

TRAUMA-INFORMED ART THERAPY FOR ELEMENTARY SCHOOL-AGED CHILDREN:  
EXPLORING MIND-BODY CONNECTION

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## ABSTRACT

### TRAUMA-INFORMED ART THERAPY FOR ELEMENTARY SCHOOL-AGED CHILDREN: EXPLORING MIND-BODY CONNECTION

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This paper explores the potential application of a public elementary school-based trauma-informed art therapy program as a strategic and equitable method for the delivery of a mental health resource to help promote student wellness. A second objective is to investigate how body-mind connection and sociocultural factors may impact children's wellness and therefore be considered in the design and implementation of such an art therapy program. An intervention research methodology is used to develop theoretical understanding of factors impacting student wellness. This method is also used to inform the development of a proposed intervention design clarifying what an art therapy program of this nature might look like, how it might foster body-mind connection, and how cultural competency may be foregrounded in the process. Findings supported rationale for the design and implementation of a school-based trauma-informed art therapy program that incorporates goals of fostering mind-body connection and enhancing resilience to help promote student wellness. A 12-week group art therapy intervention for students aged 5 to 12 is suggested and is structured according to a phased approach. Results present a descriptive overview of sessions including proposed phases and art therapy interventions. Principles associated with trauma-informed, holistic, and anti-oppression therapeutic approaches inform the design of a wellness-oriented group art therapy intervention that centers safety, empowerment, agency, the development of connections with self and others, and awareness of individual and collective strengths.

Keywords: student wellness, integration, mind-body connection, child traumatic stress, trauma-informed art therapy, cultural considerations, anti-oppression.

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## Chapter 1. Introduction

This paper explores the theoretical implementation of a trauma-informed art therapy intervention program that aims to promote student wellness in an elementary school setting in accordance with cultural and contextual factors. School-based interventions that support mental health and well-being in students have been endorsed by the World Health Organization (WHO; 2023), which considers them to be an important strategy for supporting student growth. Assessment studies have shown that a significant number of school-aged children are impacted by traumatic stress (Record-Lemon & Buchanan, 2017). One response to widespread child traumatic stress has been the development of trauma-informed frameworks and the implementation of their respective practices into public organizations that provide care to children, such as the public school system (Perry & Daniels, 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). The effectiveness of trauma-informed practices relies on the development of programs and systems that recognize the signs and symptoms of trauma, as well as its context and prevalence (SAMHSA, 2023). Trauma-informed practices are distinct from *trauma-focused* interventions, which tend to treat individuals by addressing their trauma symptoms directly and risk triggering re-traumatization (Mersky et al., 2019). In contrast, trauma-informed practices may indirectly address the impact of trauma on factors such as mental health and learning capabilities (Record-Lemon & Buchanan, 2017). These practices aim to minimize the potential for re-traumatization by prioritizing the incorporation of principles such as safety, choice, control, and empowerment (SAMHSA, 2023).

According to van der Kolk (2020), coping with traumatic stress is often managed by disconnecting from bodily and emotional awareness. Though this coping response may protect individuals from difficult physical and emotional experiences, it also may also have detrimental impact on a child's ability to understand their inner world, modulate arousal, and communicate their needs (van der Kolk, 2020). Art therapy interventions have the potential to gradually address these impacts by increasing an individual's connection to their bodily and emotional awareness (Malchiodi, 2020). This is facilitated through active, self-regulatory creative processes that are supported by a framework that fosters a safe environment and supportive relationships (Czamanski-Cohen & Weihs, 2016).

Inspired by my experience working with children and youth in the foster care system, I have chosen to research and develop a school-based art therapy intervention program with the aim of promoting student wellness in a trauma-informed manner. While working in foster care, it became evident to me that these children seldom had the opportunity to develop an understanding of the emotional and sociocultural experiences that impact their embodiment and well-being. I observed that children's access to public resources that support mental health and wellness were often limited by systemic issues such as program capacity and access to transportation. With the interest of facilitating more equitable access to these protective resources, I set out to investigate what a school-based wellness program for children could look like. My research design has opted to explore mind-body connection in relation to art therapy and children's wellness. This decision was informed by my prior engagement with trauma-related research that explores embodied responses to psychological trauma and the use of art therapy to address related difficulties (Malchiodi, 2020; van der Kolk, 2014).

To gain a deeper understanding of this research topic, I used an intervention research method guided by two research questions: What might a trauma-informed art therapy program look like in an elementary school setting? How might such a program be designed to foster mind-body connection and to emphasize cultural competency to promote student wellness? This secondary research question helped to direct the research toward existing knowledge and practices that explore embodiment and cultural contexts in relation to children's wellness and trauma-informed art therapy – knowledge and practices which could then be incorporated into my own prospective intervention design.

In my preliminary research process, it was apparent that significant literature exists relating mind-body connection and art therapeutic work with children; examples include literature on the use of sensorimotor art therapy approaches (Elbrecht & Antcliff, 2014), on mindfulness-based art therapy and Focusing-Oriented Arts Therapy (FOAT) approaches (Rappaport, 2014), and on the use of the Expressive Therapies Continuum (ETC) to foster integrated creative engagement (Lusebrink et al., 2013). I found a considerable amount of research on the use of mind-body approaches in art therapy with children in community and clinical settings with just a few examples being a residential treatment center (Belkofer & Nolan, 2016), an in-patient psychiatric context (Pelier, 2019), and a community center (Feen-Calligan et al., 2020). There was minimal peer-reviewed literature exploring the use of art therapy and mind-

body approaches in an elementary school context. The studies I did locate will be included in chapter two of this paper. I did not locate any literature that explicitly incorporated a trauma-informed approach, art therapy, and mind-body connection in a school-based intervention program.

I chose to include an emphasis on cultural considerations during the development of a trauma-informed art therapy program because sociocultural factors such as systemic oppression and collective trauma have caused minoritized youth to be disproportionately exposed to traumatic stress (SAMHSA, 2023). Moreover, minoritized communities experience reduced access to culturally relevant services (Anderson, 2019; Bryant-Davis, 2019). Recognition of the context in which children and communities are impacted by traumatic stress is an essential focus in trauma-informed frameworks and can guide best practices in addressing trauma-related impacts and promoting wellness (Malchiodi, 2022; Sunderland et al., 2022).

The remainder of this paper is structured as follows. The second chapter will explore the aforementioned research questions through a literature review to examine the relationships among current theory and practices pertaining to the use of trauma-informed art therapy for elementary school-aged children. The third chapter will describe the intervention research methodology used to develop a proposed intervention design and outline the data collection process, ethical considerations, and validity and reliability of the research process. Chapter 4 will present findings structured according to problem and program theory and provide an overview of the proposed intervention framework. Chapter 5 will provide a discussion intended to contextualize my findings in relation to the research questions and selected theory and literature. Finally, Chapter 6 will offer conclusions summarizing significant results and indicating the potential implications of this research.

## **Chapter 2. Literature Review**

This chapter provides an overview of the literature pertaining to mind-body connection as it relates to children's wellness and traumatic stress, trauma-informed and school-based art therapies, and perspectives on cultural competency. It will first review research on the interpersonal neurobiology (IPNB) model, specifically research on children's integration of mind-body functioning and the impact of traumatic stress on this integration. Next, to support an understanding of how art therapy can address wellness through functional integration, the chapter will consider the Expressive Therapies Continuum (ETC), Art Therapy Relational (ATR-N), and Bodymind models of art therapy, all of which incorporate findings from IPNB and other areas of neurobiological research (Czamanski-Cohen & Weihs, 2016; Hinz, 2020). This will be followed by an overview of trauma-informed and resilience-based approaches that are used to support children's wellness. The applications of school-based art therapy interventions will then be summarized. The chapter will conclude with an exploration of cultural factors in relation to wellness, traumatic stress, and creative arts interventions.

### **Wellness and Integrated Functioning**

Dr. Daniel Siegel (2012) is a child psychiatrist and interdisciplinary researcher in the field of IPNB. In an overview of the IPNB perspective, Siegel (2012) described the mind as a system that shapes, shares, and regulates the flow of information and energy within and between humans (Siegel, 2012). He proposed that the mind, and therefore a person's subjective experience of self and reality, is shaped by relational experiences and embodied neural connections (Siegel, 2012). Siegel (2012) identified regulatory processes, embodied neural mechanisms, and relational sharing as interdependent aspects involved in processing the flow of information and energy, all of which influence one another to shape experience. The IPNB model has proposed that a pattern of integrated functioning between aspects of information processing represents "the heart of health" (Siegel, 2012, p. 9) because integration may facilitate an experience of reality as one coherent whole (Siegel, 2012). That is, it has been proposed that a sense of well-being is related to a sense of coherence, which is facilitated by a well-connected, flexible flow of energy and information linking mind, body, and relationships (Siegel, 2012).

