

AN ART THERAPY INTERVENTION FOR DISPLACED ARAB FAMILIES:
CREATING NEW NARRATIVES AND PATHWAYS TO COMMUNICATION

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ABSTRACT

AN ART THERAPY INTERVENTION FOR DISPLACED ARAB FAMILIES: CREATING NEW NARRATIVES AND PATHWAYS TO COMMUNICATION

LAILA HAMOUDA

The global migration crisis calls for more support for refugee and asylum-seeking families. Families escaping their countries due to war, climate, or economic crisis are likely to have been exposed to traumatic events prior to, during, and after their displacement. These relocations can have multiple consequences on individuals and their family system. This research paper examines the effects of displacement on families. The primary research question of this study asks: How can a family art therapy intervention program be developed to support displaced Arab families in North America during their resettlement process? Subsidiary research questions ask: (1) How might family art therapy interventions support resettlement for displaced Arab families? and (2) What are some culturally sensitive approaches to arts-based intervention with displaced Arab families, and how might they support family communication and foster well-being? The research questions are explored using the first two steps of Fraser and Galinsky's (2010) intervention research methodology. The literature is examined and analyzed using a systematic research synthesis and narrative synthesis. The results informed the creation of a 12-week family art therapy intervention program for displaced Arab families. The goals of the program are to enhance the family's ability to use coping skills, improve communication, and support the development of their narrative. I conclude that the program could support displaced families in enhancing their sense of connection and belonging during their resettlement. This first proposal must be piloted to confirm and improve the findings.

Keywords: *family, displacement, resettlement, art therapy, intervention, communication, narrative, trauma*

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Chapter 1. Introduction

In this research paper, I explore the existing means of supporting displaced families in art therapy, family therapy, and adjacent fields. Based on the findings, I develop a 12-week intervention program following Fraser and Galinsky's (2010) intervention research methodology. The program aims to enhance family members' communication and support their narrative development.

Scope of the Problem

The United Nations High Commissioner for Refugees (UNHCR) outlined that 89.3 million people were forced to flee their homes by the end of 2021 (United Nations High Commissioner for Refugees [UNHCR], 2022). 27.1 million of the current displaced people are refugees; half of the latter are children under the age of 18 (UNHCR, 2022). Asylum seekers comprise another 4.6 million of the displaced population (UNHCR, 2022). The number of displaced people worldwide has been increasing over the last ten years (UNHCR, 2022). This trend seems to have no predictable end in the coming decade (Kronick et al., 2021). In the United States alone, the number of displaced people from the Middle East and North Africa (MENA) region doubled from 596,000 to 1.2 million between 2000 and 2019 (Harjanto & Batalova, 2022). In Canada, 8.7% of asylum claimants were self-identified Arabs (Tuey & Bastien, 2023).

Forced displacement can occur for a variety of reasons, including political uprisings, war, violence, imprisonment, torture, economic disparity, or the climate crisis (Coutts et al., 2013; Gaynor, 2020). Exposure to such events as well as the processes of displacement and resettlement in the host country can have various consequences on displaced people's mental health. Experiencing traumatic events can have grave consequences on an individual, including avoidance, flashbacks, and harm to sense of safety and identity (Centre for Addiction and Mental Health [CAMH], 2023).

Moreover, the process of displacement itself can impact the displaced person. MacEoin (1985) described how during displacement a refugee can feel unwanted and undesired everywhere, often overnight. Dieterich-Hartwell and Koch (2017) examined the refugee's loss of home and the effects that it can have on a person's sense of attachment. During resettlement, the displaced person can also face systemic barriers, xenophobia, racism, and other types of discrimination (Kronick et al., 2021). Moreover, research has shown how displacement can affect not only individuals, but family systems as they navigate through the change (Björn et al.,

2013b; Slobodin & de Jong, 2015; Weine et al., 2004). Families can use means of silencing to cope with the trauma and parents can feel unequipped to support their children. Also, children can take on the role of cultural brokers for the family (Miller et al., 2019). Overall, both the family and the individuals that constitute it must navigate many changes as they resettle to the host country.

Statement of Purpose

In this research paper, I examined how art therapy can be used with displaced families of the Middle East to support their resettlement in a North American context. For the purpose of this research, I used the term displaced person to encompass both asylum-seekers and refugees. A displaced person thus represents a person who had to flee their home, regardless of their status in the host country. Using an intervention research methodology, I developed a program for displaced families with a focus on enhancing their communication and well-being. The program aims to empower the family in owning their individual and family narratives as they resettle in the host country. The program also considers how families can be supported through trauma-informed and culturally sensitive approaches.

There is extensive literature on family therapy and its use with displaced families (Björn et al., 2013a, 2013b; Guregård & Seikkula, 2014; Karageorge et al., 2018; Slobodin & de Jong, 2015; Weine et al., 2004). Similarly, there is a vast amount of literature on art therapy and its use with displaced people (Burruss et al., 2021; Feen-Calligan et al., 2020; Kowitt et al., 2016; Rowe et al., 2017; Schwartzberg et al., 2021; Ugurlu et al., 2016). However, research is limited that examines both family and art therapy and their use with displaced families. In this research paper, I surveyed and drew from existing literature from both fields to develop a program focusing on working with displaced families in art therapy. This was followed by the implementation of Fraser and Galinsky's (2010) first two steps of intervention research.

Personal Connection to Topic

My immigration journey from Egypt to Canada has influenced my connection and perception of this research topic. During my resettlement in Canada, I found artmaking to be a potent practice in understanding my experiences and emotions. Through artmaking I have been able to tell my story, discover new stories, and have agency over what I want to share with others. I found this means of communication supported my exploration and self-expression to

myself and to others. Therefore, I have gained an interest in exploring this concept of communicating through artmaking in the context of displacement and resettlement.

Furthermore, over the past year, I have completed an art therapy practicum working with asylum-seeking children and their families in federally run hotels. In this setting, I ran groups for asylum-seeking children using art as a medium. This practicum experience has influenced my perception of the topic in meaningful ways. Throughout the groups, I observed as children who were speaking different languages were able to communicate and connect through artmaking. Watching the children share their materials and try to tell their story through their images made me further wonder about the use of art as a means of communication during displacement. It is with these thoughts and experiences, that I move forward in creating the program. Throughout the research paper, it has been essential for me to reflect on my personal experiences and how it affects my perception of the program I am developing; a point further discussed as part of the ethical considerations.

Definition of Key Terms

Asylum-seeker is a person claiming asylum in a country (Canadian Council for Refugees [CCR], 2022). The Canadian Council for Refugees (CCR, 2022) states, “until a determination is made, it is impossible to say whether the asylum-seeker is a refugee or not” (p.1).

Intervention is defined by Fraser and Galinsky (2010) as a “purposely implemented change strategies” (p. 459).

Migrant is the word used to describe a person who is outside of their country of origin (CCR, 2022).

Refugee is a person who had to flee their country and is unable or unwilling to return to it out of fear of persecution (UNHCR, 2023).

Resettlement is considered in this research paper as the process families go through to settle down in the country where they have relocated. Resettlement can differ depending on the family and their migration status.

Trauma is described as a “lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person’s sense of safety, sense of self, and ability to regulate emotions and navigate relationships. Long after the traumatic event occurs, people with trauma can often feel shame, helplessness, powerlessness, and intense fear” (CAMH, 2023).

Chapters Overview

To explore the use of arts-based and family-based interventions with displaced families, I begin with a literature review to outline what has been done thus far. I then outline the methodology, *intervention research*, and share the steps I followed. The results are then presented, where I discuss findings in the literature and connect various fields to create an art therapy program for displaced families. Finally, there is a discussion of the program, which also outlines its limitations, and it is followed by the conclusion.

Chapter 2. Literature Review

In this literature review, I outline the family-based and arts-based interventions that have been used with displaced people. Such interventions were found in the fields of family therapy, art therapy, psychiatry, and social work. By examining what has been useful in the past and in adjacent fields, the literature suggests that family art therapy interventions can support displaced families amidst the challenges they face. In the review I also outline approaches that have been deemed relevant in the work with displaced people.

Displacement and Mental Health

The experience of displacement can have various consequences on the displaced person. For starters, in their review of displaced people's mental health needs, psychiatrists Meryam Schouler-Ocak and Marianne C. Kastrup (2018) found Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) to be highly prevalent amongst refugees and asylum-seekers. They attributed such diagnoses to exposure to war, imprisonment, loss of loved ones, and the experiences lived during resettlement (Schouler-Ocak & Kastrup, 2018). Additionally, in their systematic review examining the prevalence of mental health amongst asylum seekers and refugees, Blackmore and colleagues (2020) reported the prevalence of PTSD at 31.46%, depression at 31.5%, anxiety disorders at 11%, and psychosis at 1.51%. Much of the available literature has examined the effects of interventions on displaced people's PTSD and other diagnoses. PTSD is defined in the fifth edition text revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) as demonstrated through the presence of intrusion symptoms (e.g. recurrent memories or dreams related to trauma, flashbacks), avoidance of internal and external reminders of trauma, negative alterations in cognition and moods, and alterations in arousal (e.g. hypervigilance) (American Psychiatric Association [APA], 2022).

Bessel van der Kolk (2015), is a psychiatrist with expertise in neuroscience, attachment theories, and trauma. He discussed the effects of trauma on Broca's area, the speech related center of the brain, stating that this effect makes the trauma hard to verbalize (van der Kolk, 2015).

While many intervention workers perceived and measured displaced people's mental health in terms of their exposure to trauma and the diagnosis of PTSD as well as other disorders (Blackmore et al., 2020; Rowe et al., 2017; Ugurlu et al., 2016), there has been a shift towards examining the totality of the migrant's experience (Kronick et al., 2021; Rousseau et al., 2003).

Two Montreal based transcultural psychiatrists, Rachel Kronick and Cécile Rousseau, have made important contributions to the work with asylum seeking, immigrant, and refugee children and their families. Kronick, whose work focuses on community-based interventions with asylum-seeking families, advocated with her colleagues on the importance of examining the entire displaced person's experience in treatment (including pre-migration, the resettlement journey, and post-migration) and its effect on the person's mental health (Kronick et al., 2021). Refugees can face constant challenges and barriers even after arriving in the host country; these include discrimination, xenophobia, uncertainty, and a sense of powerlessness, which may affect their ability to integrate in the host country (Kronick et al., 2021). Rousseau, whose work focuses on school-based interventions for immigrant and refugee children, as well as preventing violent radicalization, also supported the consideration of the entire displacement experience. Along with her colleagues, she developed interventions for school-aged children that touched upon pre-migration, migration, and future of the displaced person (Rousseau et al., 2003).

In addition to these challenges, asylum-seekers also face the possibility of detention when arriving to the host country as well as the fear of not being accepted for refugee status (Kronick et al., 2018, 2021). Additionally, refugees and asylum-seekers often face language barriers when seeking mental health services (Björn et al., 2013b; Rowe et al., 2017; Schouler-Ocak & Kastrup, 2018). Weine and colleagues (2004) also noted that even if refugees experience symptoms of PTSD, this might not be how they frame their experience, emphasizing the importance of examining refugees' experience through their lens. While research often examines the singular refugee, some refugees also come with their families and researchers have outlined the importance of looking at the family unit when working with refugees (Pejic et al., 2016; Weine et al., 2004).

The Family and Forced Displacement

Families can be affected by many different changes during forced displacement. Some of these changes include alterations in the family structures (Slobodin & de Jong, 2015; Weine et al., 2004) or the fragmentation of the families if they didn't arrive together or lost some members along the way (Kellogg & Volker, 1993). In their article examining community-based support for refugee families, Pejic and colleagues (2016) found that when in need of support, refugees are often treated through a Westernized framework that might lack an understanding of the family unit and its role within each person's life. Coupled with the stigma that refugees might

experience seeking mental health services, Pejic and colleagues (2016) advocated for culturally sensitive community-based approaches that incorporate the family as a means of support. Studies have indicated that families can be a significant source of support during displacement (Pejic et al., 2016; Slobodin & de Jong, 2015), thus focusing on maintaining the family connections can be of inherent importance to displaced families.

