live in, or word of mouth, but it works.” [Participant 7]

Alongside a range payment processes, many dramatherapists spoke of feeling underpaid for school-based work (code 22), especially in relation to their clinical counterparts such as those in CAMHS. In addition, and for freelancers in particular, there was also a felt sense of not being paid for all aspects of the role, such as travel between schools or for their required resources (code 23).

“Sometimes, I think we're not paid well enough. I think the level of the work that I do is on the level of a psychotherapist because I've got friends and colleagues who are psychotherapists and stuff and it's not because I'm greedy, but it's about the depth of work that I do [or the] value of the training.” [Participant 11]

“[The pay] doesn't actually take into consideration all of the extra costs that we, that therapists, do have... There is no money for materials, we need to travel to and from work, we need to pay for supervision.” [Participant 9]

Working in a number of different schools (code 25) and working a number of different jobs (code 24) was also present in the discussions which took place for this study. Travelling between schools, and having multiple contracts for their work with different schools, was a particular challenge for the dramatherapists we spoke to. It should be noted that this was not the case for dramatherapists based in one school only but it was true of most who were required to travel between schools. Notwithstanding this challenge, many dramatherapists enjoyed the flexibility offered by their school-based work and, thus, said they would not choose a full-time role (5 days per week) if offered one. In other cases, a full-time role, or close to full-time, would be preferred.

“Working in different schools meant that each school had a different contract. So, maybe it was Monday, Tuesday, Wednesday and Thursday, thinking about okay, will they all renew the contract? Hopefully they will. But it's, it's a lot to hold.” [Participant 2]

“I like being self-employed. I was employed as a teacher for nearly 20 years and I like the freedom that comes, I like the variety that comes with self-employment.” [Participant 10]

“I have now got relationships with the teachers in that team and I do kind feel less isolated and I do feel more welcome. So yes, I would accept a full-time position.” [Participant 9]

The final codes in this category related to the working environment of school-based dramatherapists. Many of the dramatherapists we interviewed spoke of feeling like a lone-worker and spoke of working in isolation when delivering dramatherapy in schools (code 27). In relation to this, another code present in the data, was that dramatherapists who work in multiple schools, or who go to schools for just a few hours or days per week, find it challenging to integrate into, and become part of, the wider school community and staff (code 26).

“I would say I'm sort of, I'm sort of a bit of a lone ranger. I'd say I work alongside the safeguarding team, pastoral team, [special educational needs team], but I would say yeah... the main thing is I feel quite lonely.” [Participant 3]

“There's something about really being able to embed yourself in a culture and be like, I'm full-time now here like, you know, this is my space.” [Participant 5]

Discussion

Although, to our knowledge, this study is the first of its kind in exploring UK school-based dramatherapy from the perspective of those

who deliver it, the findings of this study are generally concomitant with similar studies that have been previously conducted in the United States. In addition, in some existing literature regarding UK school-based dramatherapy, wherein therapist experience is not the primary focus, but some information on this can be gleaned from the text, similarities are also identified.

Regarding the facilitators of school-based dramatherapy, our study identified that working closely with other professionals, such as teachers, social-workers and SENCOs (Special Educational Needs Coordinator), was crucial in facilitating dramatherapy to take place schools. In our North American counterparts, working closely with others was also identified as a key aspect of the school-based role, with 94% of respondents considering this an active part of their in-school practice (Mayor & Frydman, 2018). Like our findings, this was considered an aspect of the work which facilitates socio-emotional support, and in particular dramatherapy, to reach students (Frydman & Mayor, 2021). In addition, other professionals' perspectives of dramatherapy, and the subsequent respect or legitimacy afforded to it, was also identified as a facilitator in our study. Most of the dramatherapists interviewed spoke of professional colleagues who supported their work or, where this was not the case, whom they got 'on side' through offering education or CPD on dramatherapy. The importance of such collaboration is also noted throughout UK dramatherapy literature (Crimmens, 2006; Holmwood, 2016; McFarlane & Harvey, 2012) and regarding school-based therapy in Israel (Regev et al., 2015). Interestingly, a lack of awareness and understanding regarding dramatherapy, was identified as a barrier in US-based work with some dramatherapists quoting a lack of buy-in from other school-based colleagues (Frydman & Mayor, 2021). In the UK, in recent years, initiatives such as the Department for Education's 'Whole School Approach to Mental Health' (which includes identifying a senior mental health lead) (Department for Education, 2021) and the 'Mentally Healthy Schools' framework (Anna Freud Centre National Centre for Children and Families, 2020) have been implemented in UK schools. It may be that such nationwide initiatives, which are not as easily implemented amongst the state system of the USA, are effective in supporting school professionals to engage with mental health policy and interventions such as dramatherapy. Dramatherapists are encouraged to engage with the practice and language of such frameworks in order to continue to embed their work into school-settings.