A significant connection between relational experiences, brain structure, and regulatory functioning has been demonstrated by interdisciplinary developmental researchers Judith and Allan Schore (2008). From their research, Schore and Shore (2008) proposed a model of

regulation theory, which explains how early-life affective communication experiences (i.e., experiences in attachment relationships) can impact the development of brain structures involved in self-regulation and emotional processing. Schore and Schore (2008) highlighted the concept of co-regulation as an interpersonal process that supports the development of an infant's nervous system (Schore & Schore, 2008). One instance where this occurs is when a caregiver can recognize bodily-based arousal in an infant and respond by offering communications that regulate these internal states such that the caregiver attunes to the infant (Schore & Schore, 2008). Infants are not born with the neurophysiological structure to initiate self-regulation, and therefore rely on repeated experiences of empathic attunement with the caregiver to modulate regulation (Schore & Schore, 2008). Affective synchronization was identified by Schore and Schore (2008) as an ongoing process of attunement, misattunement, and timely re-attunement between infant and caregiver. Schore and Schore (2008) explained that through repeated experiences of tolerating negative states that are then modulated through timely interactive regulation, the infant develops neural structures and psychological capacity to adaptively self-regulate in the long-term. Schore and Schore (2008) stated that optimal self-regulatory functioning includes access to positive affective states, a coherent sense of self, and a capacity to feel connected with others. According to regulation theory, an individual's embodied, emotional, and relational experiences in early life will influence regulatory processes in the long-term (Schore & Schore, 2008).

Research from Schore and Schore (2008) has highlighted the importance of body-mind and relational connection in the development of regulatory processes. Siegel (2012) has emphasized that throughout the human lifespan, the mind is always changing. He has suggested that there is potential to intentionally direct patterns of energy and information processing towards healthy living by fostering connection in mind-body and social relationships (Siegel, 2012).

### **Impact of Traumatic Stress on Integration**

In his book, *The Body Keeps the Score*, trauma researcher Bessel van der Kolk (2014) summarized findings based on research that analyzed consistent patterns across profiles of children who had experienced chronic interpersonal trauma such as child abuse or neglect. Van der Kolk (2014) identified that chronic traumatic stress consistently correlated with biological and emotional dysregulation, dissociation, interpersonal challenges, attentional difficulties, and a

lack of positive and coherent sense of self (p. 299). In relation to addressing the impacts of trauma, van der Kolk (2014) suggested that self-awareness is a core aspect of recovery, and that conscious attention to one's inner experience can support an increased functional connection between neural systems and improve access to emotional regulation. Van der Kolk (2014) further highlighted that exposure to traumatic stress has been associated with somatic disruptions, sensitivity to sensory input, and disconnection from bodily awareness. He proposed that bringing present-moment awareness to bodily experiences, such as movement and breathing, can help promote increased self-regulation (van der Kolk, 2014).

## **Art Therapy and Integrated Functioning**

### ***Expressive Therapies Continuum***

Originally formulated in 1978 by art therapists Kagin and Lusebrink, the Expressive Therapies Continuum (ETC) is an interdisciplinary framework that integrates art therapy, developmental, cognitive, and neuroscience theories to guide practitioners in the use of art media to address client issues (Lusebrink et al., 2013). Guidance from the ETC framework is used to support wellness by facilitating individualized creative processes to promote integrated functioning and enhanced flow of information processing during creative expression (Lusebrink et al., 2013). Lusebrink and colleagues (2013) specified that the choice of art media and how it is used can be observed and modulated to help clients access increased flow and flexibility in their information processing. In her book about the ETC, Hinz (2020) suggested that this process has the potential to improve functioning in other areas of an individual's experience such as promoting increased flexibility of information processing and decision-making in social contexts (Hinz, 2020).

The ETC framework is comprised of seven components of creative information processing represented along four levels: Kinesthetic/Sensory, Perceptual/Affective, Cognitive/Symbolic and Creative (Hinz, 2020). These levels are arranged hierarchically to mirror a developmental sequence from simple to more complex information processing in visual expression (Lusebrink et al., 2013). Each of the first three levels represents a continuum between complementary components of information processing (Hinz, 2020). The fourth level, titled Creative, can represent optimal functioning in any component or signify the functional integration of all components (Hinz, 2020).

Expressive arts therapist Malchiodi (2020) has incorporated use of the ETC in her work with trauma-impacted individuals. Malchiodi (2020) explained how an activity such as drawing on large paper to music can promote self-regulation by engaging balanced use of information processing components on the Kinesthetic/Sensory level. This intervention design encourages kinesthetic movement by offering a large paper size and facilitates regulation in that movement by providing rhythmic sensory cues (Malchiodi, 2020). These cues engage sensory processing as a complement to kinesthetic processing, which may contain the potential for overly activated creative engagement with that component (Malchiodi, 2020).

### ***Art Therapy Relational Neuroscience Model***

Hass-Cohen and Findlay (2016) created the Art Therapy Relational Neuroscience (ATR-N) model, which integrates IPNB theories with art therapy theory. The ATR-N is a framework of principles used to explain how the unique context of the art therapy environment alongside the active use of art materials to express and recognize inner experiences can give rise to therapeutic change (Hass-Cohen, 2008; Hass-Cohen & Findlay, 2016). This model emphasizes the essential roles of movement, sensation, and affective attunement in the art therapy process (Hass-Cohen & Findlay, 2016). Hass-Cohen (2008) has stated that “that an integrated and attuned state of mind emerges during the novel sensory experience of making art in the therapist’s presence” (p. 305).

### ***Bodymind Model***

Czamanski-Cohen and Weihs (2016) formulated the Bodymind model of art therapy to describe how the “reorganization, growth, and reintegration of the self can emerge from body and mind processes activated by art therapy” (p. 2). This model provides practitioners and researchers with a method for understanding, communicating, and studying the effects of art therapy (Czamanski-Cohen & Weihs, 2016). The model is grounded in the perspective of mind and body existing as a unified system and subscribes to theories of embodied cognition and emotion (Czamanski-Cohen & Weihs, 2016). These theories propose that thoughts and emotions are embedded in sensorimotor experience (Czamanski-Cohen & Weihs, 2016). The Bodymind model is informed by the ETC and ATR-N, thus incorporating integrated theories of art therapy, neurodevelopment, relational neuroscience, and interpersonal neurobiology (Czamanski-Cohen & Weihs, 2016). The model outlines four core therapeutic processes of art therapy: (a) the triangular relationship between client, therapist, and art process/product; (b) self-engagement; (c)

embodied self-expression; and (d) meta-cognitive processing (Czamanski-Cohen & Weihs, 2016, pp. 4-7).

## **Approaches to Support Student Wellness**

### ***Trauma-Informed Approach***

The US-based Substance Abuse and Mental Health Services Administration (SAMHSA, 2023) developed a trauma-informed framework using information collected through trauma-focused research, clinical practice, and the shared experiences of trauma survivors. SAMHSA's (2023) approach responds to research showing that the impact of trauma is widespread, misunderstood, and has significant short- and long-term consequences for a child's health and well-being. SAMHSA (2023) has outlined four guidelines for providers in public health and related sectors: (a) realize the widespread impact of trauma; (b) recognize signs and symptoms; respond in a trauma-informed manner; and resist re-traumatization (p. 9). They further include six key guiding principles for organizations to integrate into their overall culture: (a) safety; (b) trustworthiness and transparency; (c) peer support; (d) collaboration and mutuality; (e) empowerment, voice, and choice; and (f) cultural, historical, and gender issues (SAMHSA, 2023, p. 10).