Family Interventions with Displaced Families

Several studies have shown that family interventions can be helpful to support displaced family members communicate to one another about the effects of the move (Björn et al., 2013b; Slobodin & de Jong, 2015; Weine et al., 2004). Stevan Weine is a psychiatrist whose research develops psychosocial interventions to support refugees and immigrants' mental health in the United States and in post-conflict countries. Noting the lack of family-focused theories examining refugee families, Weine and colleagues (2004) conducted grounded-theory research and developed a model that examines *Family Consequences of Refugee Trauma* (FAMCORT). Their research examined 15 Bosnian refugee multifamily groups over the course of 9 sessions each ($n = 125$ families) (Weine et al., 2004). The FAMCORT model aimed to look at the family unit as the focal point of therapy and examined a range of displacement factors, including negative and positive changes (Weine et al., 2004). The researchers outlined the importance of examining themes of adversities that families face while also outlining their strength and resilience in rebuilding their lives (Weine et al., 2004). The authors outlined four realms as important to explore with refugee families as they seem to be indicative of their experience: "(1) changes in family roles and obligations, (2) changes in family memories and communications, (3) changes in family relationships with other family members; and (4) changes in family connections with ethnic community and nation state" (Weine et al., 2004, p. 147). Weine and colleagues' (2004) multifamily group also allowed the family members to share their experiences with one another, thus re-building trust, and their results emphasized the importance of making refugee services more family-focused and addressing the parent-child relationship.

Additionally, Björn and colleagues (2013b) conducted an intervention study examining three family therapy sessions with three refugee families from Bosnia and Herzegovina who moved to Sweden. Although the study was made up of a small sample with no control group, suggesting possible issues with validity and reliability, it gave insight into work with refugee families. The researchers found specific themes common within the families that needed to be

explored between members; these included: everyday life in the host country, the war and its effects, and the hope for the future (Björn et al., 2013b). Thus, research in family therapy noted the importance of acknowledging the war but also emphasizing the families' strengths and resilience while giving them space to share as a family (Björn et al., 2013b; Weine et al., 2004).

Research also examined the possibility of family members having different perceptions or experiences during displacement. Looking at the acculturation of Arab youth in Canada, psychologists Paterson and Hakim-Larson (2012) administered questionnaires measuring different elements such as acculturation, perceived parental acculturation, and school adjustment ($n = 98$). They noted different challenges youth can face when relocating to North America (Paterson & Hakim-Larson, 2012). The authors described how Arab family values resting upon familial obligations, loyalty, and family relationships can come in deep contrast with North American values of independence (Paterson & Hakim-Larson, 2012). This dichotomy often left acculturating Arab youth feeling like they were stuck between two worlds (Paterson & Hakim-Larson, 2012). This phenomenon was also noted in children that had started their *welcome classes* in Montreal, Canada (Rousseau & Heusch, 2000; Rousseau et al., 2003). These classes focused on the immersion of the children in the French Quebec culture and the children were often left feeling that a gap was being created between the family life and school life (Rousseau et al., 2003). Similarly, Weine and colleagues (2004) noted how parents often worry their children will become Americanized, thus losing their culture. Studies also observed how children are thought to adapt to the move more easily than their parents as examined through the fewer barriers they face and the more accessible means they have in rebuilding their social connections, suggesting different experiences of displacement (Björn et al., 2013b; Weine et al., 2004, p.9). Also, in their exploration on how the creative arts can be used as a transitional space for refugees, Dieterich-Hartwell and Koch (2017) found that women coming from patriarchal societies might acculturate easier during a move while simultaneously be “slowed down” by family members (p. 9).

Pediatrician and psychoanalyst Donald Winnicott (1971) introduced the concept of transitional objects and phenomena to describe the infant's experimentation with the first not-me objects. He explained that these objects and phenomena are stand-ins for other objects, such as the breast, and can aid the child in alleviating their anxiety (Winnicott, 1971). The author also spoke of an intermediate space between inner and outer reality that allows for play and illusion

(Winnicott, 1971). In the context of work with refugees, this transitional space through artmaking offers a place of illusion where one can experiment and play with reality.

On the same note, Kahane-Nissenbaum (2011) examined the effects of trauma on three generations of Holocaust survivors by administering semi-structured questionnaires. Her work examined how trauma is processed differently according to the generation of survivors. She found that the first-generation members tended to focus on putting a stop to the trauma, which included accepting the fear as part of their lives while focusing on providing a better outcome for their children (Kahane-Nissenbaum, 2011). In contrast, she observed that the second generation processed the trauma more emotionally, while the third generation was tasked with looking at a brighter future and creating a new world (Kahane-Nissenbaum, 2011). Thus, it seems that generations have been tasked with different adaptations to the trauma which might benefit from being expressed and acknowledged to one another. These interfamilial expressions and acknowledgments could be done in family sessions or metaphorically through artmaking.

Additionally, Yehuda and colleagues' (2018) studies on epigenetics explored the intergenerational transmission of trauma as observed in trauma survivor's offspring's DNA. In their findings, they reflected on the impact of intergenerational trauma which can shape a whole society and culture (Yehuda et al., 2018). Yehuda and colleagues (2018) also observed the resilience of future generations impacted by intergenerational trauma. The authors discussed that generations impacted by trauma could transmit not only vulnerability and challenges, but also resilience and flexibility to their offspring (Yehuda et al., 2018). They referred to the transmission as occurring in various ways, either consciously or unconsciously through epigenetics or attachment styles (Yehuda et al., 2018). Overall, the research in the family therapy and social work literature indicated the usefulness of working with the family unit to enhance trust, communication, and support displaced families' mental health.

Art Therapy for Displaced People: Use and Benefits

Key contributions have outlined the therapeutic use of art therapy with refugees. In their systematic review examining the validity of various art therapy interventions with refugees, Annous and colleagues (2022) examined eight studies and found art therapy to be a promising approach to be used with refugee youth. However, they also noted the need of future research using appropriate methodologies (Annous et al., 2022). The authors found Feen-Calligan and colleagues' (2020) study with Syrian refugee youth in the United States to hold the best internal

validity as they shared the details of their interventions and directives (Annous et al., 2022). Holly Feen-Calligan is an art therapist whose research examines the effects of art therapy on the well-being of communities that have been impacted by trauma. Feen-Calligan and colleagues (2020) developed a 12-week group art therapy intervention pilot program (quasi experimental design with no-treatment control) with refugee youth ($n = 15$) that had a primary or secondary family member who experienced torture. The group aimed to reduce stress levels and enhance coping with trauma. The researchers found that art therapy had significant effects on separation anxiety and moderate effects on PTSD symptoms (Feen-Calligan et al., 2020). The authors developed various interventions that enhanced self-regulation through mindfulness and sensory elements as well as encouraged self-expression through metaphors and narratives (Feen-Calligan et al., 2020). Based on their results, the researchers reported that the group interventions enhanced the sense of belonging and safety, working kinaesthetically and sensorily allowed the release of energy and enhanced a sense of calm, and using a narrative approach allowed re-authoring of lives and meaning-making (Feen-Calligan et al., 2020). They also found that the structure of the sessions was important when working from a trauma-informed approach (Feen-Calligan et al., 2020). The authors also reported that artmaking can be a means of expression amidst language barriers (Feen-Calligan et al., 2020). They outlined their interventions which may serve as a future guide to developed art therapy interventions with refugee families. Similarly, to Feen-Calligan and colleagues' (2020) results, Ugurlu and colleagues (2016) conducted research on Syrian refugee youth ($n = 64$, pre-test post-test design, no treatment control) and found that their 5-day art therapy intervention had significant effects on PTSD symptoms, depression symptoms, and trait anxiety.

Another study assessed by Annous and colleagues (2022) is Rowe and colleagues' (2017) research on the effects of art therapy on refugee youth from Burma that moved to the United States ($n = 30$, single group pre-test post-test design, no treatment control). The school program lasted for one semester and student participants received individual or group sessions (Rowe et al., 2017). The researchers not only examined the effects of art therapy on decreasing negative symptoms, but also its effects on the concept of Posttraumatic Growth (PTG). Developed by Tedeschi and Calhoun (1996), PTG examines how positive change can occur as a result of facing life adversity. Although the researchers stated they used the wrong tools to capture PTG, they suggested focusing on increasing positive outcomes in future studies examining the use of art

therapy with refugees (along with decreasing negative outcomes) (Rowe et al., 2017). Although Annous and colleagues (2022) stated the quality indicators of this study were met at 71% (the second highest after Feen-Calligan and colleagues' (2020) study), several limitations affected the study's validity and reliability. These included the fact that materials and interventions were not detailed for re-use, and the fact that the measures used were not stated (Annous et al., 2022).

Moreover, transcultural psychiatrist Cécile Rousseau and her team examined how the arts can aid children's self-expression and enhance their self-esteem, which supports in preventing emotional and behavioral problems (Rousseau et al., 2003). In one of their research projects on using myths with refugee children ($n = 40$, qualitative analysis of interventions), Rousseau and colleagues (2003) noted how using myths and stories from the children's native homes allowed them to re-author their lives and re-construct their meanings as well as strengthen their sense of identity. Using storytelling and drawings, the children could either work with a myth from their homeland, a myth from the host country, or a stimulus myth told in class (the least chosen type) (Rousseau et al., 2003). Through the creative arts interventions, children often worked with the metaphors to express being stuck between two worlds: their families, and their slow integration into the Quebec system (Rousseau et al., 2003). The researchers commented that interventions in school programs might thus add to the gap between the children's two worlds (Rousseau et al., 2003); perhaps suggesting the need to bring the family into the therapeutic art interventions.

In addition, working with Rousseau's team, Kronick and colleagues (2018) conducted a study ($n = 10$, qualitative narrative inquiry) with children and families kept in immigration holding centres (IHC) using sand trays as a means of data collection and analysis. Hoping to understand children's experiences in IHCs, the researchers analysed various themes in the children's sand trays. The three prominent themes were: *confinement and surveillance*, *loss of protection*, and *human violence* (Kronick et al., 2018, p. 427). Moreover, Kronick and colleagues (2018) noted an important absence of themes related to school, friendships, and protective forces in the children's worlds. The researchers found that the sand trays allowed the children to symbolically express their experiences, as well as master their narratives and experience a sense of agency and control through their created worlds (Kronick et al., 2018). Simultaneously, various re-enactments of the trauma were observed in children's sand trays (Kronick et al., 2018), posing an important warning on the power of interventions used with children who have experienced trauma. It seems like these studies portrayed how the distance of the artwork and

metaphors allowed traumatic or threatening memories to be explored more safely. Van der Kolk (2003) spoke of the power of symbolic expression, either art, play, or drama, to create distance from the trauma and thus allow for alternative outcomes to be imagined.

Furthermore, Debra Linesch is an art therapist and family therapist who examined the use of art therapy with immigrant families along with her colleagues (Linesch et al., 2012) in a grounded theory research project with 8 Latino families. Family members were part of a focus group that revolved around their gender and role in the family and also engaged in family art therapy sessions. In the latter, the families were encouraged to share their experiences of acculturation through shared family drawings (Linesch et al., 2012). The researchers found that that members encountered different experiences of acculturation based on their family roles (Linesch et al., 2012). They further reported that art therapy facilitated communication amongst family members regarding their experiences as they struggled to acculturate while retaining a part of their identity (Linesch et al., 2012).

Family Art Therapy and Displaced Families

There has been limited research on the use of family art therapy with displaced families (Kellogg & Volker, 1993; Linesch et al., 2012). Kellogg and Volker (1993) described a multifamily art therapy group with political refugees from El Salvador and Guatemala ($n = 15$, case study). The families engaged in 6 sessions that revolved around themes of pre-migration (uprooting), migration and relocation, and post-migration (integration and strengths) (Kellogg & Volker, 1993). The authors' multifamily art therapy group provided participants with a sense of connectedness to each other as well as the normalization of their feelings (Kellogg & Volker, 1993). Kellogg and Volker (1993) also noted how the art can facilitate the integration of past experiences into the present and thus facilitate the transition to the host country. They spoke of the benefits of art therapy as a medium while working with political refugees, as the art can act like a container of traumatic incidents and facilitate the process of mourning as a family (Kellogg & Volker, 1993). Similarly, in their article promoting the use of creative arts approaches with war-affected children in social work, Mitchell and colleagues (2019) spoke of the importance of using artistic practices to give refugee families space to mourn what they lost. Additionally, describing her work using trauma-informed and arts-based approaches with three generations of Slovenians affected by the Second World War, Erzar (2017) noted how family dysfunction can result from intergenerational effects of unresolved trauma on the family.