Two facilitating factors, also identified in this study, related to schools as both a safe and useful, or accessible, place for dramatherapy to occur. The dramatherapists we interviewed spoke of students, typically, feeling safe in school and of being able to support hard-to-reach children who may not have parental support to access therapy outside of school. These findings corroborate with qualitative findings in a study of school-based arts therapies for hard-to-reach young people with emotional and behavioural difficulties (Cobbett, 2016). Whilst some of the young people involved had accessed NHS services, when comparing their experiences of having therapy at school versus having therapy in a CAMHS service, they spoke more favourably of the in-school experience. Indeed, one participant noted that "At CAMHS, it made me feel like there was something wrong with me, like I was crazy or something." (Cobbett, 2016, p. 409). Whilst the current study explored the perspectives of dramatherapists only, future research which considers the effect of the school setting from the perspective of both dramatherapists and the children or young people who engage with it may offer more insight into the practice in this setting.

A number of the barriers identified in this study are also present in existing school-based dramatherapy literature. One such challenge relates to the funding of school-based dramatherapy and the security or insecurity that this affords to the work. Funding challenges, and the impact such challenges have on the implementation or continuation of dramatherapy, are noted throughout literature (Critchley et al., 2019; Jennings & Holmwood, 2016). Similarly, and potentially in relation to such funding challenges, some of the dramatherapists we interviewed spoke of working in schools wherein 'quick fixes' were sought or

expected. This may be due to high levels of need coupled with low resource, or to a lack of understanding regarding the time required in dramatherapy, for example, to build a trusting therapeutic relationship. Either way, investment into dramatherapy provision, and clearly communicating with schools the time that it may take for the dramatherapeutic process to take effect, is worthwhile. A final challenge present across this study and much of the literature relates to the physical space available for the delivery of school-based dramatherapy (Frydman & Mayor, 2021; Mayor & Frydman, 2018; Regev et al., 2015). Whilst a select few of those interviewed were provided with adequate space, for many, it was an incredibly challenging aspect of their school-based work. Alongside financial investment, investing in adequate therapeutic spaces, which can be used for both dramatherapy and other mental health interventions which take place in schools, is recommended.

Regarding the employment experiences of school-based dramatherapists, and despite operating in different local and national systems of education, many similarities between UK and North American dramatherapists' employment are identified. Of particular note, was the sense of isolation noted by the dramatherapists whom we interviewed. Working in isolation (particularly professional isolation), is also noted in US-based findings (Mayor & Frydman, 2018). Additionally, and like North American dramatherapists (Frydman & Mayor, 2021; Frydman & Segall, 2016; Mayor & Frydman, 2018), many of our participants spoke of working in multiple schools and of the challenges this raised with regards to embedding themselves in the school community. In other professions, opportunities for socialisation (Tomietto et al., 2015) and a sense of belonging in the workplace (Das & Baruah, 2013) have been linked to employee retention. With data from the HCPC, (HCPC Insight & Analytics Team, 2023), the regulating body for UK dramatherapists, suggesting that 14.5% of dramatherapists leave the profession within 5 years of joining, working to understand and combat this sense of isolation, such as via peer support networks, mentors or events, may be worthwhile.