### ***School-Based Trauma-Informed Practices***

School systems include many children who have experienced trauma, which implicates school settings and educational providers as having a role in responding to the impact of trauma (SAMHSA, 2014). SAMHSA (2014) found that effectively addressing trauma in organizations will require increased trauma awareness along with efforts to prevent trauma and achieve the early identification of trauma-related impacts, followed by effective interventions for recovery. Perry and Daniels (2016) conducted a pilot study to assess the process of implementing trauma-informed practices in an elementary public-school setting. Their study explored the challenges and successes of their trauma-informed program based on mixed-method data (Perry & Daniels, 2016). The trauma-informed framework included professional development for school staff (n=32), care coordination with families, psychoeducational classroom workshops on coping with stress (n=77 students), and a Cognitive Behavioral Intervention for Trauma in Schools (CBITS) with 17 trauma-affected students (Perry & Daniels, 2016, p. 180). In response to the professional development program, school staff reported an increased knowledge of trauma and almost all participants reported that they could identify a change to be made in their professional practice as

a result (Perry & Daniels, 2016). Qualitative data collected regarding care coordination showed positive changes in communication between the pilot school and families, and increased communication between families (Perry & Daniels, 2016). Student surveys following psychoeducation showed that over 90% reported a better understanding of how to relax, trust others, and worry less (Perry & Daniels, 2016). Although these results are based on a relatively small sample and are therefore low in generalizability, they provide promising indications for the process of integrating a trauma-informed framework in an elementary school setting (Perry & Daniels, 2016).

### ***Trauma-Informed Expressive Arts Therapy***

Cathy Malchiodi (2020), an expressive arts therapist and psychologist who specializes in trauma and arts in healthcare, has proposed a set of principles to guide the design of trauma intervention programs for all ages. Malchiodi (2020) grounded the proposed principles in trauma frameworks developed by renowned trauma researchers Judith Herman and Bessel van der Kolk, as well as in foundations for trauma-informed practices from the National Center for Trauma-Informed Care and SAMHSA (p. 37-39). A summary of Malchiodi's (2020) five essential trauma-informed principles is provided as follows: (a) trauma contributes to many challenges and disorders across all ages, (b) trauma is a mind-body experience, (c) trauma responses and symptoms represent adaptive coping rather than pathology, (d) therapy is collaborative and reflects sociocultural worldviews and, (e) the therapeutic stance recognizes the potential for hope, resilience, and growth for survivors (pp. 40-42).

Malchiodi (2022) has also developed a Trauma-Informed Expressive Arts Therapy (TIEAT) model that utilizes current knowledge from trauma-informed care practices and acknowledges the potential of expressive arts therapies to address the impact of trauma. Essential principles of this model include interventions that are strength-based, informed by neurobiology and neurodevelopmental theory, use arts therapies to support regulation, promote the normalization of bodily distress, engage embodied adaptive coping, and emphasize a sense of safety, positive interpersonal interactions, agency, and resilience (Malchiodi, 2022).

### ***Resilience***

Ann Masten (2018), known for her research on risk and resilience in children and families, has described how definitions of resilience have varied since early research began in the 1970s. For example, the concept of resilience has been operationalized as a trait, process, and outcome

(Masten, 2018). Drawing from resilience literature and the results of her interactions with scholars involved in child resilience research, Masten (2018) outlined historical and current conceptualizations of resilience. She indicated that the use of a developmental systems theory framework across disciplines has supported convergence of research pathways that consider resilience (Masten, 2018). This informed Masten's (2018) proposal of a systems definition for resilience as "the capacity of a system to adapt successfully to significant challenges that threaten the function, viability, or development of the system" (p. 16).

Masten (2018) suggests that promoting resilience can be approached by enhancing the capacity to effectively respond to challenges, which can be developed at multiple systems levels (e.g., families, schools, communities). Resilience research has worked to identify processes that promote positive adaptation (Masten, 2018). Common findings include the promotion of problem-solving skills, self-regulation skills, personal agency, a sense of meaning, secure attachments, connections to schools and community support systems, and developing hope and/or faith (Masten, 2018, p. 16). Masten (2018) proposed that resilience research has influenced a shift in intervention approaches towards positively oriented goals, bolstering resources, and promoting access to protective processes.

Michael Ungar (2013) is a researcher who focused on exploring resilience in marginalized children and families. In a review article, Ungar (2013) demonstrated that context and cultural factors are large influences in coping with adversity. Ungar (2013) proposed an ecological definition of resilience as the "capacity of *both* individuals and their environments to interact in ways that optimize developmental processes" (p. 256). This definition acknowledged that individual resilience processes are limited by the capacity of the sociocultural environment to provide culturally meaningful resources (Ungar, 2013, p. 256). Ungar's (2013) perspective intended to shift the accountability for lack of positive adaptation from the individual to the greater sociocultural system for not providing opportunities to access sufficient and relevant resources for growth.

Leslie A. Anderson (2019), a researcher with expertise in culturally responsive therapy practices, reviewed the literature to investigate how the constant promotion of resilience processes can be potentially harmful to the well-being of African American families who face chronic adversity and effects of historical oppression (p. 386). Anderson (2019) suggested that common resilience processes promote striving for wellness in a society that systematically

oppresses many African American families. Moreover, Anderson (2019) added that ongoing exposure to this dynamic is likely to have negative psychological impacts. To begin to address this issue, Anderson (2019) proposed that meaningful changes in working with this population may develop from researchers and practitioners deepening their examinations of contextual and cultural factors and becoming actively involved in social justice and effective allyship practices. Anderson (2019) connected these strategies to Ungar's (2013) assertion that mitigating the effects of adverse environmental conditions represents a second-order change (i.e., a change in social ecology) when working with marginalized communities. Such a change has been found to be more likely to effectively address the impacts of traumatic stress than first order (i.e., individually focused) changes that are commonly promoted in resilience processes (Anderson, 2019; Ungar, 2013).

### **School-Based Art Therapy**

#### ***Exploring Aspects of School-Based Art Therapy Practice***

Adoni-Kroyanker and colleagues (2019) set out to explore unique aspects of the practice of art therapy within the education system in Israel. Their team, possessing collective research experience in child art therapy and art therapy in the education system, conducted a consensual qualitative analysis of the perspectives of 16 primary-school-based art therapists in the Israeli public education system (Adoni-Kroyanker et al., 2019). Each therapist reported on their therapeutic process with one of their clients over the course of one academic year (Adoni-Kroyanker et al., 2019). The therapists reported that their general therapeutic goals were to provide a safe space and an opportunity for the self-expression of emotions, while more defined goals included developing children's sense of self as empowered and confident, supporting coping with emotional difficulties, and addressing interpersonal behaviour (Adoni-Kroyanker et al., 2019). A consensus among the interviewed therapists was that children's physical interactions with art media and engagement in the creative process facilitated therapeutic emotional expression and development of pride and a positive sense of self in connection with their artworks (Adoni-Kroyanker et al., 2019). Regarding the school environment, the therapists reported that events in the academic calendar impacted the consistency of their sessions, which was perceived as potentially damaging to the therapeutic relationship and therapeutic progress (Adoni-Kroyanker et al., 2019). The therapists also reported difficulty in maintaining confidentiality and privacy in the school setting (Adoni-Kroyanker et al., 2019). Despite these

challenges, all therapists reported that a positive alliance was established between themselves and their client (Adoni-Kroyanker et al., 2019).

McDonald and colleagues (2019), a team comprised of researchers with collective experience in art therapy, applied psychology, and health services research, conducted an exploratory mixed-methods study to determine appropriate aspects to include in future research on the effectiveness of art therapy to address children's social-emotional mental health issues. The study included students aged 4 to 11 (n=45) who had attended at least one academic term of art therapy in one inner-city public primary school in the UK (McDonald et al., 2019). The qualitative findings were based on 37 semi-structured interviews that were conducted regularly with children to explore their experiences of the interventions, and on a focus-group composed of 10 teachers who shared perceptions of the children (McDonald et al., 2019). The qualitative findings showed that the children reported their reasons for participating in art therapy were mainly associated with their feelings (34 out of 37), whereas teacher-reported reasons for recommending children to art therapy were most often associated with disruptive behaviour (28 out of 37; (McDonald et al., 2019).). McDonald et al. (2019) acknowledge that the therapeutic objectives of the art therapy approach, which focused on children representing and naming feelings rather than acting them out behaviourally, may have contributed to the children's tendency to recognize a need to address their feelings (McDonald et al., 2019).

Further results from McDonald et al. (2019) show themes developed from children's reports of helpful elements. These themes included making and thinking about art; expressing, sharing, thinking, and learning about thoughts and feelings; fun, enjoyable, and happy sessions; aspects of the art therapy environment (e.g., calm, safe); the therapeutic relationship; confidentiality; playing; non-directive creative processes; and developing skills (McDonald et al., 2019, p. 134). The children reported that they might alter these sessions by having longer or more frequent sessions, changing the structure of the sessions, making changes to the environment, and bringing a friend (McDonald et al., 2019, p. 134). Children also reported perceived changes associated with the art therapy interventions, including feeling more relaxed and happier; noticing positive behavioural changes; feeling less angry; having improved thinking, learning, listening, and art skills; feeling better able to express their feelings; and feeling more confident, safe, and supported (McDonald et al., 2019, p. 134).