Lucille Proulx (2003, 2017) is a prominent figure in the field of dyadic art therapy. Although her work is not with displaced families, she has extensively written on the use of dyadic art therapy with an attachment-informed lens. In her most recent book, Proulx (2017) introduced three important considerations for attachment-informed art therapy: attunement, adaptation, and attachment. She explained the art therapist's importance of being attuned to her client's needs and adapting to the latter (Proulx 2017). Proulx (2003, 2017) further discussed the importance of providing the client with a secure base from which they can explore. She argued that through the repetitiveness of artmaking, the client's new brain connections become adapted and, over time, integrated (Proulx, 2017). The author proposed dyadic art therapy as means of allowing children to feel a sense of belonging and secure attachment with their parents (Proulx, 2017). Through her work, Proulx (2017) emphasised the importance of understanding clients' attachment styles and gave examples of working with dyads across the lifespan.

Trauma-Informed Practice and Displaced People

Different models trauma-informed care have been proposed in the literature (Herman, 2022; Im et al., 2021; Malchiodi, 2020). Cathy Malchiodi, an art therapist, expressive arts therapist and psychologist whose work has been focusing on trauma and disaster relief, researches ways that expressive arts therapies can promote recovery from trauma. In her work, Malchiodi (2020) outlined five principles for trauma-informed care to be considered when developing programs for people who have been impacted by trauma. The principles are: (1) recognising that trauma can be part of many disorders and challenges, (2) considering trauma's effect on both mind and body, (3) viewing trauma symptoms as adaptive responses rather than pathology, (4) empowering the client, or family, to collaborate in therapy and account for cultural differences, and (5) viewing the client, or family, as able to thrive and grow rather than just survive their trauma (Malchiodi, 2020, p.40-1). Malchiodi (2014) also considered how the sensory elements of the art process can be used to alleviate traumatic stress that is stored in the body. Similarly, van der Kolk (2003) advocated for the use of sensory and tactile elements with children who were exposed to trauma to foster their sense of control and self-mastery.

Trauma-informed care has been continuously supported for work with refugees. Social work professor Hyojin Im and colleagues (2021) conducted a study examining the adaptation of a multi-tiered approach to refugee care. The authors discussed the mental health and psychosocial support (MHPSS) model that is integrated in refugee care (Im et al., 2021). MHPSS

is a four-tiered approach addressing refugees' various needs: resettlement and social integration support in tier 1, family and community support in tier 2, trauma and grief support in tier 3, and specialized psychiatric support in tier 4 (Im et al., 2021). In their adaptation of the MHPSS, Im and colleagues (2021) advocated for the incorporation of trauma-informed and culture-informed approaches throughout work with refugees. They described these approaches as the two pillars of care in refugee mental health (Im et al., 2021). Trauma-informed care is vital for refugees as it enhances understanding trauma's effects on individuals, families, and communities, and recognizes the various sources of stress refugees face (Im et al., 2021). The authors also emphasized the importance of supporting de-stigmatization of trauma responses, avoiding re-traumatization, strengthening support systems (if available), and focusing on resilience and recovery in trauma-informed practice (Im et al., 2021). They further noted that not all services refugees receive are trauma-informed, outlining that this lack can result in further distress, isolation, stigmatization, and re-traumatization of displaced people (Im et al., 2021).

According to Miller and colleagues (2019), trauma-informed care is considered best practice for immigrant and refugee youth. In their review of the application of trauma-informed practice with refugee and immigrant youth in healthcare, Miller and colleagues (2019) outlined important principles to ensure the adoption of that approach with displaced youth. The authors advocated for a strength-based approach to promote resilience (Miller et al., 2019). They supported the acknowledgment of power dynamics in the room and working towards collaborating with clients and enhancing their agency by giving them options in treatment (Miller et al., 2019). Miller and colleagues (2019) also discussed the significance of contextualizing youth's coping mechanisms and understanding how these were used for survival but might create difficulties in new environments. They discussed the value of including the family in treatment and explained that caregivers can be an important protective factor during displacement (Miller et al., 2019). The authors advocated for understanding how trauma and displacement might have altered the family dynamics, and to sensitively support the caregivers in understanding that change (Miller et al., 2019). They gave the example of children becoming the "internal cultural brokers of the family" (Miller et al., 2019, p. 6) and the importance of the caregivers understanding this role and the stress it places on the child. The authors also discussed the importance of acknowledging the possibility that trauma might not be in the past for the youth and family but in the present (Miller et al., 2019). Finally, Miller and colleagues (2019)

spoke of the importance of exploring topics at the clients' pace as bringing up traumatic memories quickly can re-traumatize clients.

This concept of pacing has been referred to as "titration" by Peter Levine (2010, p.75), psychologist, biophysicist, and developer of somatic experiencing, which is a body-based approach to trauma treatment. Levine (2010) referred to titration as "carefully touching into the smallest drop of survival-based arousal and other difficult sensations, to prevent re-traumatization" (p. 75). The author argued that by pendulating and titrating through the trauma and what it arouses, the individual can process it slowly without re-traumatization (Levine, 2010). Similarly, Babette Rothschild (2000), a trauma specialist who works somatically with clients who experienced trauma, referred to titration through the example of a pressure cooker. She explained how trauma can create an enormous amount of pressure in the body, which can explode if one tries to open it directly (Rothschild, 2000). Instead, just like with a pressure cooker, a person needs to let the steam out slowly to open it safely (Rothschild, 2000).

Dan Siegel is a psychiatrist who pioneered the field of interpersonal neurobiology. He coined the term *window of tolerance* in 1999. Siegel (2012) described how each person has a window of tolerance where they can experience emotional arousal without having their function hindered. If an individual's arousal extends beyond the window of tolerance, they could either experience hyperarousal, hypoarousal, or a disorganized state of both (Siegel, 2012). The window of tolerance varies from one person to another and can also vary from one context to another (Siegel, 2012). Siegel (2012) explained that the window of tolerance is determined by both "constitutional features (temperament) and by experiential learning" (p. 255). The author described that a person's window of tolerance can differ based on their constitutional factors such as temperament, giving the example of a shy child who could have a narrow window of tolerance in novel situations without their secure attachment figure (Siegel, 2012). Moreover, a person's window of tolerance can vary based on their experiential learning, that is whether they were taught to self-regulate as a child or whether they were repeatedly frightened as a child (Siegel, 2012). Finally, Siegel (2012) argued that a person's window can vary from day to day based on their present state of mind, which can be affected by their hunger, energy level, and proneness to irritability. Miller and colleagues (2019) drew upon Siegel's *window of tolerance* and noted the importance of remaining within the client's tolerance levels and working slowly to expand their window.

Cultural Considerations in Practice with Displaced People

Derald Wing Sue is one of the pioneers in the field of multicultural psychology. His work delves into microaggression theory (Sue, 2010), the psychology of racism and anti-racism (Sue, 2003), and race within the therapy room (Sue et al., 2019). Microaggressions are brief, subtle, and often autonomous exchanges that can occur daily, delivering hostile and derogatory insults to members of a marginalized group (Sue, 2010). The author stated that microaggressions can be conscious or unconscious (Sue, 2010). In his 10-year study on microaggressions, he looked at their effect on people of color, and developed ways to help empower the latter by validating and “making the ‘invisible’ visible” (Sue, 2010, p. 20). Sue and colleagues (2019) explained the covert nature of microaggressions and how their ambiguity can result in difficulty for the recipient to react to them.

In his research, Nicolson (2023) examined the effects of racial microaggressions on migrants’ ontological security in Scotland. Ontological security is a theory developed by psychiatrist Robert Laing which includes a hypothesis on how people can lose touch with reality in the absence of social trust and predictable social interactions (Nicolson, 2023). Laing (1965) described that a person’s feeling of wholeness and continuity contributes to their ontological security. He explained that when faced with adversity, an ontologically secure person can overcome the challenges through their solid senses of identity and reality of self and others (Laing, 1965). In his narrative inquiry ($n = 8$) Nicolson (2023) analysed migrants’ and politicians’ narratives of racial microaggressions. He clarified how such encounters undermine migrants’ sense of safety and belonging in the host country (Nicolson, 2023). Drawing from ontological security theory, Nicolson (2023) argued that migrants are unsure of the reaction they will receive when interacting with people from the dominant culture. This results in their sense of insecurity and diminished social trust (Nicolson, 2023). The author also discussed how instances of microaggressions tend to other the migrant, resulting in their isolation from society (Nicolson, 2023). He further outlined the coping mechanisms applied by migrants when they are faced with such occurrences. These included minimizing the experience of racism and resisting damaging stereotypes (Nicolson, 2023). The author also explained migrants’ negotiation of their identity and enacting the need to perform the role of “the good migrant” (p. 8) as a coping mechanism to these microaggressions (Nicolson, 2023).

Furthermore, Quassoli and colleagues (2023) explored encounters with racial microaggressions of young adults in Italy. Their participants ($n=20$) were either born in Italy to migrant parents or relocated to Italy as children. Through the analysis of semi-structured interviews, the authors found that experiences of microaggressions because of one's physical features can threaten feelings of belonging (Quassoli et al., 2023). They discussed how migrants are often unprepared to face such manifestations of discrimination (Quassoli et al., 2023). Quassoli and colleagues (2023) further found that when faced with microaggressions, recipients often preferred not to react, likely due to the subtle nature of such forms of discrimination.

In the same study on the multi-tiered MHPSS approach to refugee mental health, Im and colleagues (2021) discussed how refugees are often treated from a Western framework of mental health that might not respond to their needs. They discussed the importance of incorporating a culture-informed approach when working with refugees (Im et al., 2021). This includes understanding clients' culture and how trauma and distress can be manifested differently based on a their culture, incorporating a focus on the family and community in treatment, and empowering clients' voices in their care (Im et al., 2021). Im and colleagues (2021) also advocated for practitioners to increase their cultural sensitivity by consulting with cultural experts and seeking supervision when needed. Furthermore, the authors advised using culturally appropriate means of assessment for refugee mental health (Im et al., 2021). They further discussed the importance of cultural humility (Im et al., 2021). Cultural humility is a life-long practice that encourages continuous self-reflection of health care practitioners and acknowledgment that the client is the expert in their own lives (Chang et al., 2012). Im and colleagues (2021) described this practice as honoring the refugees' culture, empowering them, and giving them ownership over their lives.

Finally, examining the use of cultural competence with refugees, Lau and Rodgers (2021) conducted a scoping review of 26 peer-reviewed articles. The authors noted a lack of consistency in the definition of cultural competence in the literature (Lau & Rodgers, 2021). They also criticized the underrepresentation of refugee voices in the literature on cultural competence (Lau & Rodgers, 2021). They stated that refugees need to be incorporated in the process by asking them what they would like the service provider to know, and what their thoughts on the interventions are (Lau & Rodgers, 2021). The authors cautioned against ignoring refugee voices on this topic, warning that it could re-instill a cultural hierarchy (Lau & Rodgers, 2021).

Furthermore, the authors pointed out how the term competence can lead to an idea of a skill set to be reached with an endpoint and encouraged broadening the term to include cultural humility and cultural safety (Lau & Rodgers, 2021). Cultural safety refers to acknowledging power imbalances in the room, whereas cultural humility requires continuous self-reflection and critique, actions to equalize power, and partnering with allies (Lau & Rodgers, 2021).

Chapter 3. Methodology

To develop a way to help refugee families communicate and support each other using art therapy, I selected an intervention research model. This model is best suited for this research given its focus on the development of intervention strategies, which addresses the primary research question (Fraser & Galinsky, 2010). In this chapter I share my guiding questions and then introduce and explain the research model. I then detail my data collection and analysis processes and the conclusion to be drawn from this methodology.

Research Questions

The primary research question of this study asked: How can a family art therapy intervention program be developed to support displaced Arab families in North America during their resettlement process? Subsidiary research questions asked: (1) How might family art therapy interventions support resettlement for displaced Arab families? and (2) What are some culturally sensitive approaches to arts-based intervention with displaced Arab families, and how might they support family communication and foster well-being?

The Chosen Methodology: Intervention Research

I followed Fraser and Galinsky's (2010) model to guide my intervention design. Fraser and Galinsky (2010) defined intervention research as "the systematic study of purposive change strategies" (p. 459). This method develops and tests intervention strategies (Fraser & Galinsky, 2010). For the scope of this master's project, I followed only the first two steps of intervention research, using the primary research question to guide which intervention program needs to be developed to support the resettlement of displaced families. Thus, the intervention was not implemented. The culturally competent and trauma-informed strategies found in the literature informed my development of this intervention. By reviewing the literature, I was inspired by research in both fields of art and family therapy and developed a new intervention design to support displaced families' communication and well-being.