In addition to reflecting the, albeit limited, existing data on dramatherapy, the findings of this study also reflect other mental health and well-being interventions which are delivered in UK schools. Indeed, in their 2021 review, Gee et al., identified 11 facilitators and barriers to school- and college-based psychological interventions for adolescents. Like our study, the relationships with staff and the support of school-leadership, were identified as key to successful implementation (Gee et al., 2021). In addition, the ability of staff to identify eligible students was also noted as a facilitating factor. In contrast, one of the barriers identified in our study, was that, occasionally, referrals are made for behaviour management rather than for a specifically therapeutic need. Supporting staff, such as teachers or SENCOs, who are making referrals into dramatherapy, to identify suitable children and young people, and to make appropriate referrals, may contribute to successful implementation. This is supported by Shelemy et al. (2019), in their investigation of the needs of teachers with regards to mental health in schools. In this study, training to identify struggling students is requested by teachers. As the dramatherapists interviewed, particularly those who were freelance, noted that they are paid for delivering sessions only, it may be that support from the professional association, the British Association of Dramatherapists, could be provided in relation to this. Free literature or CPD materials that can be easily shared in schools may be of use and value to the profession. This is equally supported by a second review exploring school-based mental health interventions wherein materials and training were also identified as a key facilitator (March et al., 2022). This review also identified funding, and the allocation of sufficient resources, as critical to successful ongoing delivery and, thus, further reflects our findings. Whilst this study has explored dramatherapy in schools, literature suggests that similar challenges are faced in the delivery of other mental health interventions in school settings. As dramatherapy is a, relatively, small profession and, as less is commonly known about the practice, implementation is potentially more

challenging than with other interventions. Notwithstanding, the field of dramatherapy may wish to look towards other professions, who are further embedded in schools, such as the practice of counselling, to learn more about effective implementation.

Although, as discussed earlier, existing evidence regarding the experience of dramatherapists who work in the school settings is limited, the experience of working in other settings has been further explored. Albeit still limited in scope, the experiences of dramatherapists who work outdoors (Bassingthwaighe, 2017), online (Mashiah & Pendzik, 2023; Mitchell, 2021), in paediatric palliative care (Coleman, 2014) and dementia care (Morris, 2011) are all present in existing dramatherapy literature. Much like our study, Coleman (2014), regarding dramatherapists who work with children who have long-term or life-threatening illnesses, noted the importance of supportive colleagues when conducting such work. Whilst in our study, colleagues were identified as being crucial for the facilitation and organisation of dramatherapy, they were noted in Coleman's study as being crucial for the emotional support which is required when working in this context. It may be true that working to deliver dramatherapy in a clinical, rather than education setting allows for easier facilitation and thus, an alternative role for colleagues to fulfil is given space to emerge. Another setting which has been investigated is online dramatherapy. A number of dramatherapists who work online, or were forced to do so during the Covid-19 pandemic, have documented their experience of providing therapy in this context (Mashiah & Pendzik, 2023; Mitchell, 2021). Amongst others, a commonality present in their experience is the transient and insecure nature of the online therapeutic space. Internet connection issues, incorrect meeting links and the ease of client disengagement (i.e. it is much easier to close a laptop screen than to leave a therapy room), are all noted by authors as impacting upon the initial designation and continuation of the online therapeutic space (Mashiah & Pendzik, 2023; Mitchell, 2021). The importance of accessing and maintaining appropriate therapeutic space also emerged in our study; indeed, many of therapists we interviewed found this an incredibly challenging aspect of their school-based work. Although, by school-based dramatherapists, the inaccessibility or insecurity of the space was typically experienced on a week-to-week basis, for those working online, the experience was ongoing. In any case, accessing and maintaining therapeutic space is, clearly, critical when delivering dramatherapy in all settings. School-based dramatherapists are thus, encouraged to use the findings of this study in their advocacy for consistent, appropriate, spaces to conduct their school-based work.

Limitations and Recommendations for Future Research

Whilst this study is the first of its kind in investigating the experience of UK school-based dramatherapists in relation to their employment in schools, this research is not without limitations. The first limitation relates to the sample size; although the participants involved had worked in a range of different schools, the sample was small ($N = 12$) and participants were largely located around the South and East of England. Similarly, much of the sample were female and, whilst this does reflect the profession of dramatherapy, seeking to involve more dramatherapists of different genders is warranted for future research. In order to capture a larger and more varied sample, future research could involve a survey of school-based dramatherapists (such as that conducted in North America). This would allow for a larger sample size and could also be supported by an in-depth investigation such as this one. In addition, this study did not explore differences present between school types; future quantitative research which explores similarities and differences between these may also be conducted. Finally, although not within the scope of this study, research which explores the school setting from the perspective of the children and young people who engage in dramatherapy and which explores the working environments of other settings, such as private practice or CAMHS, would also generate valuable insight for the profession of dramatherapy.