Deboys and colleagues (2017) conducted a qualitative study to develop a theory of change associated with school-based child art therapy programs. They used data obtained from individual art therapy processes with children aged 7 to 11 who had received school-based art therapy in the last year (Deboys et al., 2017). The children attended one of two primary schools in the UK located in areas described as having high social deprivation (Deboys et al., 2017). The findings obtained from the data collected via open-ended interviews with the children (n=14) showed that the children enjoyed having individualized attention, the selection of art materials, actively making art, experiencing privacy and nonjudgment in sessions, and expressing themselves (Deboys et al., 2017). Children reported that making art helped them to remember or verbalize things that were otherwise difficult to access (Deboys et al., 2017).

### ***Application of School-Based Group Art Therapy Intervention Programs***

Bokoch and Hass-Cohen (2021) created a Mindfulness and Art Therapy Group Program (MATG-P), which was then evaluated in an elementary school setting. The program was comprised of eight weekly art therapy groups for 83 children between ages 5 to 12 (Bokoch & Hass-Cohen, 2021). A systemic component was included that comprised two parent-child meetings and several meetings with teachers (Bokoch & Hass-Cohen, 2021). Bokoch and Hass-Cohen (2021) measured mental health outcomes and interpersonal impacts of the program using a quantitative, quasi-experimental design. The art therapy interventions integrated aspects of mindfulness- and self-compassion-based approaches and were adapted to be developmentally appropriate, for example, they were shortened in length, involved the use of props, incorporated simplified movements and metaphors (Bokoch & Hass-Cohen, 2021). Weeks 1 to 3 focused on breath and bodily awareness; examples of art directives for these weeks include a breath awareness drawing activity and a body tracing activity using paint to show present-moment feelings in the body (Bokoch & Hass-Cohen, 2021). Weeks 4 to 6 focused on the awareness of emotions and attitudes; interventions included the playful use of clay to notice and represent feelings using shapes and a collaborative activity involving representing emotions as weather on a mountaintop (Bokoch & Hass-Cohen, 2021). Weeks 7 to 8 focused on the awareness of values and loving-kindness; one intervention involved students celebrating their work in art therapy by decorating portfolios for their artwork (Bokoch & Hass-Cohen, 2021). The effectiveness of the MATG-P intervention compared to the waitlist control group was evident via significant interaction effects in parent-rated child internalizing and externalizing symptoms ( $p=.000$ ), peer

relationship quality ( $p=.001$ ), and self-reported parent mindfulness ( $p=.001$ ; Bokoch & Hass-Cohen, 2021). Increased parent mindfulness was significantly correlated with improvements in children's mental health issues, and Bokoch & Hass-Cohen (2021) suggested that systemic engagement with parents appeared to have improved outcomes for the children. This study shows the effective use of systemically engaged mindfulness-based group art therapy in an elementary school with a predominantly low-income, minoritized sample (Bokoch & Hass-Cohen, 2021).

Art therapist and researcher Berberian (2017) implemented a school-wide afterschool group art therapy workshop with elementary and high school students that centered around a body tracing intervention. Over the course of three-to-six sessions, the workshop aimed to develop resiliency through the expression of inner experiences and embodied feelings in a strengths-based, contained, and concrete manner (Berberian, 2017). The first workshop session included activities to build group cohesion, normalize experiences of distress, and educate students on adaptive coping (Berberian, 2017). A body-focused visualization exercise was used to help children develop inner awareness before practitioners traced the students' body outlines in a pose chosen by each student to represent a sense of power and inner strength (Berberian, 2017). In the following sessions, students were invited to add colour, lines, and embellishments to their outlines and to complete an empowerment-focused and success-oriented artist statement template (Berberian, 2017). The workshops culminated in a public exhibition at New York University to support community awareness of both adversity and resiliency in students (Berberian, 2017). Though this was a non-empirical, descriptive account of the program, positive and meaningful responses from students were observed and a desire for continued art therapy workshops from almost all student participants was reported (Berberian, 2017).

UK-based authors Moula and colleagues (2022), a team of contributors with collective research experience in areas of public health and the arts and well-being, conducted a pilot randomized controlled study in an elementary school to explore the impact of school-based expressive arts therapies on children's mental health and well-being. The participants were students aged 7 to 10 years old ( $n=62$ ) with teacher-observed mild emotional and behavioural difficulties (Moula et al., 2022). The protocol-based, phased intervention was offered over eight consecutive weeks in one-hour sessions (Moula et al., 2022). Each group of eight students received all interventions in one creative arts modality (Moula et al., 2022). The phases were

described as: (a) developing and discovering a safe space; (b) exploring strengths and supporting resources; (c) uncovering and managing painful past experiences; (d) understanding and accepting feelings; and (d) fostering optimism, hopes for the future (Moula et al., 2022, p. 7). The directives used in the art therapy sessions included creating a symbolic safe bench to connect with feelings of safety, creating a boat filled with difficulties to be released, and using art materials to explore superpowers and bring awareness to personal strengths (Moula et al., 2022). Relaxation techniques (e.g., breathing practices) were included in almost all sessions (Moula et al., 2022). Qualitative and arts-based evidence from this study showed that children expressed positive changes in their mental health and well-being after the intervention, and that they were positively impacted by self-expression, safe spaces, stress relief, empowerment, and the development of coping mechanisms (Moula et al., 2022). The participating children also reported unhelpful elements of the interventions such as not having enough time, too few sessions (8 total), and therapy groups that were too large (Moula et al., 2022).

Researchers Sitzer and Stockwell (2015) conducted a 14-week combined expressive art and cognitive behavioural/dialectical behavioural therapy wellness program in an elementary school, which aimed to promote coping skills and resilience for children considered at-risk for trauma exposure. Four cohorts of 8 to 12 students (n=43) aged 9 to 12, who had been referred by teachers based on observations of a range of student difficulties, completed the program (Sitzer & Stockwell, 2015). The curriculum for the small group program was developed in a set of modules: (a) trust building; (b) family cohesion/stages of change; (c) anger management; (d) coping skills; and (e) mindfulness, resilience development, and integration (Sitzer & Stockwell, 2015, pp. 72-73). In three of the modules, mandala interventions were used to invite the expression of children's internal sensations related to safety, anger, and strengths (Sitzer & Stockwell, 2015). Directives for accessing these sensations showed a range of reflective distance, from creating an image of a safe place to a more direct expression of what anger is like for the child (Sitzer & Stockwell, 2015). The mandala circle was provided as a support for emotional containment, while the suggested media varied according to the goal of the intervention; for example, wet-wash watercolour was used to facilitate affective engagement with the expression of anger (Sitzer & Stockwell, 2015). Sitzer and Stockwell (2015) indicated that expression and identification of emotions were encouraged as a means for developing self-awareness and effective coping skills (Sitzer & Stockwell, 2015). Quantitative and descriptive data were

collected pre- and post- intervention via a teacher-rated Wellness Inventory instrument (Sitzer & Stockwell, 2015). Significant differences were found in the children's ability to compromise, maintain a positive attitude, tolerate frustration, communicate effectively, cooperate, feel competent, and express emotions (Sitzer & Stockwell, 2015). Findings showed significant positive results in factors of emotional and social functioning, as well as in resilience (Sitzer & Stockwell, 2015).

Among the descriptive results of this study were reports from the perspective of the assistant principal that the program was popular among students and that it offered a safe place for children during the school day (Sitzer & Stockwell, 2015). A case vignette described the therapeutic process of one child who, though normally avoidant of speaking in front of the group, appeared to show amazement while sharing that he had used paint to express his anger, which he could not express using words (Sitzer & Stockwell, 2015). Sitzer and Stockwell (2015) interpreted that this vignette offers an example of how the expressive art therapy process fostered the development of nonverbal and embodied coping skills that promote safe and effective management of difficult emotions.

## **Cultural Considerations**

### ***Anti-Oppressive Practices in Arts and Public Health***

In the context of addressing Indigenous healing from colonial violence, Catherine Richardson Kinewesquao and colleagues (2021) outlined the application of the Response-Based Approach model to help promote Indigenous well-being based on the practice of the first author, a Métis therapist and co-developer of this approach. The Response-Based Approach model centers dignity and fosters safety and agency by promoting social justice and developing an understanding of the impact of context by actively drawing connections between feelings, experiences, and the broader sociopolitical context (Richardson et al., 2021). Richardson et al. (2021) highlighted that conceptions of wellness are socio-culturally influenced and advocated for a Métis perspective on wellness and healing as holistic, relational, social, and related to justice. In relation to body-mind connection, Richardson et al. (2021) emphasized using the body to express emotions and connect with a sense of agency and resistance that remains available even when facing oppressive forces.