Steps of Intervention Research

Fraser and Galinsky (2010) have proposed a revised 5-steps intervention research model based on Rothman and Thomas's (1994) original methodology. Fraser and Galinsky's (2010) five steps are: "(1) Develop problem and program theories, (2) Specify program structure and processes, (3) Refine and confirm program components in efficacy tests, (4) Test effectiveness in a variety of practice settings, [and] (5) Disseminate program findings and materials" (p. 462-4).

As mentioned, only the first two steps of the five steps model were conducted. Thus, the program was theoretically developed and structured but not implemented nor tested.

Step 1. The first step of intervention research has focused on developing the problem and program theories. Firstly, researchers have needed to examine the risk and protective factors related to the problem, this has led them to identify malleable mediators which can be focused on to address the problem within the intervention (Fraser & Galinsky, 2010). For this research, malleable mediators included communication amongst family members. Part of this step has also focused on identifying the important features of the intervention; this has included choosing at which level the intervention is administered (i.e., is it for groups, individuals, or families) and choosing through which type of agency the intervention can be provided. Making these choices has increased the validity and reliability of the research especially in the implementation phase and has supported the development of the program theory (Fraser & Galinsky, 2010). For this research, the first step was completed by examining studies using interventions with refugee and asylum-seeking families and using art therapy.

Step 2. The second step of intervention research focused designing the intervention structure and its processes (Fraser & Galinsky, 2010). This step synthesized information found in the fields of art therapy and displaced people as well as family therapy and displaced people to develop a program that addresses displaced families' needs while acknowledging the risk and protective factors (Fraser & Galinsky, 2010). Manuals have often been created during this step to explain the core of the interventions and what is going to be happening each session in terms of interventions used, sessions structure, themes addressed, objectives they meet, settings they take place in, and their time limit (Fraser & Galinsky, 2010). Furthermore, intervention agents and target clients have been identified (Fraser & Galinsky, 2010). The manual can be reviewed by experts in the field prior to the commencement of the pilot testing, which would lead to the third step of intervention research (Fraser & Galinsky, 2010). This second step addressed the subsidiary questions of how family art therapy interventions can support resettlement of displaced families and how these interventions can facilitate communication and foster well-being in a culturally competent and trauma-informed manner.

Data Collection and Analysis

In traditional intervention research, collected data has included literature on interventions with the population and the outcomes of the tested interventions, which aim to further develop

the latter (Fraser & Galinsky, 2010). However, since the developed interventions were not tested, the data collection portion of this intervention research focused on the collection of literature that led to the development of the intervention program. A systematic research synthesis (SRS) has been proposed by Rothman and colleagues (1994) to be used for the data collection and analysis of intervention research. Rothman and colleagues (1994) have described SRS as a combination of the structured procedures found in meta-analysis and the inclusive qualities of the traditional review. The authors have explained this procedure as being more inclusive of qualitative research than meta-analysis (Rothman et al., 1994), and thus it seemed appropriate for this study as it would be inclusive of the qualitative research in the creative arts therapies field.

Rothman and colleagues (1994) have outlined six steps to SRS: “(1) Defining the problem/goal, (2) Identifying general knowledge areas related to the problem/goal, (3) Identifying specific data sources, (4) Determining appropriate descriptors of search, (5) Establishing procedures for codifying, assessing, and managing information, [and] (6) Establishing procedures for developing consensus findings and intervention guidelines” (Rothman et al., 1994, p. 141). Steps one to four were part of data collection whereas steps five and six examined the analysis component. Rothman and colleagues (1994) have mentioned that the procedure of SRS can differ dependent on the purpose and the context of the research. Thus, for this study, the steps of SRS were supplemented with other methods of data collection and analysis: narrative synthesis and comprehensive literature review (CLR).

Narrative synthesis is an approach to data analysis that focuses on the text and words to “tell the story of the findings” (Popay et al., 2006, p. 5). Following narrative synthesis guidelines offered more flexibility in focusing on the text and processes rather than just data and effectiveness when it comes to data collection and analysis (McDermott et al., 2013). Furthermore, whereas Rothman and colleagues (1994) have discussed integrating various types of data sources and the importance of including hard copy sources, abstracts, and unpublished sources (dissertations, conference papers, etc.); they have still placed an emphasis on empirical studies. This research drew on CLR for the integration of various forms of literature (Onwuegbuzie & Frels, 2016). CLR has discussed the value of integrating different forms of data which they describe as MODES (Media, Observation(s), Documents, Experts in the field, and Secondary sources) (Onwuegbuzie & Frels, 2016). Integrating various forms of media can allow the research process to be culturally informed as it draws from various literature (Onwuegbuzie

& Frels, 2016) which can include the lived experience of participants. This inspired the expansion of this research process to include case studies and less empirical studies to give space for research that discusses the direct impact of interventions on participants.

Data Collection. Following the steps of SRS, (1) this research aimed to find effective interventions that were used with refugee families to aid with their resettlement. (2) Collected data for the intervention study stemmed from various areas of literature that included literature in the creative arts therapies field and its use with displaced people, literature from the family therapy field and its use with displaced people, literature from social work and its use with displaced people, literature on art therapy and its use to aid with resettlement and acculturation, as well as literature discussing the implementation of services with displaced families. (3) The data sources searched included sources with access from Concordia University. Namely, these were: *PSYCINFO*, *PubMed*, *ProQuest Central*, and *Sofia Discovery*. (4) Finally, the descriptors of search for this research were: (“art therapy” OR “family therapy” AND “refugee” OR “asylum-seeker”) AND “Arab” OR “intervention” OR “trauma-informed” OR “resettlement” OR “acculturation” OR “cultural sensitivity”). Collected data for this research included literature on the use of interventions with displaced families and the use of specific art therapy interventions with displaced people. Data explored the types and benefits of the interventions, their effects on resettlement, the needs of the population, and the specifics and process of implementation. Abstracts of found results were read and those fitting with the inclusion criteria were retained.

Data Analysis. The first step of data analysis (5) focused on coding, assessing, and managing the collected data (Rothman et al., 1994). Following Rothman and colleagues’ (1994) recommendation, all the found literature’s abstracts were read and assessed based on the inclusion criteria. The inclusion criteria for found research were: peer-reviewed studies; all study sample sizes; written in English language; published in the last 10 years; tested with refugees, immigrants or asylum-seekers; and using either arts-based approaches or family approaches. Those that fit the inclusion criteria were inserted in an excel sheet that examined the following qualities: year of the study, authors, title, whether study is peer-reviewed or not, abstract or summary, quality (validity and reliability), its use of arts-based or family-based approaches. The second step of data analysis according to SRS (6) was to find commonalities amongst the literature, use these findings, and integrate them as a base for the developed research. Studies

that fit the inclusion criteria were analysed using Wheeldon and Faubert's (2009) concept maps. A concept map was drawn for each study following a narrative synthesis approach, and all maps were examined for comparison while creating the intervention program (Wheeldon & Faubert, 2009).

Conclusions to be Drawn

Rothman and colleagues (1994) have declared that findings from SRS are considered tentative suggestions of interventions that emerged from the review of the literature and thus provide guidelines to the needs of the population. The authors have stated the developed intervention would need to be field-tested to assure its efficacy (Fraser & Galinsky, 2010; Rothman et al., 1994). This research provided conclusions on what has been seen as helpful and needed with refugees families. With this in mind, a structured intervention program emerged from the research with session themes, interventions, goals, and time limits.

Ethical Considerations

There were several ethical considerations to be noted for this research. Firstly, it was important for me to situate myself within the research and engage in continuous self-reflexivity (Kapitan, 2015). As an immigrant who moved from Egypt to Canada with my family, I needed to engage in self-reflexivity throughout the research process to examine my assumptions about the research and what I believed displaced families might need. I am aware that my immigration experience to Canada impacted how I perceived the topic. I am also aware that my experience entailed a set of privileges, as coming to Canada as an immigrant is different from coming in as a refugee or asylum-seeker; thus, to conduct this research ethically, it was essential to adopt a practice of self-reflexivity that "include[d] critical analysis and an understanding of oppression, social change, agency, power, and privilege" (Kapitan, 2015, p. 110).

Furthermore, self-reflexivity aimed to enhance my cultural competence and humility, as it is crucial to understand how Arab refugees and asylum-seekers would come with a variety of customs and habits, and developed interventions need to appropriately respond to their needs while respecting their cultural norms (Ellis et al., 2007). It was also vital to acknowledge the variety of customs and different cultures that exist within the Arab umbrella while keeping in mind that interventions might need to be re-formulated depending on the actual participants with whom they will be carried out. For this reason, I shared the context of how interventions were

developed and how choices were made, aiming to make them adaptable to the subcultures of Arab populations, thus addressing ethical and cultural considerations (Fraser & Galinsky, 2010).

In the first step of their intervention research model, Fraser and Galinsky (2010) have noted the importance of identifying risk, promotive, and protective factors of the problem and using the latter in the intervention design. When it comes to working with displaced people, identifying these factors was also an ethical responsibility, as being aware of the risk factors of trauma exposure led me to think of means to minimize the risk in the developed interventions (Ellis et al., 2007; McBride, 2016). For this reason, a trauma-informed approach to the developed interventions was adopted (Malchiodi, 2014, 2020). Moreover, Ellis and colleagues (2007) have examined Emanuel and colleagues' (2000) ethics framework in clinical research for use with refugee populations. Essential points for this research study included weighing the benefits and risks of the interventions, examining refugees' strengths and resilience rather than using a pathologizing framework, and including participant feedbacks on the intervention rather than simply using them as research subjects. The last point can be addressed through the proposed incorporation of Fraser and Galinsky's (2010) focus groups for participant feedback in the future of the developed intervention design.

Furthermore, Ellis and colleagues (2007) pointed out the importance of understanding a refugee's position in terms of legal status and their cultural understanding of others as being in positions of power, as this might influence refugees' ideas of informed consent and individuality. Hugman and colleagues (2011) also spoke of the power imbalance between researchers and participants, advocating for a more balanced approach by allowing participants to have a voice in the research process. This can be emphasized as a crucial component for phases of future research and can be done through a focus group. Finally, ethical considerations needed to also extend to recommendations for the treatment of artworks which was outlined within the developed intervention (Betts & Deaver, 2019).

Validity and Reliability

There were different issues regarding the validity and reliability of the research. Firstly, intervention research often goes through different cycles of modifications based on the results obtained to enhance the program's efficacy (Fraser & Galinsky, 2010). Similarly, Rothman and colleagues (1994) have discussed field testing of SRS. However, since there was no testing out phase within the parameters of this project, the intervention remained untested, thus limiting

validity. Furthermore, data was only collected in English language, further limiting validity, especially since English is not the mother tongue of the population of choice.

Additionally, since the research encompassed displaced Arab families as a whole, including refugees and asylum-seekers and multiple nationalities; this limited the research project's validity as the interventions might need to be re-modified based on the specifics of the participants. I placed the delimitation on Arab families in a North American context. This delimitation accounted for the differences in cultures, habits and rules between both regions and the adaptations the families might need to go through. Moreover, data collection for this research included grey literature (i.e. case studies). I chose to include grey literature because a lot of the literature in this field included case studies and the latter provided critical input and information from participants to develop this program.

Multiple steps were taken to increase the validity and reliability of the intervention research. Firstly, in writing out the intervention program, I provided a detailed outline of the structure of the sessions (Fraser & Galinsky, 2010). In their systematic review examining research on the use of art therapy interventions with refugees, Annous and colleagues (2022) noted the importance of outlining interventions and session structures in research, for the sake of validity and replication of studies. Fraser and Galinsky (2010) further outlined the importance of the study's design as they recommended the interventions be developed for a specific type of agency to ease implementation. To further enhance the validity of the developed programs, which will remain theoretical, I incorporated pilot studies and practice-based research in data collection and analysis. Furthermore, I was transparent with my assumptions, self-reflexivity, the selection and assessment processes, and I included concept maps in the research report to further enhance validity and reliability of the research. Finally, outlining a means of testing the interventions when implemented has also been recommended by Fraser and Galinsky (2010) to enhance future testing validity. In the future, this can be done by incorporating focus groups and qualitative interviews, to understand participants' experiences and enhance cultural competency and reflexivity.

Chapter 4. Results

The data collection search yielded 27 articles that adhered to the inclusion criteria (see Appendix A for list of articles). Each article was read, and a concept map was created per article to outline the major thoughts, processes, and findings. See Appendix B for an example of a concept map. The various findings from the concept maps were used to create the program outlined below.