Conclusion

This study was a qualitative investigation of the facilitators and barriers of school-based dramatherapy and the experience of dramatherapists working in school settings. A semi-structured interview was conducted with 12 participants and reflexive thematic analysis was applied to the transcripts. The facilitators of school-based dramatherapy included, amongst others, school as being a useful and safe place for therapy to occur. In addition, working with other professionals, organisations and, where appropriate, parents were also identified. Barriers related, in particular, to accessing funding and appropriate space and to maintaining a therapeutic environment in a, primarily, educational setting. Regarding school-based dramatherapists employment experiences, challenges related to working in multiple schools, working in isolation and feeling underpaid. It should be noted that no individual dramatherapists experience was the same, however, these findings provide insight into school-based dramatherapy as a whole. The findings uncovered suggest that financial support for dramatherapy in schools, as well as investment into appropriate spaces for therapy to take place, is warranted. In addition, and to propose an outcome which is less resource heavy in the current climate, investment into communication and knowledge sharing with non-dramatherapy school-based professionals may also be of great value to the ongoing implementation of dramatherapy in schools. Taken together, we hope that these findings may support the sustained growth of dramatherapy in schools and, in turn, widen and increase access to dramatherapy for the children and young people who need it.

CRediT authorship contribution statement

Taryn Hutchinson: Investigation, Formal analysis. **Dennis Ougrin:** Supervision. **Eleanor Keiller:** Writing – review & editing, Writing – original draft, Visualization, Software, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Jennifer Y. F. Lau:** Supervision. **Catherine Elizabeth Carr:** Supervision.

Declaration of Interest Statement

The authors of this work declare that they have no conflicting interests in relation to this work.

Data availability

The authors do not have permission to share data.

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Appendix A

Interview Topic Guide

Let's start at the beginning with the referral and consent process

How are the children and young people that you work with identified as needing or being suitable for dramatherapy?

Who is involved in this decision and what factors are taken into account?

Do you think this is an appropriate route for identifying children who are in need of dramatherapy? Why do you think this?

Is there something you think could or should be changed with this process?

What is the referral process for children in your school or organisation?

Is there anything that you wish was a part of the referral process that is not?

Why do you think this would be a good thing?

Is there anything else that you think is an important feature of the referral process? Or anything else that you'd like to say about it?

Where does the funding for your work usually come from?

Is funding ever a challenge? If so, what is particularly challenging?

What strategies do you, or your school, have for overcoming such challenges?

Do you think the funding has an impact of the process or outcomes of therapy? If so, how?

These questions are about setting up and the time before the therapy

Once identified as being in need of dramatherapy, how long, on average, do the children and young people you work with wait for that therapy to begin?

What are some of the things that influence this time?

Do you think the time before starting influences the process or outcomes of the therapy? If so, can you say why this is?

Are the children and young people you work with involved in the process of getting set up and started with the therapy? If so, how?

Do you think this is important, if so, why / why not?

Are the families of children and young people involved in the process of getting set up and started? If so, how?

Do you think this is important, if so, why / why not?

Is there anything that you think is particularly important in the process of getting set up and started with the dramatherapy that you offer?

Why do you think these things are important?

Is there anything that you do before the period of therapy begins?

Why do you think it is important for you to do that?

In what way do you think that impacts the therapy?

What are some of the aims that you normally set with the children and young people with whom you work?

How do you set these aims?

How do you know if you and the child meet these aims during therapy?

We've talked so far about identifying children who are suitable for therapy, the referral process, funding, the waiting time and preparing for the therapy... Is there anything else you'd like to say about the time before the therapy begins?

Now we'll talk a little bit about the structure of the therapy that you usually offer....

Do you offer group or one-to-one therapy, or both?

Why is that?

If you did offer both, how do / would decide if a child is better suited to group or one-to-one therapy?

What do you think is important when making this decision?

Do you think that group and one-to-one therapy differ in terms of process?

If so, what is your experience of the difference?

Do you think that group and one-to-one therapy differ in terms of outcomes?

If so, what is your experience of the difference?

Which format do you think is most beneficial to children and young people with emotional distress?

Can you please tell me a bit about why you think that?