Sunderland and colleagues (2022) reported that they were a diverse group of collaborators that included a range of cultural backgrounds and collective experience in arts-

health research, trauma-informed practice, medicine, Indigenous midwifery, and the creative arts. They conducted a literature review exploring acknowledgement of oppression-related collective trauma and evidence of anti-oppressive and trauma aware practices in creative arts-health practice (Sunderland et al., 2022). Sunderland et al. (2022) observed that anti-oppressive approaches were underreported in the overall trauma-informed arts-health practice literature (Sunderland et al., 2022). Pertinent practice-related themes presented in the findings from Sunderland et al. (2022) included (a) maintaining a background awareness of trauma and specific impacts, for example, arts therapists self-educating on the nature, history, and extent of oppressive disadvantages impacting participants; (b) developing systems and communities of care; (c) holding space and offering care, which may include practicing humble allyship and providing non-directive environments to promote self-healing; (d) the use of mindfulness, embodiment, and grounding techniques, such as the use of art media to help individuals reconnect with body, self, other, and nature; (e) promoting cultural and personal safety; and (f) the importance of worker wellbeing (pp. 7–9).

### ***Locating Traumatic Stress Outside of the Individual***

Sunderland and colleagues (2022) reflected that recent trauma conceptualizations direct attention away from pathological diagnoses and towards the diverse responses that can emerge in relation to lived experiences. They summarized research recognizing that responses to trauma exist at both individual and communal levels and highlighting the impact of systemic and social contributors to traumatic stress (Sunderland et al., 2022). Intergenerational trauma is a concept used to recognize that the effects of exposure to traumatic events can be passed from parents to offspring (Yehuda & Lehrner, 2018). In their research on traumatic stress, Yehuda and Lehrner (2018) acknowledged that previous research has widely observed the intergenerational transmission of traumatic responses related to historical events such as colonization, displacement, slavery, genocide, and war (Yehuda & Lehrner, 2018). The authors reviewed how the exploration of biological, psychological, interpersonal, and cultural contextual factors have informed an emergent and complex understanding of the ways in which trauma appears to move across generations in communities and family systems (Yehuda & Lehrner, 2018).

Thema Bryant-Davis (2019) directs research in culture and trauma. In a critical literature review that examined cultural considerations in trauma theory and services, Bryant-Davis (2019) explained that members of marginalized communities have a higher risk of trauma occurrence.

Bryant-Davis (2019) highlighted that members of these communities face ongoing and persistent exposure to traumatic stress associated with racial, intergenerational trauma and intersectional oppression. Bryant-Davis (2019) suggested that culturally emergent mental health interventions recognize oppression as a source of traumatic stress, acknowledge the importance of group and family-based interventions, and respect the role of creativity, spirituality, and social justice in the promotion of well-being.

Informed by the critiques of Eurocentric trauma research from First Nations scholars, music therapist-researchers Scrine and Koike (2023) offered an examination of current trauma-informed practices in creative arts therapies. Scrine and Koike (2023) suggested that the current trauma paradigm situates trauma in “minds and individual lives rather than in the laws, policies, and institutions dictated by the colonial project” (p. 38). With a critical lens examining the principle of establishing safety as a central concept in the current trauma paradigm, Scrine and Koike (2023) emphasized that safety is a political concept. They suggested that attempts to provide safe spaces need to be community-oriented, examine structural power imbalances, and challenge assumptions concerning the inherent helpfulness of Western therapeutic practices (Scrine & Koike, 2023).

Based in research developed with Indigenous survivors of residential schools in Canada, Richardson Kianewasquao and Reynolds (2014) outlined Structuring Safety as a stance for fostering safe-enough therapeutic and research relationships, recognizing that safety is not a binary concept. This stance centers an anti-oppression framework, active critical analysis of power, the autonomy of the survivor regarding what is useful and relevant to bring to the process, and suggests the overt naming of therapist sociopolitical positioning, possible risks, and political non-neutrality (Richardson Kianewasquao & Reynolds, 2014).

### **Chapter 3. Methodology**

The research questions were addressed using a research design comprised of the first two steps of Fraser and Galinsky's (2010) intervention research model: 1) develop problem and program theories and 2) specify program structures and processes (p. 463). This process includes a broad literature review in combination with the narrative and thematic synthesis of collected data (Popay et al., 2006; Thomas & Harden, 2008). This research design was chosen considering the development of a framework for an elementary school-based, trauma-informed art therapy pilot program that mediates mind-body connection in the promotion of student wellness.

#### **Intervention Research Method**

The intervention research method is appropriate to my research focus because it is designed to support practical research toward the creation of an intervention design that meets the needs of a target group in a chosen context (Fraser & Galinsky, 2010; McBride, 2016). Intervention research can be described as the "systematic study of purposive change strategies" (Fraser & Galinsky, 2010, p. 459), which involves defining a problem and matching risk factors with change strategies. The first phase of intervention research involves identifying risk and protective factors of the problem guided by the research question (McBride, 2016). Research that was conducted to determine the prevalence of trauma and mental health issues in elementary-school students and how it is currently being addressed in the school setting helped to clarify these factors (McBride, 2016). The development of problem theory was given structure by considering prevalence data, secondary features of studies, descriptive studies of the target group, and proposed causes, risk factors, and other mediators across the literature (Fraser & Galinsky, 2010; McBride, 2016). While defining aspects of the problem, this phase began to inform program theory by examining art therapy, trauma-informed practice, and mind-body connection in the literature and their potential to address issues mapped out in the problem theory. Another aspect of this first phase was identifying issues related to the target group in context such as needs, engagement, and capacity (McBride, 2016). This step allowed me to consider certain implementation factors from the outset and begin to address the question of how the intervention program can be designed for an elementary school setting (Fraser & Galinsky, 2010). Sociocultural factors relevant to addressing my research questions were also considered through the intervention research lens. In particular, cultural and contextual factors are a considered part of the intervention design, which are informed by research, included in the

program context, and addressed collectively at the agency level in later steps of the intervention research process (Fraser & Galinsky, 2010). In the second phase, intervention design was approached by using the selected literature and problem theory established in the first phase to develop program theory. This was performed to structure a logical intervention design outlining creative intervention principles and action strategies that will affect outcomes for the target group (Fraser & Galinsky, 2010).

### **Ethical Considerations**

The research design is limited due to the parameters of this research project, which specify that human participants must not be included. Therefore, I have carried out only the first two steps of intervention research. A complete intervention research process would include interviews with stakeholders and pilot testing projects to develop more holistically informed recommendations for cultural and contextual adaptations (Fraser & Galinsky, 2010). The intervention design that I have proposed is based on literature review and synthesis alone, which has limited my ability to develop intervention principles into specific strategies for practice (Fraser & Galinsky, 2010). To address this limitation, I prioritized the inclusion of diverse qualitative perspectives from primary studies in my data; however due to the potential of this research to influence the real-world provision of services, it is important to explicitly state that the cultural and contextual aspects of the proposed intervention are not yet sufficiently evidenced (Kapitan, 2018).

Because children are minors and require the involvement of their surrounding system (e.g., parents, teachers, and other service providers) in the delivery of therapeutic interventions, ethical issues related to the creation of a program for children must be considered. To ensure that these issues were addressed, I intentionally synthesize and report on data related to the impact of confidentiality, referral and screening processes, consent, and other factors pertaining to the systemic and cultural context of program delivery (Demiris et al., 2019). When a contradiction in the data between a stakeholder-identified issue and adherence to a model was encountered, I placed emphasis on stakeholder perspectives (McBride, 2016). This approach increases the likelihood of the intervention meeting the needs of the target group (Demiris et al., 2019).

Because this research was carried out solely by me, which has the potential to create bias, researcher reflexivity was an important aspect of the process (Kapitan, 2018). One aspect of reflexive transparency is to name my social location; I am an English-speaking cisgender female

with a White, Protestant cultural background who was born and raised in Eastern Canada on unceded Mi'kmaw land. I was raised and attended public elementary school in a predominately White middle-class suburban community. I hold a bachelor's degree in fine arts and am a graduate student in art therapy at Concordia University. I am designing an intervention program intended for potential implementation in public schools on Tiohtià:ke/Montréal, unceded indigenous lands of the Kanien'kehá:ka/Mohawk Nation. Most of my social locators represent a position of power and privilege in the larger sociocultural and political context, and therefore reflexivity regarding the lens through which I interpret knowledge and truth was an important aspect of the research process. To communicate reflexivity, I have attempted to maximize transparent reporting of how literature was critically collected, examined, and interpreted (Onwuegbuzie & Frels, 2016).