Program Description and Purpose

The proposed 12-week family art therapy intervention program focuses on enhancing the communication between displaced family members as they resettle in a North American context. The families can comprise as many generations of the family as are available to attend therapy, to account for the cultural differences of what is considered the family between clients. Various research reflected on the communication patterns amongst family members who were displaced and/or have been exposed to trauma (Björn et al., 2013b; Dalgaard & Montgomery, 2015; De Haene et al., 2018). In their systematic review on the patterns of trauma communication in refugee families, Dalgaard and Montgomery (2015) spoke of the importance of sharing the experience of trauma amongst family members through modulated disclosure. On the other hand, in their analysis of literature on therapeutic work with refugee families, De Haene and colleagues (2018) focused on the importance of learning to be present with family members and commented on the value of silence. On a similar note, Feen-Calligan and colleagues (2020) discussed the importance of focusing on the kinesthetic experiences of the art process and not directly addressing the content of the trauma. Integrating these recommendations, this program has focused on self-regulation and communication through the art process within sessions.

Furthermore, various studies spoke of the importance of a narrative approach in work with refugees; this will be elaborated on below (Björn et al., 2013b; Khatib & Potash, 2021; Quinlan et al., 2016). In their review on the use of expressive therapies with refugees, Kalaf and Plante (2020) found that storytelling can enhance resilience amongst young refugees. Integrating this, the tailored interventions aim to support family members in examining their individual narratives as well as their family narratives (Björn et al., 2013b).

Operating from a trauma-informed lens (Malchiodi, 2014, 2020), the program is designed to support the family as they reflect on the different past traumatic events they might have experienced as well as possible current traumatic experiences. In their article on refugee mental

health, Kronick and colleagues (2021) discussed the traumatic experiences refugees can encounter during resettlement. The authors explained the state of uncertainty asylum-seekers face while awaiting refugee status, making them feel that their lives are paused and that they lack agency and power (Kronick et al., 2021). They further elaborated that after receiving status, refugees are faced with loss and the need to rebuild their lives (Kronick et al., 2021). Coupled with discrimination and xenophobia in the host country, this can lead to negative effects on their mental health (Kronick et al., 2021). Moreover, in their research with immigrant and refugee children in schools, Rousseau and colleagues (2003) discussed children's difficulties including loss of social relationships and the cultural gap they face as they resettle in the host country and adopt a minority status. Considering these realities and Malchiodi's (2014, 2020) principles on building a trauma-informed intervention for families, the program aimed to consider the possibility of current traumas and the various responses to trauma and their effect on the mind and body. With this in mind, the program works on enhancing the family member's ability to regulate such trauma responses, work on communication, and gain agency over their own narrative.

Role of the Art Therapist

The role of the art therapist in the program is that of a facilitator and collaborator with the family. In their research on strengthening emotional ties between parent-child dyads through art therapy, Plante and Bernèche (2008) posited the art therapist's priority is to create a non-judgmental space where family members can feel supported to share and communicate with one another. Furthermore, in their qualitative inquiry into staff experiences with refugee families, Karageorge and colleagues (2018) highlighted that it is crucial for the therapist to maintain flexibility. Within this program, the art therapist needs to continuously assess the appropriate use of the interventions on a case-by-case basis and alter and adapt them as needed. This includes respecting the degree of disclosure requested based on the family's goals and needs as some families will be comfortable openly communicating with each other whereas others will need further degrees of privacy and sensitivity. This also means being sensitive to the family's traumatic experience and how that can emerge through various interventions. Therefore, it is important to follow each member's pace in the intervention and modify them as needed, drawing from trauma-informed approaches (Malchiodi 2014, 2020) and the concept of titration (Levine, 2010). Furthermore, in her book on working with traumatized children through creative arts

therapies, Malchiodi (2014) noted the importance of the art therapist understanding the materials offered and what these can evoke in the client.

Additionally, in their analysis of family therapy sessions with refugee families, Guregård and Seikkula (2014) explained the importance of the therapist promoting dialogue within sessions and showing interest in the family as people and not just in their problems. Moreover, Gangamma and Shipman (2018) are family therapists who examined the value of the use of a transnational intersectionality framework with refugee families through case illustrations. Drawing from the concepts of intersectionality and transnationalism, transnational intersectionality is defined as a “critical examination of contemporary processes of power and dominance within and across national contexts” (Gangamma & Shipman, 2018, p. 210). According to this framework, the therapist needs to understand the role of power, oppression, and marginalization in the lives of displaced people not just as they exist in the host country, but also as they vary across national contexts (Gangamma & Shipman, 2018). The art therapist needs to acknowledge the various identities of family members and how these can affect the family structure with displacement, for instance through role change. This can support the art therapist in better understanding the family’s experience and needs. Likewise, family therapists Pettyjohn and colleagues (2021) supported the acknowledgment of power dynamics in the room, stating that how this topic is handled can impact the therapeutic relationship and goals.

Furthermore, the art therapist is to pay attention to the family’s needs and respond to them. In her paper calling for culturally informed art therapy groups for Syrian refugee women, Hanania (2018) explained the importance of cultural competence. Specifically, the art therapist is to strive in gaining knowledge on the family’s culture and practices as well as various components of relocation such as cultural bereavement (Hanania, 2018). Drawing from Sue and colleagues’ (2019) theories on multicultural counselling and therapy, it is equally important for the therapist to adopt a stance of cultural humility. This is characterized by curiosity and acknowledgment that the family is the expert in their culture and can guide the therapist through the process (Sue et al., 2019). Lastly, the art therapist is to ensure that clients are comfortable expressing themselves in their language of choice. If the therapist does not speak the clients’ preferred tongue, efforts should be made to find a qualified interpreter to ease the process for the family (Guregård & Seikkula, 2014).

Location

In their systematic review on interventions for traumatized immigrant and refugee families, Slobodin and de Jong (2015) suggested implementing intervention programs for displaced families in community settings to increase accessibility. Considering this recommendation and to account for the possible threat and distrust clinical institutional places could cause displaced people that are navigating through the system, this program is to be held in non-clinical settings. Ideally, the interventions would be held in community-based settings committed to serving newcomers. Alternatively, holding the sessions at the children's schools could be convenient, as it eases the family's access and ability to attend the sessions. In their case study on the use of Child Parent Relationship Therapy with a Sundanese refugee family, Lim and Ogawa (2014) found that accounting for the ease of transportation and location of the intervention could support the retention rates of participants.

Referral and Intake Process

The services can be presented to various community organizations working with refugees and asylum-seekers. Organizations can then refer potential families that are interested or that could benefit from the program to the art therapist. With the clients' consent, the art therapist can contact them and explain the program, its purpose, and the level of commitment needed. An initial intake and screening will be essential to understand the family's needs and whether the program is suitable for their current difficulties. This screening can either precede or be part of a formal assessment process. If individual family members are experiencing difficulties that are beyond the scope of the program or the art therapist's ability to support them in this context (such as severe psychiatric difficulties, risk of violence, or needing legal support with their asylum process), they would then be referred to the appropriate resources for assistance. The only criteria considered for acceptance would be the inclusion of at least one caregiver and one child to participate in the program. The migration status of the family will not be an obstacle to their ability to participate.

Materials

A variety of art materials will be available. Developed by art therapists Lusebrink (2010) and Hinz (2020), the Expressive Therapies Continuum (ETC) examines clients' interactions with art materials and how that can parallel their interactions in everyday life. In line with the ETC framework, Hinz (2020) recommended providing clients with different materials that range from restrictive to fluid in their nature. Hinz (2020) explained that cultural differences can affect a

client's comfort level with the art materials provided, therefore affecting their artistic expression. Including materials that speak to the client's culture can support their therapeutic process and enhance their ability to express themselves within sessions (Hinz, 2020). Thus, materials that align with Arabic culture will be incorporated. This will include textile art such as fabrics, thread, embroidery materials, beads, basket-making materials, pottery, tile-making, weaving materials, and clay. It is important to note that art practices still differ within the Arab region and the art therapist might not be aware of all the materials the family members use. Therefore, this process can be done in collaboration with the family to ensure their needs are met. During the intake assessment, each family member can be asked which materials they enjoy working with, which can be considered when setting up the space. Although this list is ideal, it will differ depending on the case and available budget.

Artwork

All artworks will be kept in a locked drawer or cabinet in the art therapist's office space. The artwork will be stored confidentially and returned to the family at the end of the sessions.

Themes

Different themes and approaches emerged in the literature and were labeled important to address when working with displaced clients. In their studies on family therapy sessions with refugee families, Björn and colleagues (2013a, 2013b) found a tendency where displaced people often reflected on the good memories of their past and their home, coupled with the memories and grief of what they left behind. Schwartzberg and colleagues (2021) also reported this pattern in their research exploring a single session art activity with asylum claimants. Similarly, in her art therapy embroidery group with Syrian refugee women, Hanania (2018) found themes of loss to arise in different forms: the loss of meaning, home, people, or culture. Kalmanowitz and Ho (2016) also located themes of loss as prominent in their art therapy and mindfulness work with refugees and asylum claimants. The authors discussed how feelings of loss of identity can arise in displaced people (Hanania, 2018; Kalmanowitz & Ho, 2016).

Another discourse observed by researchers in the work with displaced people is reflection on the escape and the journey of relocation, including the arrival to the host country (Björn et al., 2013a, 2013b; Schwartzberg et al., 2021). In their research, Björn and colleagues (2013a, 2013b) found themes on the new life and difficulties faced with the relocation prominent. Similarly, in their evaluation of an art therapy program for refugee youth, Kowitt and colleagues (2016)

reported that acculturation is a prominent theme to be addressed in therapy as it impacts youth mental health. This can be manifested as difficulties in changes within the family (i.e., role change) or difficulties faced outside the family (i.e., acculturation, practical and material life struggles, social struggles) (Björn et al., 2013a, 2013b; Kowitt et al., 2016). Gangamma and Shipman (2018) emphasized the transnational intersectionality lens in their work, stating that families tend to discuss changes observed in their identities, power, and privilege with the resettlement.

Björn and colleagues (2013a, 2013b) also found families' discourse integrate thoughts about the future. In their analysis of trauma narration and communication amongst refugee families, psychologists, and transcultural psychiatrists De Haene and colleagues (2018) found that family stories about the future included the need to restore meaning, social connections, and safety. Kalmanowitz and Ho (2016) also found the need to make meaning of the trauma and the new life to be important in their art therapy group. Kalmanowitz (2016) spoke of the importance of making art and enjoying another's presence in her art therapy group with refugees. Various authors discussed the importance of noticing coping strategies as well as personal and family resilience (Björn et al., 2013a; Feen-Calligan et al., 2020; Kalaf & Plante, 2020; Slobodin & de Jong, 2015). Noting resilience in clients is a tenant of trauma-informed art therapy (Malchiodi, 2020). In her research on multi-family therapy with veteran and refugee families, van Ee (2018) stated that themes of belonging and increased understanding in the family can also be addressed.

Finally, the literature showed that an important part of the process would be to help the families re-assert identities and re-author stories, so trauma does not appear as the only life narrative (De Haene et al., 2018; Ugurlu et al., 2016). These ideas drew from the Narrative therapy model developed by Michael White and David Epston (1990). This model aims to give clients a way to examine their life narratives and consider how this influence their understanding of themselves and their actions (White & Epston, 1990). Within this model, a new paradigm enables the family to consider their narrative from a different perspective by externalizing the problem (White & Epston, 1990). Externalizing the problem means separating it from the individual by personifying and objectifying it (White & Epston, 1990). In art therapy, the problem can be literally externalized by drawing it out (Riley & Malchiodi, 2011). Within a narrative framework, the family can examine the effect of the problem by mapping its influence (White & Epston, 1990). In collaboration, the therapist and clients can then find unique

outcomes when the problem did not take over their life (White & Epston, 1990). By noticing these unique outcomes, clients can then consider alternative stories of their narratives (White & Epston, 1990). They can thus re-author their lives by creating space for these alternative stories to take over their problem-saturated stories; this process can enhance clients' agency (Madigan, 1998). Narratives can be considered on different levels of the system, by examining individual or family narratives. In their research, Björn and colleagues (2013b) discussed the importance of creating a family narrative that is formed with each members' point of view. Moreover, in their study on art therapy with refugee siblings, Khatib and Potash (2021) emphasized children's needs to develop their own narratives. The authors found that this can help the continuity of identity, and reported that the re-authoring component can be healing (Khatib & Potash, 2021).