Do you think that this is different if emotional distress co-occurs alongside another condition?

How long does a typical dramatherapy session last for you?

Do you think this is a good length or would you change it?

Who decides the appropriate length of a session and how is this decided?

How frequently do your sessions occur?

Do you think this is a good frequency or would you change it?

Who decides the appropriate frequency of sessions and how is this decided?

How many sessions of dramatherapy does a child typically have with you?

Do you think this is a good number or would you change it?

Who decides the appropriate number of sessions and how is this decided?

If a child needs more therapy at the end of their sessions, can they typically have it?

Who decides this and how is it decided?

We've talked about group versus one-to-one therapy, as well as the frequency, length and number of sessions that are typically available. Is there anything else you'd like to say in relation to those things before we move on?

The following questions are about the content of your dramatherapy sessions. Feel free to share real-life examples of your work, if you do, please just remain mindful of client confidentiality.

How do you prepare yourself for your dramatherapy sessions?

Why do you think that you do these things in particular?

If you don't prepare in this way, how do you think that your therapy is affected?

How do you prepare your environment for your dramatherapy sessions?

Why do you think that you do these things in particular?

If you don't prepare in this way, how do you think that your therapy is affected?

How do you decide what happens or takes place in your therapy sessions?

What do you think about when making these decisions?

Is the child or young person that you work with ever involved in deciding what happens in their dramatherapy sessions?

If so, how do you think they decide this?

Are there any materials that you take into your dramatherapy sessions?

How do you select these?

What do you think are particularly important features of your dramatherapy sessions?

Why do you think that these are important?

Do you think the important features are different if emotional distress co-occurs alongside another condition?

Can you give any examples of when dramatherapy has worked particularly well?

What do you think contributed to this outcome?

Do you have any more examples?

Can you give any examples of when dramatherapy has not worked particularly well?

What do you think contributed to this outcome?

Do you have any more examples?

Can you please talk me through a typical, or average dramatherapy session for you when delivered in a school?

What does a good session look like?

What does a bad session look like?

What things need to be in place for you for a session to go well?

Why do you think that these things are important?

What do you consider to be essential components for you when delivering a dramatherapy session?

Why do you think that these things are important?

What other things do you think are important if you want dramatherapy to work or be a positive experience for the children and young people that you support?

If dramatherapy is 'working', or you and others are seeing positive change in the child or young person that you are working with, what might you be seeing?

What might be contributing to this?

If dramatherapy is not 'working', or you and others are seeing a negative or no change in the child or young person that you are working with, what might you be seeing?

What might be contributing to this?

Is there anything else you'd like to add about the content of therapy that you think is important?

Great, we've gone from the initial process of setting up therapy and talked through the sessions now, if it's okay with you, I'd like to hear about closing and ending your dramatherapy.

How do you prepare for the ending of therapy?

Why do you prepare in this way?

What does a good ending look like for you?

Can you say a little about why this is good?

What does a bad ending look like for you?

Can you say a little about why this is bad?

Thinking back to the question that I asked earlier about setting aims for the therapy, how might you know if you and the child you're working with have fulfilled the aims that you set?

Is there anything else you'd like to add about the ending of therapy?

I'd now like to talk to you about your experience of working as a dramatherapist in a school if that's okay.

Do you work as part of a team to deliver dramatherapy in your school?

If so, what is the size and structure of that team?

Do you think that providing dramatherapy at school has any benefits? If so, can you please tell me about them?

Why do you think that these things are beneficial?

Do you think that providing dramatherapy at school has any down-sides? If so, can you please tell me about them?

Why do you think that these things are down-sides?

What would you say are the key challenges that you face when providing dramatherapy in schools?

What is your experience of other staff members (teachers and other school staff) understanding of dramatherapy?

Does this affect your provision of dramatherapy? If so, how?

If you could make one change to the provision of dramatherapy in schools, what change would you make?

Is there anything else you'd like to share about your experience of providing dramatherapy in a school?

We're nearly at the end now. Thank you for your participation so far. I've just got a few more questions, these are about your employment. If you'd like to skip any questions, please just say skip and we can move on.

When working in schools, by whom are you employed?

Are you employed full-time in this role?

If not, do you wish to be?

Do you have a second dramatherapy job?

Do you have a second job that is not as a dramatherapist?

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