Some known limitations included all selected literature being written in English, my lack of experience as a first-time researcher, and working within a short timeframe to meet the requirements of the graduate program for which this research was conducted. I have chosen to include grey literature (e.g., book chapters, organizational reports) due to the limited availability of empirical studies in the topic area (Adams et al., 2016). While the inclusion of grey literature can have a negative impact on validity, it can also support the inclusivity of diverse perspectives, stakeholder perspective data, and diminish publication bias, which supports reflexivity in the selected literature (Adams et al., 2016; Demiris et al., 2019; Onwuegbuzie & Frels, 2016).

### **Data Collection and Assessment**

The scope of this research project was delimited to a broad literature review process to assess current knowledge on the topic and identify an evidence base for practice-related decisions. The literature review process was guided by literature on comprehensive (Onwuegbuzie & Frels, 2016) and systematic review processes (Kapitan, 2018). Organizational aspects for conducting narrative synthesis (Popay et al., 2006) and thematic synthesis (Thomas & Harden, 2008) also influenced the process.

The first step was to specify the research questions for the review and establish parameters for the review process (Kapitan, 2018). The search terms included: *trauma, trauma-informed, art therapy, children, mindfulness, mind body, body awareness, nervous system, sociocultural context, culture, school-based therapy, group art therapy*. Combinations of these terms were used to search APA PsycInfo, Google Scholar, and Sofia databases for relevant

literature. The search results were organized using researcher-devised tables in Microsoft Excel. Inclusion and exclusion criteria were developed alongside the search process considering the amounts and characteristics of available literature. The inclusion criteria were sources written in English, relevant to the research question, and published between 2000 and 2023. Broad inclusion criteria for research studies included accepting peer-reviewed and published studies using research designs that may be quantitative, qualitative, mixed-method, process-based, outcome-based, and/or descriptive (McDermott et al., 2013). The selected studies needed to include children aged 5 to 12 as participants, be conducted in school or community contexts, and use art therapy and/or trauma-informed practice as a central intervention. Only interventions delivered by art therapists or trained mental health professionals were included. The exclusion criteria included studies using trauma-focused interventions, virtual interventions, and studies that were arts-based but did not involve an art therapist in intervention design nor delivery. Grey literature of sufficient quality (e.g., authority, reputation, relevance) was included in the review, organized separately from peer-reviewed literature, and mainly used to develop the understanding of problem theory and theoretical perspectives informing intervention design and implementation (Adams et al., 2016).

### **Data Analysis**

Data analysis was informed by narrative and thematic synthesis approaches (Popay et al., 2006; Thomas & Harden, 2008). Popay et al. (2006) suggest that narrative synthesis can help develop theories of how, why, and for whom interventions work. One approach to data analysis that aims to identify evidence for practice decisions is the use of summary tables (McBride, 2016). Data was extracted from selected literature and reported in an Excel table; organizational categories included setting and context, population, study design, important findings, intervention design elements, implementation factors and processes, and data that could affect the interpretation of study results (Popay et al., 2006). A space for initial response notes from the researcher was also included (Kapitan, 2018).

A preliminary synthesis process to develop awareness of patterns across studies was conducted following the initial round of data extraction. A second round of data organization used one table to map intervention details according to principles of TIEAT (Malchiodi, 2022) and considering aspects of a body-mind model of art therapy (Czamanski-Cohen & Weihs, 2016). A second table mapped data from studies to categories of implementation factors, which

were developed inductively throughout the initial round of data extraction and included: delivery, referral, consent, screening, systems involvement, cultural factors, and contextual strengths and challenges (Popay et al., 2006).

Following guidance from Popay et al. (2006) for conducting narrative synthesis of review data, the next step was to explore relationships both within and between studies. One aspect of this process involved managing the heterogeneity of the literature by developing groupings of sources according to type, study design, and the nature of results being reported (Popay et al., 2006). The studies were grouped as follows: (a) those that evaluated or described specific art therapy intervention designs being introduced in a school setting; (b) studies exploring the implementation, theories of change, and evaluation or description of established art therapy programs; (c) studies that explored trauma-informed practices in schools with no art therapy element; and (d) studies and grey literature relevant to theoretical and ethical issues of the review topic.

As patterns across and within the grouped data began to emerge, a thematic synthesis approach guided the translation of relationships observed in the data set (Thomas & Harden, 2008). Thematic synthesis was developed by Thomas and Harden (2008) based on the process of thematic analysis (Braun & Clarke, 2006), and it was adapted to focus on the analysis of literature review data rather than primary research data. Thematic synthesis has been used to develop review findings that answer questions of “intervention need, appropriateness and acceptability, and factors influencing intervention implementation” (Thomas & Harden, 2008, para. 2), which aligns the method with the aims of the current research questions. The three stages of thematic synthesis include the line-by-line coding of findings sections of studies, organization via coding into descriptive themes, and the development of analytical themes via inference of the implications of descriptive themes for intervention development (Thomas & Harden, 2008). Due to time constraints and the purposeful inclusion of data from secondary sections in studies, line-by-line coding was not undertaken in the present review. Descriptive codes and themes were recorded in concept maps from data extracted and organized earlier in the research process. The themes of goals, objectives, directives, outcomes, and stakeholder reports were found to be helpful in organizing the data synthesis process. These maps were then used to inform the analytical applications of data by making critical interpretations connecting patterns

in the descriptive data with potential responses to the research questions (Thomas & Harden, 2008).

### **Validity and Reliability**

The selected research methods are based on logical processes that support validity and reliability, and the rigour of these methods was supported by the appropriateness of the research design towards answering the research question (Cypress, 2017; McBride, 2016). The methodology shows rigour via the explicit reporting of a plan and criteria for searching, selecting, rejecting, and assessing of literature, as well as recording of theme development (Kapitan, 2018; McBride, 2016; Thomas & Harden, 2008). Rigour was also supported by my detailed and self-reflexive engagement with data, interpretive adherence to theory and conceptual frameworks, and by my disciplinary knowledge and research skills (Terry et al., 2017). It is important to note that this study is limited to the first two steps of the intervention research process, therefore further steps will be required to develop sufficient evidence of the impact of the proposed intervention program.

## Chapter 4. Intervention Design

The results of the intervention research process will be described by first outlining the risk and protective factors found in the literature that constitute the identification of a problem theory. Then, a description of the developed program theory will be provided to indicate how the proposed intervention design will address identified issues and incorporate identified protective processes towards promoting student wellness. The goals, framework, and strategies for implementation will be defined and related to the findings obtained from the data. This chapter will conclude with a sessions overview of the proposed intervention design.

### **Problem Theory**

#### ***Risk Factors***

The most common risk factors observed in the selected literature were related to social, emotional, and behavioural difficulties (SEBD) impacting children's wellness (Cobbett, 2016). Reported SEBDs included challenging behaviour (Bokoch & Hass-Cohen, 2021; Deboys et al., 2017; McDonald et al., 2019; Sutherland et al., 2010), executive functioning problems (Bokoch & Hass-Cohen, 2021; Record-Lemon & Buchanan, 2017); emotional dysregulation (Deboys et al., 2017; Record-Lemon & Buchanan, 2017; Sitzer & Stockwell, 2015), lack of social/communication skills (Deboys et al., 2017; Sitzer & Stockwell, 2015), and internalizing symptoms such as anxiety, depression, lack of self-esteem, somatic complaints, and being withdrawn or disengaged (Bokoch & Hass-Cohen, 2021; Cortina & Fazel, 2015; Deboys et al., 2017; McDonald et al., 2019; Record-Lemon & Buchanan, 2017; Sitzer & Stockwell, 2015; Sutherland et al., 2010).