These findings have supported the development of the program. Firstly, considering the varied experiences and feelings of loss the families might encounter (Björn et al., 2013a, 2013b; Hanania, 2018; Kalmanowitz & Ho, 2016), the program gave different options in sessions of what to explore. This also aligns with trauma-informed care (Malchiodi, 2020). Moreover, considering the importance of drawing attention to resilience (Björn et al., 2013a; Feen-Calligan et al., 2020; Kalaf & Plante, 2020; Slobodin & de Jong, 2015), the program aimed to empower clients in acknowledging and using their coping skills and recognizing their agency in the room. Drawing from the findings on the importance of working with clients' narratives, (De Haene et al., 2018; Khatib & Potash, 2021; Ugurlu et al., 2016), the intervention utilized the narrative approach to give space for clients to re-author and re-assert their narratives as individuals and as a family. Using the narrative approach, the program allowed family members to tell the story of the different themes that appeared in the results regarding their journey and their relocation (Björn et al., 2013a, 2013b; Kowitt et al., 2016; Schwartzberg et al., 2021). Examples include discussing the trip, the adaptation and change of family roles, and the desires for the future.

Structure of Sessions

The intervention program will run for 12 weeks, offering weekly sessions of either 1.5 or 2 hours each. The time of the session will be decided depending on the children's ages, with younger children engaging in shorter sessions. The literature has discussed the importance of predictability and structure when working with traumatized displaced people (Feen-Calligan et al., 2020; Kalmanowitz, 2016; Ugurlu et al., 2016). In their intervention with traumatized youth, Feen-Calligan and colleagues (2020) found that the predictable structure of the program

supported the decrease of anxiety in their clients, which in turn contributed to the children's sense of safety and willingness to express themselves. Similarly, in their art therapy intervention with refugee children, Ugurlu and colleagues (2016) found that the structure of the intervention and the manipulation of the materials enhanced children's sense of control. Consequently, developing a predictable structure can support clients' sense of knowledge of the space and their feeling of control, which can promote their comfort in self-expression. Thus, each session will be following a specific structure: starting with a check-in, then continuing with an art intervention, and finally sharing with the family members. The check-in will focus on using the senses, connecting to oneself and being present. The use of sensory materials during the check-ins can support clients' grounding and self-regulation; however, they can also be triggering and thus although materials can be suggested, an open choice of materials will be given throughout the program (Feen-Calligan et al., 2020; Hinz, 2020). The art interventions will vary depending on the phase of therapy.

The program is divided into three phases: early (sessions 1 – 3), middle (sessions 4 – 7), and late phases (sessions 8 – 12). The early phase of family art therapy aims to enhance family members' ability to use coping skills to support emotional regulation. The middle phase aims to improve the ability to communicate between family members. The goal of the late phase is to support the development of the clients' narrative. While developing the program, I considered principles of trauma-informed work (Malchiodi, 2014, 2020) as well as cultural components in working with displaced families (Sue et al., 2019). Furthermore, when implemented, interviews or focus groups can be held after the intervention to understand how it supported the families and how it can improve.

Breakdown of Weekly Sessions

This outline of the weekly sessions might not be appropriate for all families and would need to be modified depending on the family's needs and goals. See Appendix C for a table of the weekly interventions.

Introductory Meeting and Assessment

Prior to the first session of therapy, the family will meet the art therapist to discuss consent and assent. During this meeting, the art therapist will discuss the family's goals and their expectations of the sessions. In their art therapy intervention with refugee youth in Burma, Rowe and colleagues (2017) advised that the art therapist alters their interventions based on the client's

needs and that they set goals in collaboration with the client and the family. Setting goals can provide the art therapist with directions to modify the program based on the family's needs. Moreover, the art therapist can ask the parents to consider which stories they feel comfortable sharing (De Haene et al., 2018). In addition, the art therapist will discuss the structure of the program with the family. The art therapist will explain that any member can decide not to share and can state when an activity is too activating for them.

During this introductory meeting, the family will be offered to engage with art material. This will help the art therapist understand the family's level of interaction and comfort with artmaking and make the necessary changes to the program. Such changes might include the need to alter the structure of the art directives or the program's pacing. For the intervention, various materials will be presented and spread out from fluid to resistive according to the ETC assessment guidelines (Hinz, 2020). The choice of material will be left open, and the family members will be asked to create an image to introduce something about themselves. This can be adapted based on each family. For instance, younger children can be asked to draw their favorite animal and this can be explored. Family members will also be able to discuss their comfort with materials and their material preferences.

Phase One: Sessions 1 to 3

The goal of phase one is to enhance the ability to use coping skills to increase emotional regulation. The objectives of this phase are: (1) to improve the ability to identify emotions, and (2) to improve the ability to bring in regulating resources when needed.

Week 1. The session starts with an adapted version of the *magic box* as a check-in (Johnson, 1986). Family members are asked to imagine a magic box that can contain anything they need it to contain and that can provide anything they need to take. They are invited to imagine one thing that they would like to keep in the box and one thing they would like to take away. The check-in is done in silence and family members do not need to share if they feel unprepared to do so. After the check-in is done, the magic box is put away. This is followed by an *introductory collage* intervention. Collage is used for its accessibility to different populations (Feen-Calligan et al., 2020; Hinz, 2020). Depending on the family and their readiness, they can incorporate a depiction of their role within the family in the collage or just introduce themselves as individuals. The collage is then discussed with the family, they can describe what they

included, and the discussion can incorporate their feelings about coming to sessions. The discussion of the collage will vary depending on what the members create.

Week 2. The session begins with a *drawing to the breath* check-in (Feen-Calligan et al., 2020). Family members are invited to practice slow and intentional breathing while choosing an art material to use while making marks of their breaths. This is followed by a Kinetic Family Drawing (Burns & Kaufman, 1970). The art therapist invites family members to create an image of their family doing something together. If the art therapist assesses this to be too close to the family and would like to give them more distance to explore the topic and their emotions, they can ask them to draw a family of animals doing something together (Shore, 2013). The discussion of the drawing will vary from family to another, but topics can include what the family members are doing in the drawing, their feelings about it, and what they wish they would do.

Week 3. The check-in for this session varies dependent on the children's ages. A *box breathing* (Young, 2021) exercise can be introduced for older children and adults. Younger children can be invited to *blow bubbles* (Echterling & Stewart, 2014). Real or imaginary bubbles can be used, and children are asked to imagine or describe what happens when they blow hard on the bubbles. They are then asked to practice slow and soft blowing on the bubbles. Following the check-in, Hinz's (2020) *four primary emotions* intervention is introduced. Family members are asked to divide a sheet of paper into four and draw their four primary emotions in each quadrant. They can be either four emotions they are currently feeling or four emotions they felt over the past week. If it is within the family's culture to not directly share emotions with one another, the exercise can be broader, and they are invited to describe four general emotions. This is followed by a discussion of what resources can be used when each emotion comes up.

Phase Two: Sessions 4 to 7

The goal of phase two is to improve the ability to communicate between family members. The objectives of this phase are: (1) to increase the ability to express needs and resources amongst family members, and (2) to increase the ability to have a dialogue with other family members through modulated disclosure, if desired. Dalgaard and Montgomery (2015) spoke of the importance of modulated disclosure in their systematic review on the different patterns of trauma communication in refugee families. Modulated disclosure is a means of communication within families that places importance on the manner and timing of disclosure, as well as

parental awareness of the child's cognitive and emotional needs (Dalgaard & Montgomery, 2015). This is seen as more important than what is disclosed (Dalgaard & Montgomery, 2015). In their analysis of therapeutic work with refugee families, De Haene and colleagues (2018) described how modulated disclosure could be a means of transmitting collective narrative of displacement.

Week 4. A *bilateral scribble* (Malchiodi, 2015) is introduced for this week's check-in. Family members are invited to choose their preferred paper size and a material for each hand. They are then invited to create a bilateral scribble and describe their experience of the check-in. Following the check-in, Feen-Calligan and colleagues' (2020) *strength tree intervention* is introduced. Each family member is invited to create a tree where the roots represent their personal strengths and the branches represent people and activities that are supportive to them (Feen-Calligan et al., 2020). Feen-Calligan and colleagues (2020) explained the metaphor of the tree where the roots represent being grounded in personal strengths and the branches represent reaching out for support. This intervention can be adapted to ask family members to consider their personal strengths as well as their larger family strengths. Considering the traumatic events that the family has gone through and the possible inability to access their strengths within sessions, it is important to adapt the intervention by giving participants examples of strengths. The examples can vary depending on what family members have shared so far. Additionally, if a certain member cannot identify their strength, other members can be asked to consider what that individual's strengths are. Throughout the exercise, it is important to outline that what is considered a strength can vary from one person to another and that there is no correct answer.

Week 5. A *sigh* check-in is introduced (Malchiodi, 2023). Family members are invited to experience different kinds of sighs together (i.e., sighs of relief, of frustration, of tiredness). After experiencing the sigh, they are invited to visualize their experience of the sigh using colors and marks on a paper with a body outline. This check-in can support individuals to connect to themselves (Malchiodi, 2023). This is followed by an adapted version of Graves-Alcorn and Kagin's (2017) *survival on an island* intervention. Depending on the family members' comfort and sense of safety around each other and in the space, they are asked to either create separate islands or one island together. In their artmaking, they are asked to consider what they need on an island and what they would like to bring with them. They can also reflect on their various strengths in building the island. This intervention can be activating for the family as the idea of

being stuck on an island can relate to their displacement and feelings within it. Therefore, considering a trauma-informed lens, it is important to assess that and work with the activity at a distance, only going as far as the clients would like to go. For instance, instead of an island, the family can imagine a garden and what they need in it, thus working on collaboration and communication.

Week 6. From this week onwards, there will be time allocated each session for autonomous check-ins where family members decide what they would like to do to regulate themselves prior to beginning. This hopes to encourage the practice of self-regulation and the use of coping skills outside the sessions. This can happen in different ways depending on the family. The first option is to invite family members to collectively choose their check-in of the day, supporting their communication and ability to self-regulate. If individuals need more distance or have different needs, the second option is to have each individual choose their own check-in and having the rest of the family welcome and witness it without interruption. This aims to support the practice of self-regulation and accepting that family members can have different needs and can support each other with this. Following the check-in, Warsen's *let it go bowl* (Malchiodi, 2023) is presented. This intervention can also work on family members' ability to witness each other without interruption as they address their different needs. Family members can think of something they would like to let go of and they are asked to either write that down on paper or visually represent it. This is followed by the creation of a container out of clay for that piece of paper. Depending on the family dynamics, Malchiodi's (2023) adaptation can be incorporated where members can witness each others' bowls and share one word of what it evokes in them. If accessible, the bowls can then be left somewhere outside to disintegrate. However, operating from a trauma-informed lens, it is important to consider whether the idea of letting something go is too activating for the family at this time. If that is the case, perhaps it is more appropriate to consider a strength they would like to hold onto or foster and create a container for that. Since this exercise can be very potent, it is significant to assess whether family members seem ready to share what they are letting go of with each other or not. Disclosure is not required for participating in the activity.

Week 7. Following the autonomous check-in, the family is invited to explore the narrative of their journey. Different adaptations to this intervention can be followed depending on the family's situation. The intervention is inspired from Rousseau and Heusch's (2000) *the*

trip activity where they asked refugee and immigrant children in schools to choose a real or imaginary character going on a trip to another country. In their intervention, they described four stages of the trip: (1) life in the homeland before leaving, (2) the trip journey, (3) arrival to the new destination, and (4) the character's future (Rousseau & Heusch, 2000). Although that is one possible version for this intervention, the art therapist must alter it depending on each family while considering a trauma-informed approach. For instance, if the direct stages seem too threatening, the family can be asked to draw an image of an imaginary journey. Another approach would suggest the *boat-storm-lighthouse* intervention (Sprunk, 2022) where the family is asked to create a journey through a boat, a storm, and a lighthouse, and narrate the story of what occurred in their image. A further adaptation relates to the systemic level used within the approach; the family can either engage in this together or individually. This intervention supports to the transition of the third goal of therapy.

Phase Three: Sessions 8 to 12

The goal of the third phase of therapy is to support clients in the development of their narratives. The objectives of the third phase are: (1) to support the expression of individual narratives and reframe them if needed, and (2) to support the creation and expression of a family narrative at this point in time. The narratives are not meant to be static and can evolve over time. Rather, the goal is to empower the family and individuals to own their narratives.

Weeks 8 and 9. These two sessions begin with autonomous check-ins and then encompass the same art intervention. The family is introduced to Feen-Calligan and colleagues' (2020) *puppet-making* intervention and narrative exploration. The family members are invited to each create a puppet and then develop a story for this character. The art therapist needs to decide whether the family is ready to co-create a story for their characters while exploring the individual aspect or if it is better to have each member create their individual story. This choice and decision are based on information of how the family has interacted throughout the sessions, as well as their desire. If the family co-creates a narrative, parallels to the family narrative can be made, if appropriate (this is dependent on the family's willingness, readiness, and children's ages). Exploration of role shifts through the puppets can also be engaged in if appropriate (Gangamma & Shipman, 2018). This intervention can be further adapted if the children are older and prefer not to create puppets; they can be invited to create a sculpture or sand tray and tell their story.

Week 10. The session begins with an autonomous check-in followed by an adapted version of Echterling and Stewart's (2014) *family crisis crest* intervention. This crisis intervention asks families to collaborate on creating their crest (Echterling & Stewart, 2014). Families are given the outline of a crest and are asked to include: (1) an animal that symbolizes the family traits that have helped the family through the crisis, (2) a flower, tree, or plant that represents the family's potential for growth, (3) a symbol to portray the crisis event, and (4) a symbol to represent hope for the future (Echterling & Stewart, 2014, p. 223). The family is then asked to write a family motto representing their values below their crest (Echterling & Stewart, 2014). To account for the cultural component and trauma-informed lenses, this is adapted, and the family is asked to choose a shield or a symbol important to them and draw their strengths and traits within the symbol. The family is invited to consider how their individual and family strengths and resources have supported them on their journey. It is important to note that given the short-term nature of this therapy and the fact there may still be active experiences of trauma in the family, there will be a need to consider when further adaptations are needed. Echterling and Stewart's (2014) step of symbolizing the crisis event might not be appropriate and could be activating. In such circumstances, it may be better for the art therapist to focus on the family strengths and how these have come into play in their narrative. Finally, this session also prepares the family for the next session's portfolio review.

Week 11. The session starts with an autonomous check-in and then a conversation follows on the upcoming termination and how the family would like to say goodbye (H. McLaughlin, personal communication, December 6, 2022). Giving the family agency in determining their goodbye could allow a sense of empowerment considering the multiple forced goodbyes they had to go through. Following this conversation, the portfolio review process begins. The family examines the artworks that they have done throughout session and is invited to comment on their experience. After the portfolio review, each member is invited to create a response art. The art therapist asks each member to visualize a path and consider how far they have come on their path and where they would like to go (adapted from F. Brisson-Dyens, personal communication, March 13, 2023). If appropriate, the art therapist can also ask the family how other members have helped them on their journey or how they can support them in the future.

Week 12. The last session begins with the ritual of a check-in. For this week, the facilitator brings back the *magic box* check-in (Johnson, 1986). Working metaphorically, family members are asked to consider what they would like to take from this experience and what they would like to leave behind. They can share this with the rest of the family if they feel comfortable. Following the check-in, the art therapist can proceed by engaging in the activity the family had chosen to say goodbye. If the family was not able or decided not to choose an activity the prior session, the art therapist can offer them to make an artwork to represent how they feel about the last therapy session (Landgarten, 1991). The directive is left broad to account for different people's modes of saying goodbye. The artworks can then be shared with different family members. Finally, resources are shared with the family and their artworks are returned to them at the end of session.

Chapter 5. Discussion

In this chapter I discuss and reflect on the key features of the intervention as well as future recommendations for developing and testing it. In this discussion, I also address ethical considerations and possible limitations of the program.

Key Themes of the Intervention

There are key themes that connect this program to the found literature. Firstly, considering the likelihood that family members have experienced trauma prior to their migration and during the journey and resettlement process, a trauma-informed approach is essential. This is enforced through the nature of the interventions and check-ins. Furthermore, considering Siegel's (2012) window of tolerance, the interventions adopt a trauma-informed lens by ensuring that clients do not go beyond their window of tolerance, by constantly checking-in, giving options and agency to how they want to explore the interventions.

Considering the various backgrounds of the displaced families, a focus on cultural competence and humility is also important. Understanding the realities and experiences of displacement for Arab families and their cultural background is significant while maintaining a stance of curiosity and understanding that the client is the expert (Chang et al., 2012). This is also coupled with the mindset of empowering the clients and always giving them a choice (Kalmanowitz, 2016); which can be particularly powerful in moments where they feel like they have no choice as they are dealing with the systemic components of resettlement. This brings up the consideration of Bronfenbrenner's ecological theory of human development (Bronfenbrenner & Morris, 2007) which is referenced in the literature (Björn et al., 2013b; Kalaf & Plante, 2020). In his model, Bronfenbrenner argued that a child is influenced not just by his family and immediate environment but by larger systems as well, its culture, and regulations (Björn et al., 2013b). These conversations of how the system affects the client and their narrative can be addressed in the therapeutic space in order to change families' problem-saturated stories and consider societal issues.

Considering the microaggression resettled people and families can face and how these can impact their sense of belonging and identity (Nicolson 2023, Quassoli et al., 2023), a narrative based framework (White & Epston, 1990) can be helpful to provide the family agency over their story. During the resettlement process, it is possible that the individual experiences their personal narrative being questioned by other individuals or society in the form of

microaggressions. The narrative approach considers how the dominant narrative of society can oppress people and influence their personal narratives (Anderson, 2016; White & Epston, 1990). In the case of displaced families, this dominant narrative can be shaped by power structures such as the government or the media. The discourse the latter hold about the client's displacement status, their countries, and values can be in dissonance from the discourse the client holds about themselves. The client can forget their personal narrative and be influenced by the dominant one (Anderson, 2016; White & Epston, 1990). Therefore, giving family members a space for developing their individual and family narratives in the program is valuable. The development of the narrative can support families to re-author their identities and what it means to belong in the host society. Through the creation of narratives using arts-based means, children can feel a sense of mastery over their story (Kronick et al., 2018).

Furthermore, following the suggestions in the literature, I consider a focus on the family members' strengths which can promote resilience (Feen-Calligan et al., 2020; Rowe et al., 2017; Weine et al., 2004). Noticing and acknowledging the family's strengths and resilience can support them in recognizing their own agency and combat their problem-saturated narratives. Furthermore, the use of check-ins, coping skills, and strengths-based interventions aims to support family members in noticing their strengths rather than just challenges. This is in accordance with the trauma-informed approach and the belief that individuals have the capacity "not only to survive, but also to thrive" (Malchiodi, 2020, p. 41).

An important theme in the literature has been the process of disclosure between parents and children. Regarding disclosure, Feen-Calligan and colleagues (2020) found that children can avoid sharing their own traumas out of belief that they are protecting their parents. Furthermore, Lim and Ogawa (2014) spoke of the possibility of parents to model sharing their grief and loss, stating that this can support children in doing the same. This program hopes to facilitate open communication amongst family members which can have an implication in the family's adaptation. However, it is important to note that open communication does not equate nor require disclosure of trauma but can revolve on communication of the feelings around the experience (Björn et al., 2013a; Dalgaard & Montgomery, 2015), which can vary from one family to another. Moreover, in this program, the art component can facilitate communication within the family through metaphors and symbols, which can allow for distance in exploring the material.

Dieterich-Hartwell and Koch (2017) discussed how the art therapy space and artwork can be used as a “transitional space” (p.1) during the resettlement process. The authors argued that the art therapy process and space can serve as a temporary home for refugees as well as a place for self-expression and understanding as they try to create a bridge to the host country and new environment (Dieterich-Hartwell & Koch, 2017). Furthermore, the authors reflected on a displaced person’s loss of home and how that can affect their sense of attachment (Dieterich-Hartwell & Koch, 2017). In addition, van Ecke (2005) suggested that attachment styles of displaced people might be altered over time as a result of being away from home and family members and sustaining multiple losses. Salom (2015) also argued that the concept of place, or the motherland, can be seen as an attachment figure that displaced people lose through their resettlement. Moreover, van Es and colleagues (2021) reported that having parents be attuned to their children’s needs can strengthen the parent-child bond which can be an important protective factor for children in adverse situations. Likewise, Betancourt and colleagues (2013) found secure caregiving to be a major protective factor for children in the face of traumatic events. The authors suggested dyadic interventions to foster the emotional ties between parents and children affected by war (Betancourt et al., 2013).

The literature shows that attachment theory is important to consider when working with displaced families (Betancourt et al., 2013; Dieterich-Hartwell & Koch, 2017; van Ecke, 2005). Although engaging in deep attachment work was beyond the scope of this program, it is still important for the art therapist to reflect on this when working with displaced families. Understanding attachment theory and how attachment is affected by displacement can provide further insight into the work with the family. However, operating from a culturally informed lens, it is also important to note that the majority of attachment theory originates from white, western, middle/upper class backgrounds. Thus, what is considered the norm within the theory can vary based on culture and different life experiences (Heine, 2020).

Program Adaptability

The goal of the intervention program is to support displaced families in enhancing their well-being, communication, and give them agency to acknowledge and rework their narratives. The above structure of weekly sessions is created with those goals in mind. However, it is important to note that specific goals might change depending on the family and their needs and that there is no formula that fits all families. Thus, the program will likely need to be readjusted

when it is implemented. Elements to keep in mind when readjusting the program would be the family's pace, their degree of comfort in disclosure, and their goals. Furthermore, in readjusting the program, it would be important to understand and acknowledge the stage of the resettlement process that the family is at, which can be different between families or even between members of the same family (Lousa & Hughet, 2022). Finally, Khatib and Potash (2021) called for the use of open-ended prompts to both allow structure in sharing while providing space for a variety of responses based on clients' different experiences. In the program, I provide directives for each session to create the necessary structure and containment. However, options are also given to these directives in case they are needed during implementation. If the art therapist chooses to go with a broader directive, it is important to consider that these can cause discomfort to certain clients and assess clients' readiness to an open structure.

Ethical Considerations

I have placed importance on self-reflexivity while developing this program. Aware of my personal biases and how they affect the topic, I have focused on adopting a culturally humble stance and have attempted to give many options to the interventions with the knowledge that only in meeting each family that the program structure will truly be set. It has been important for me to consider each step of the process and the reason behind including each intervention and approach. I have reflected on the reason for inclusion and whether that was personal preference based on my experience or if the intervention or approach derived from the found literature and was deemed as helpful. During this process, it has been constructive for me to return to my advisor with my concerns and integrate her comments which have provided me with further insight and perspective. Furthermore, I have tried to place an important focus on a trauma-informed approach, aware of the consequences of the different interventions and the complexity of seeing the whole family system within the therapeutic space. The interventions have been developed with an awareness of the possible risks they can cause. Consequently, options are given to families and continuous check-ins need to be enforced throughout the process. Finally, I have gathered data from various sources to enhance my knowledge of the topic from different perspectives.

Limitations and Possible Challenges

Possible challenges that might arise in the therapy room include the potential reluctance of family members to share with one another due to a variety of reasons. If that is the case, it is

important to respect this decision and focus on the family members' presence with each other within sessions. Furthermore, different members might get triggered within sessions. Therefore, it is important to ensure the structure of sessions is maintained and that co and self-regulation methods are continuously integrated, and a trauma-informed lens is incorporated even if sessions are adapted. Moreover, due to the reality of families in the process of resettlement, there could be some challenges in attending the sessions, either due to transportation, scheduling conflicts, or the need to deal with other priorities. Therefore, sudden cancellations could occur. It is important to account for these obstacles (Lim & Ogawa, 2014) and offer alternative times when needed. Further foreseeable challenges include language barriers. Even if the art therapist speaks Arabic, there are various dialects of Arabic, and some misinterpretations could occur. Thus, continuous check-ins with the family are needed to ensure appropriate understanding (Guregård & Seikkula, 2014). Alternatively, the use of interpreters has been suggested by various studies. Nevertheless, it is important to note that this comes with its own challenges as well since it is preferable that the same interpreter attends all sessions for continuity and the latter needs to be trained in elements of confidentiality, responding, and stance (Guregård & Seikkula, 2014).