Childhood stress was presented as a factor in SEBD (Cobbett, 2016; Record-Lemon & Buchanan, 2017) and related to factors such as disrupted child development (Berberian, 2017) and potential or diagnosed mental and/or physical health conditions (Cobbett, 2016; McDonald et al., 2019; Moula et al., 2022). Relational factors such as familial distress (Berberian, 2017) and exposure to traumatic stress (Cobbett, 2016; Record-Lemon & Buchanan, 2017; Sitzer & Stockwell, 2015) were identified as correlated with SEBD. At a systemic level, factors such as systemic oppression (Cobbett, 2016), marginalization (Bryant-Davis, 2019), poverty (Cobbett, 2010), language barriers (Feen-Calligan et al., 2020), lack of access to mental health services (Cobbett, 2016; Cortina & Fazel, 2015; McDonald et al., 2019; Moula et al., 2022), and

ineffective response to difficulties (McDonald et al., 2019; Perry & Daniels, 2016; Record-Lemon & Buchanan, 2017) were associated with negative impacts to child wellness.

### ***Protective Factors***

Enhancing children's resilience was suggested to be beneficial to children's wellness in multiple data sources (Berberian, 2017, Deboys et al., 2017; Feen-Calligan et al., 2020; Ginwright, 2018; Malchiodi, 2020; Rappaport, 2014; Sitzler & Stockwell, 2015). Zimmerman and colleagues (2013) outlined a protective theory of resilience. They described that protective factors represent factors and/or processes that may increase children's likelihood of accessing wellness and/or may reduce the impact of risk factors (Rutter, 1987 as cited in Zimmerman et al., 2013). Zimmerman et al., (2013) suggest that resilience can be enhanced via the development of internal assets and provision of external resources, both of which may be addressed through participation in prosocial activities.

Assets that were identified in the literature as beneficial to address child wellness included adaptive coping skills, such as emotional and physiological self-regulation skills (Berberian, 2017; Cortina & Fazel, 2015; Hass-Cohen, 2016; Malchiodi, 2020; Rappaport, 2014; Sitzler & Stockwell, 2017; Sutherland et al., 2010), and child development in areas of self-confidence (Berberian, 2017), a sense of efficacy (Feen-Calligan et al., 2020), positive and cohesive self-concept (Berberian, 2017), learning potential, social skills (Cortina & Fazel, 2015; Berberian, 2017; Bokoch & Hass-Cohen, 2021; Perry & Daniels, 2016; Sitzler & Stockwell, 2015), and social interest (Adoni-Kroyanker et al., 2019; Sutherland et al., 2010).

External resources included providing a trauma-informed school environment (Perry & Daniels, 2016), accessible and equitable access to mental health services (Cortina & Fazel, 2015; Moula et al., 2022), and opportunities for social support (Adoni-Kroyanker et al., 2019; Cortina & Fazel, 2015; Ginwright, 2018; Moula et al., 2022; Sutherland et al., 2010). Positive outcomes were reported in relation to aspects of school-based interventions that included engagement with children's support systems (Bokoch & Hass-Cohen, 2021; Moula et al., 2022; Perry & Daniels, 2016). Moula et al. (2022) suggested that school-based interventions support equitable delivery of services by removing potential barriers such as parent work schedules, inadequate funding, and challenges associated with transportation. It was proposed that school-based mental health services can have a destigmatizing effect and allow for more children to be assessed for trauma-related behaviours (Berberian, 2017; Moula et al., 2022).

## **Program Theory, Structures, and Processes**

### ***Goals***

The central goal of the intervention I have designed is to promote student wellness. The WHO described wellness as encompassing physical, mental, and social well-being, and specified that well-being represents more than an absence of disorder or disability (WHO, 2023).

Descriptions of wellness in the selected literature echoed this conception by defining wellness as having access to positive states (Sitzer & Stockwell, 2015; Sunderland et al., 2022) and a capacity to thrive (Malchiodi, 2022; Sitzer & Stockwell, 2015). I observed a pattern in the literature of healing and wellness being associated with integration and connection (Lusebrink et al., 2013; Richardson et al., 2021; Siegel, 2012; Sunderland et al., 2022).

As discussed above, several authors highlighted enhancing resilience as a principal objective of art therapy interventions that are designed to support children's mental health needs (Berberian, 2017; Rappaport, 2014) and promote youth wellness (Sitzer & Stockwell, 2015). Deboys et al. (2017) identified a theme of resilience associated with the reported positive changes observed in relation to a school-based art therapy process. Intervention goals associated with resilience included developing internal strengths, access to external resources, and facilitating prosocial activities (Zimmerman et al., 2013). Common goals reported across both individual and group delivery formats in the literature included building confidence, developing coping strategies for managing stress, and increasing capacity for self-regulation (Adoni-Kroyanker et al., 2019; Cortina & Fazel, 2015; McDonald et al., 2019; Sitzer & Stockwell, 2015). Goals reported for group art therapy interventions included increased social interest and communication skills (Adoni-Kroyanker et al., 2019; Bokoch & Hass-Cohen, 2021; Sitzer & Stockwell, 2015; Sutherland et al., 2010). Increasing students' academic success and overall engagement in the school community were presented as goals and as mediating factors when fostering children's well-being (Cortina & Fazel, 2015; Sutherland et al., 2010). Results interpreted from qualitative reports from child participants in school-based art therapy included themes of empowerment, stress relief, increased positive feelings, the development of skills and coping strategies, and increased interpersonal functioning (Cobbett, 2016; Deboys et al., 2017; McDonald et al., 2019; Moula et al., 2022).

Based on this data, proposed goals for this intervention to promote student wellness are to develop children's sense of a positive and effective self, to develop adaptive coping strategies

and self-regulation skills, and to develop social support and interpersonal functioning. I have provided a summary of the proposed goals and frame for the intervention design in Appendix A.

### ***Frame***

**Setting.** I have summarized findings from the literature that informed my considerations of the appropriateness of the school environment for implementing an art therapy intervention and of the coordination and timing of the sessions. Parents and teachers of children who participated art therapy sessions at primary schools in the UK reported that they perceived the school environment as a natural and supportive place for therapy to take place (Deboys et al., 2017). The majority of the selected studies that referenced the timing of school-based art therapy interventions reported that the sessions took place during the hours of the regular school day (Adoni-Kroyanker et al., 2019; Moula et al., 2022; Sitzler & Stockwell, 2015; Sutherland et al., 2010). Sutherland et al. (2010) required that youth have the permission of teachers to miss one hour per week of their classes and this coordination stipulated that youth would not miss important class work. A child-reported challenge of the school setting was difficulty returning to class following relaxation activities due to feelings of sleepiness (Moula et al., 2022).

I therefore propose that the intervention take place in a public elementary school with sessions occurring during the regular school day. Sessions will take place outside of the classroom environment and be coordinated with teachers to minimize any impact on student's academic progress. Upon implementation of the intervention in context, I recommend that the timing and structure of sessions be arranged with consideration to matching students' levels of regulation and alertness to be appropriate for participation in subsequent activities in the school day.

**Participants and Referral.** I have designed the present intervention to promote wellness for students aged 5 to 12 who attend public elementary school. Much of the literature showed that school-based art therapy services were offered to students via a selected referral process (Bokoch & Hass-Cohen, 2021; Cortina & Fazel, 2015; Moula et al., 2022; Sitzler & Stockwell, 2015). One exception was a school-wide afterschool art therapy workshop, which focused on prevention and resilience-building (Berberian, 2017). It appeared to be most common for teachers and/or school staff to refer students to art therapy based on behavioural observations (Cortina & Fazel, 2015; Moula et al., 2022; Sitzler & Stockwell, 2015; Sutherland et al., 2010). A systematic qualitative study to develop a theory of change in primary-school-based child art therapy reported that

presenting problems were brought to the attention of the art therapist by the children themselves and/or by teachers, parents, or other service providers in the child's system (Deboys et al., 2017). To diminish coercion, Brown (2020) suggests providing voluntary, opt-in referral structures rather than classroom-wide interventions.

To promote the ethical delivery of the intervention program, I propose that the referral process will be presented as an open call inviting teachers, families, and school staff to refer students for participation. Children will also be invited to volunteer themselves for participation.

**Screening.** I found that the screening processes that were reported in the literature focused on assessing the severity of children's difficulties and on determining the most appropriate approach for the personalized delivery of services (Moula et al., 2022; Sutherland et al., 2010). Screening for the Art Therapy Connection intervention, which was designed to meet student mental health needs in Chicago inner-city schools in the US, used art-based assessments that invited youth to draw how they see themselves, how they think other people see them, a problem in their lives, an unexpressed anger, and a wish (Sutherland et al., 2010). These assessments were used to inform whether youth were to be recommended for individual or group art therapy and to organize group membership. Similarly, Moula et al. (2022) recommended pre-intervention one-on-one check-ins with children to assess their comfort working in a group format.