Limitations of the program include its short-term nature which can pose challenges in meeting the family's needs within a short period of time. Other limitations include my limited experience in research, limited access to tools to assess studies, and limited time to evaluate the research due to the scope of the master's program. Furthermore, I only examined literature in the English language while developing a program for an Arab population. This poses a limitation on the program which aims to be culturally sensitive. Finally, in the research process I had to include literature from various fields and populations due to the limited amount of literature directly addressing family art therapy with displaced Arab families.

Chapter 6. Conclusion

This research paper aims to develop a trauma-informed and culturally informed art therapy intervention program to support displaced Arab families in their resettlement to a North American context. By drawing from art therapy, family therapy, and adjacent fields, the intervention presents a new program to support communication and well-being of displaced families. The program aims to focus on the family members' presence with one another and ability to communicate with each other. Furthermore, the intervention aims to support family members in sharing their experiences with each other, to the level of their comfort, through arts-based means. It is the hope of the program to support family members to feel a sense of connection and belonging to one another in their process of resettlement. It is also the goal of the program to give family members a sense of agency over their narratives. If it is deemed effective, the program can support connection between caregivers and children and thus have an implication on the well-being of displaced children.

Future Studies

The developed program is only theoretical and awaits testing to determine its efficacy. Future studies can pilot the program and comment on its efficacy, or lack thereof, and required modifications. Future studies can also focus on participants' experiences of the program, such as through focus groups, their perceived needs, and desired alterations to the program. Studies can also focus on children's needs within the therapeutic room. Furthermore, future studies can draw more on the CLR methodology, which was not possible due to the time constraints of this research paper, and include various types of data such as media, observations in sessions, and views of experts in the field and collaborative agencies. Lastly, future researchers can place a deeper emphasis on an attachment component in long-term work and support the strengthening of attachment between caregivers and children.

Considering the global migration crisis and the effects of displacement on people and families, it is crucial to contemplate how to best serve these families within the therapeutic process. Suggestions have been made to include the family in the therapy room when working with displaced children as this can be culturally appropriate and can provide greater support for the children (Pejic et al., 2016; Slobodin & de Jong, 2015). By adding an art therapy component to family work, children can be given a bigger voice in the therapy room (Akthar & Lovell, 2019; Ugurlu et al., 2016), and they can share their needs and desires with their caregivers. This

program supports the family to strengthen their coping skills, connection, and narratives. Although not applied yet, the intervention program examines the strengths and resilience displaced families exhibit and aims to support them during their resettlement journey.

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Appendix A: Collected Data

Author	Date	Title
Annous et al.	2022	A systematic review of empirical evidence on art therapy with traumatized refugee children and youth
Björn et al.	2013	Brief family therapy for refugee children
Björn et al.	2013	Family therapy sessions with refugee families: A qualitative study
Burruss et al.	2021	Arts-based therapy: A pilot program for immigrant and refugee children
Dalgaard & Montgomery	2015	Disclosure and silencing: A systematic review of the literature on patterns of trauma communication in refugee families
De Haene et al.	2018	Stories of trauma in family therapy with refugees: Supporting safe relational spaces of narration and silence
Feen-Calligan et al.	2020	Art therapy with Syrian refugee youth in the United States: An intervention study
Gangamma & Shipman	2018	Transnational intersectionality in family therapy with resettled refugees
Guregård & Seikkula	2014	Establishing therapeutic dialogue with refugee families
Hanania	2018	A proposal for culturally informed art therapy with Syrian refugee women: The potential for trauma expression through embroidery
Kalaf & Plante	2020	Restoring lost resources for young refugees: An integrative review of the resilience-building potential of expressive therapies
Kalmanowitz	2016	Inhabited studio: Art therapy and mindfulness, resilience, adversity and refugees
Kalmanowitz & Ho	2016	Out of our mind. Art therapy and mindfulness with refugees, political violence and trauma
Karageorge et al.	2018	Relationship and family therapy for newly resettled refugees: An interpretive description of staff experiences
Khatib & Potash	2021	Visual journaling using art therapy with refugees
Kim et al.	2023	The effects of art therapy on anxiety and distress for Korean–Ukrainian refugee: Quasi-experimental design study

Kowitt et al.	2016	A pilot evaluation of an art therapy program for refugee youth from Burma
Lim & Ogawa	2014	"Once I had kids, now I am raising kids": Child-parent relationship therapy (CPRT) with a Sudanese refugee family - A case study
Lousa & Hughet	2022	Case study first aid in art therapy and its liberating role in Bosnia and Herzegovina temporary reception centers for migrants and refugees
Moosa et al.	2017	Solution focused art therapy among refugee children
Quinlan et al.	2016	Evaluation of a school-based creative arts therapy program for adolescents from refugee backgrounds
Rowe et al.	2017	Evaluating art therapy to heal the effects of trauma among refugee youth: The Burma art therapy program evaluation
Schwartzberg et al.	2021	Exploring the concept of social art through a single session art activity with asylum seekers
Slobodin & de Jong	2015	Family interventions in traumatized immigrants and refugees: A systematic review
Ugurlu et al.	2016	An art therapy intervention for symptoms of post-traumatic stress, depression and anxiety among Syrian refugee children
van Ee	2018	Multi-family therapy for veteran and refugee families: A Delphi study
van Es et al.	2021	Family Empowerment (FAME): A feasibility trial of preventive multifamily groups for asylum seeker families in the Netherlands

Appendix B: Concept Map Example, Feen-Calligan et al. (2020)



Appendix C: Table of Interventions

Phase 1 Goal: Enhanced ability to use coping skills to support emotional regulation.

Objective 1	Interventions
<p>Improve ability to identify emotions</p>	<p>Session 1: <i>Check-in:</i> Invite clients to participate in an adapted version of the magic box (Johnson, 1986). Clients are told to imagine taking out a magic box that contains all that they need and can hold anything they want to get rid of. They are encouraged to take something from the box and put something in the box. This is done in silence but members are encouraged to share if they would like to. <i>Intervention:</i> Introduce yourself through a collage. Collage is suggested for accessibility (Feen-Calligan et al., 2020; Hinz, 2020). This introduction can include the members’ role in the family or not. This intervention can also explore how each member feels coming into sessions.</p> <p>Session 2: <i>Check-in:</i> Drawing to the breath (Feen-Calligan et al., 2020). Invite family members to practice slow and intentional breathing. Invite them to choose an art material to accompany them on this process and make marks through the fluctuation of their breath (Feen-Calligan et al., 2020). Clients can share what they felt during the check-in. <i>Intervention:</i> Invite family members to create a Kinetic Family Drawing (Burns & Kaufman, 1970): ask them to create an image of themselves and their family doing something together. This intervention can be altered to give the family more distance from the topic, by asking them to draw a family of animals doing something together, rather than directly explore the topic of their family (Shore, 2013). The drawing can then be explored to examine what the family (or animals) are doing in the drawing, how do they feel about it, what do they wish they would do, etc. Emotions can be explored through the distance of the drawing.</p>
Objective 2	Interventions
<p>Improved ability to bring in regulating resources when needed</p>	<p>This objective is continuously worked on through the various directed and autonomous check-ins throughout sessions. Additionally, the art therapist is to continuously work with families and check-in to how they responded to the interventions. This can give them the space to offer certain suggestions and information on the pace of the program, allowing the art therapist to alter the pacing and follow a trauma-informed lens (Malchiodi, 2020).</p>

Session 3:

Check-in: The check-in for this session will vary dependent on the age of the children. For adults and older children, a box breathing exercise can be introduced (Young, 2021). For younger children, they are asked to blow on real or imaginary bubbles (Echterling & Stewart, 2014). They are asked to describe what happens when they blow too hard and to practice slow and soft bubble blowing.

Intervention: Four emotions check-in (Hinz, 2020). Invite family members to take a sheet of paper and fold it in four. On each quadrant, they can visually represent an emotion they are currently feeling or have felt over the past week. Alternatively, the exercise can go broader and family members can describe common emotions. This is in case the family prefer not to share emotions with each other; to be assessed on a case-by-case basis. This is followed by a discussion of the resources they need with each emotion.

Phase 2 Goal: Improved ability to communicate between family members.

Objective 1

Interventions

Increased ability to express needs and resources with other family members

Session 4:

Check-in: Bilateral scribble (Malchiodi, 2015). Members are invited to choose their own paper size and materials they would like to use. They are invited to create a bilateral scribble and then discuss their experience of the check-in.

Intervention: Strength tree intervention (Feen-Calligan et al., 2020). Invite family members to each create a tree where the roots represent their personal strengths and the branches represent people they can seek for support and activities that help them. Participants are encouraged to consider their personal strengths and their larger family strengths. Conversation can discuss when they feel they need support and how they can ask for it.

Session 5:

Check-in: Sigh check-in (Malchiodi, 2023). Invite family to experience different sighs together (sigh of relief, of frustration, of tiredness). Invite them to express the feelings of the sigh through marks on a paper that has a body outline.

Intervention: Introduce an adapted version of Graves-Alcorn and Kagin’s (2017) survival on an Island intervention. Assess whether family members are comfortable creating one island together; if not separate islands can be created. Invite family members to consider what they would need on their island. Invite them reflect their strengths in

	building the island. If an island is too activating, clients can build a garden together with a focus on collaboration and communication.
Objective 2	Interventions
Increased ability to have a dialogue with other family members through modulated disclosure if desired	<p>Session 6: <i>Check-in:</i> From this session onward, a space will be allocated each week for an autonomous check-in. This can be either chosen collectively by the family or individually with members witnessing each other. Family members can choose the check-in means that appeals most to them to encourage this practice of self-regulation and the use of coping skills. <i>Intervention:</i> Introduce Warsen’s <i>Let it go bowl</i> (Malchiodi, 2023). Each family member can write down on paper or visually represent something they would like to let go of. They can then create a container for that piece of paper which can be left somewhere in nature to disintegrate. After the bowls are created, family members can witness each others’ bowls, if appropriate, and share a word of what it evokes in them. Dependent on the family, they can choose to share with each other what they want to let go of through modulated disclosure or keep it to themselves. An adaptation of this intervention can focus on a strength family members would like to hold onto and foster and creating a container for that.</p> <p>Session 7: <i>Check-in:</i> Autonomous check-in. <i>Intervention:</i> Invite family members to explore the narrative of their journey. This can be either explored individually or by the whole family. Additionally, the narrative can be explored directly by asking them to represent their journey or the symbolic idea of a journey can be explored through the distance of the metaphor. All of this will be determined on a case-by-case basis and will be dependent on the family’s readiness and needs. It is crucial to follow the family’s pace and not pressure disclosure. Detailed adaptations are given in the results section and draw from Rousseau and Heusch (2000) as well as Sprunk’s (2022) interventions. This intervention will support the transition to the third phase’s goal.</p>
Phase 3 Goal: Support the development of clients’ narrative.	
Objective 1	Interventions
Support the expression of	<p>Sessions 8 and 9: <i>Check-in:</i> Autonomous check-ins.</p>

<p>individual narratives, and reframing if needed</p>	<p>Intervention: Over two sessions, the family will be invited to create puppets and narrate the stories of their puppets (Feen-Calligan et al., 2020). During this intervention, space can be given for individual stories and family stories. The aim is to give family members agency over their own narratives. The intervention can also be adapted with older children, if they prefer not creating puppets then sculptures or sand trays can be used.</p>
<p>Objective 2</p>	<p>Interventions</p>
<p>Support the creation and expression of a family narrative at this point in time</p>	<p>Session 10: Check-in: Autonomous check-in. Intervention: Adapted from Echterling and Stewart’s (2014) family crisis crest intervention, invite family members to create a symbolic shield together. To account for cultural differences, the family can also choose any symbol to work on together. Invite them to consider their strengths and resources as a family and as individuals and how these have come to aid them. Prepare the family for next session’s portfolio review.</p> <p>Session 11: Check-in: Autonomous check-in. Intervention: First, ask the family how they would like to say goodbye. This session will encompass the portfolio review, giving the family time to process what they made together. This will be followed by a response art intervention. This can either be left open or the family can be given more direction if needed. The direction will include the visualization of a path, each member will be asked to consider how far they have come and where they would like to go. The art therapist can ask how other family members have helped/can help, if appropriate.</p> <p>Session 12: Check-in: Bring back the magic box check-in (Johnson, 1986). Ask family members to consider what they would like to take with them from the sessions and what they would like to leave behind. If they feel comfortable, this can be shared with the rest of the family. Intervention: Either proceed with how the family chose to say goodbye or invite family members to make an artwork of how they feel about the last therapy session (Landgarten, 1991). This session artworks will be returned to the family.</p>