I propose that the screening process for the present intervention will involve an art therapist meeting one-on-one with students prior to the intervention to collaboratively assess whether group art therapy is likely to meet their current needs and whether it is a welcome choice for the student. Ideally, individual art therapy sessions will be available to offer to students who may not presently be a good fit for group art therapy (Sutherland et al., 2010). A discussion of students' reasons for presenting, the confidentiality of the intervention, and basic education on how art can be used to address their needs may be included in this meeting (Deboys et al., 2017). An invitation to express these aspects via art-based methods may be extended to support the holistic communication of students' perspectives (Sutherland et al., 2010).

**Consent.** Written consent is required for children under 14 to participate in public health interventions of this nature (Éducaloi, 2023). In a study exploring evidence for the validity of expressive arts therapies in the development of student resilience, the consent process included an outline of the intervention format and potential risks and benefits (Sitzer & Stockwell, 2015).

Written consent for a study of the effectiveness of the school-based Mindfulness and Art Therapy Group Program (MATG-P) was offered in multiple languages to promote cultural sensitivity (Bokoch & Hass-Cohen, 2021). To promote ethical practices in establishing consent for school-based interventions, Brown (2020) suggested introducing consent one-on-one and in-person with families and being transparent regarding cultural influences on the intervention methods, contraindications, and effective alternative approaches.

Therefore, I propose that written consent will be offered in multiple languages appropriate to demographics in the school community and will outline the intervention format, methods, goals, potential benefits and risks, and alternative effective approaches. Reflexivity regarding the cultural influences on intervention methods may be communicated by reporting these in the consent process (Brown, 2020). Ideally, consent will be established in-person with individual family units and/or guardians.

**Environment.** Results from studies that incorporated qualitative reports from students regarding their experience of the art therapy process reported expressions that the space of the art therapy session and/or room was perceived as safe and helpful (McDonald et al., 2019; Moula et al., 2022). Student reports also showed a theme that an enjoyable aspect of the art therapy intervention was having space away from the pressures of the classroom (Deboys et al., 2017). To promote a sense of security and consistency in the therapeutic environment, Cortina and Fazel (2015) specified environmental factors in the methodology of their Art Room intervention, such as the inclusion of a sofa area and attractively presented art materials.

I propose that the specifications of an ideal environment for the present intervention design include a private space within the school that can accommodate confidentiality and consistency across sessions. The room should be large enough for students to negotiate sufficient personal space during sessions and comfortably engage with art media. Art materials are to be presented in a consistent and inviting manner.

**Format.** For the present intervention I have selected a closed group format and recommend a group size of 3 to 5 students. I observed that small group intervention formats were frequently reported in studies exploring school-based art therapy interventions featuring strength-based and/or wellness-oriented goals (Berberian, 2017; Bokoch & Hass-Cohen, 2021; Moula et al., 2022; Sitzler & Stockwell, 2015; Sutherland et al., 2010). Based on findings from Moula et al. (2022), which reported that student-participants in a school-based arts therapies intervention

would have preferred their groups to be smaller than 7 to 8 students, I chose to limit group size to a maximum of five students. Groups are to be arranged according to similarity in age and grade (Bokoch & Hass-Cohen, 2021).

**Structure.** Based on theoretical and applied data found in the literature, I am proposing an intervention design structured according to a phased approach (Bokoch & Hass-Cohen, 2021; Malchiodi, 2020; Moula et al., 2022; Rappaport, 2014; Sitzer & Stockwell, 2015). The themes I have proposed for each phase align with those from existing therapeutic frameworks recommended for use with individuals exposed to trauma (Malchiodi, 2020). I have focused on themes of fostering safety, stabilizing regulation, enhancing peer support, and enhancing empowerment and integration (Malchiodi, 2020). My choice to emphasize the latter themes and largely omit themes related to processing individual difficulties represents an intentional shift from a trauma-focused approach to one that integrates trauma-informed and healing-centered principles, which center a holistic and asset-driven approach to promoting wellness (Ginwright, 2018). The phases will be outlined in the sessions overview section and a summary table of my proposed phases and objectives for the intervention is available in Appendix B.

I recommend that the intervention be implemented over the course of 12 consecutive weeks. Following an 8-week school-based arts therapies intervention of a similar format, students reported that they would have liked more time in art therapy (Moula et al., 2022). Sitzer and Stockwell (2015) selected a 14-week intervention structure to maximize the likelihood that measurable therapeutic change could be established as a result of their wellness art therapy group intervention; however, I am proposing a 12-week structure to fit all sessions within one academic term in local public elementary schools. Because a 12-week span is slightly shorter than the average academic term, I suggest that this structure will allow some room for the possibility of missed weeks due to other events in the academic calendar without the loss of planned session time (Adoni-Kroyanker et al., 2019).

I recommend that sessions be 1-hour and 15-minutes in length. Several studies in the literature involving school-based group art therapy reported 1-hour sessions (Bokoch & Hass-Cohen, 2021; Moula et al., 2022; Sitzer & Stockwell, 2015). The results of one of these studies showed that children reported that 1-hour sessions did not offer enough time to focus on enjoyable activities (Moula et al., 2022). Therefore, I have added an extra 15 minutes to the

common 1-hour sessions time. In context, it may be most appropriate to adjust the session time to suit specific blocks of time in students' scheduled school day.

I propose that each session follow a three-part structure. I found that a three-part structure was the one most reported in intervention designs from the literature (Bokoch & Hass-Cohen, 2021; Cortina & Fazel, 2015; Moula et al., 2022). Each session will begin with an opening warm-up and/or ritual to aid the transition into the therapeutic space. The main part of the session is devoted to creative engagement aligned with the objectives of each intervention phase. During the final 10 to 15 minutes of each session a closing ritual will take place to support students' transition back to scheduled school activities (Moula et al., 2022).

**Art media and materials.** I suggest that art media be curated in a trauma-informed manner according to the ETC, which includes use of the ETC to facilitate multimodal material interactions (Czamanski-Cohen & Weihs, 2016; Malchiodi, 2020; Lusebrink & Hinz, 2016). A central consideration will be to balance freedom of choice with contained arousal of energy and affect (Lusebrink & Hinz, 2016). For example, while some sensory media such as fabric have been associated with nurturing affective experiences (Hass-Cohen, 2016), others such as wet or sticky media have been reported to have potential to activate an exaggerated arousal response for individuals who have experienced traumatic stress (Elbrecht & Antcliff, 2014; Hinz, 2020). I am therefore recommending that an understanding of the trauma-informed use of the ETC framework be required for art therapists facilitating this program.

### ***Sessions Overview***

I have formulated the sessions overview to outline recommendations for directives and activities suitable to address session objectives. The intervention design I am proposing is intended to promote a flexible approach that can be adapted according to the strengths and needs of the group members and the facilitating art therapist in context (Moula et al., 2022). Findings from Deboys et al. (2017) highlighted reports from children that they enjoyed having choice in sessions. McDonald et al. (2019) found that when students were asked whether they would make any changes to their school-based art therapy process, they did have suggestions for changes to the structure, environment, and format of their process. I propose that these findings illustrate that a fully manualized approach may not be well matched to students' diverse needs and interests. Further, I intend for the overall session structure to scaffold increased opportunities for collaboration as group cohesion, the therapeutic relationship, and students' sense of efficacy

develop over time (Robb, 2020). For this reason, I have not specified directives for all aspects of every session. I am expecting that the facilitating art therapist will have the training and expertise to engage in a collaborative process with students while maintaining that activities remain appropriate for meeting the proposed objectives. I have provided a summary table of the sessions overview in Appendix C.

**Phase One – Sense of Safety.** This phase is focused on developing awareness of safe or neutral internal states, orienting to the environment, and fostering relational safety in the group. An objective is to provide creative experiences that support grounding (i.e., focusing attention on present moment experience) and regulation (Malchiodi, 2020). Malchiodi (2020) identified grounding techniques as those that facilitate focus on external reality and sensory awareness, thus helping to modulate bodily and/or emotional dysregulation. One aspect of supporting safety will be for the art therapist to use attuned awareness to notice and help modulate nervous system activation in the group (Robb, 2022). An art therapist can facilitate a safe climate in group art therapy by supporting body awareness, providing guidance for self and co-regulation, and shifting to regulating activities if signs of dysregulation are observed in the group (Robb, 2022).

**Session One.** The focus of the initial session is to provide creative experiences that support grounding and establish initial boundaries, safety, and peer support in the group. A suggested sensorimotor warm-up activity is a bilateral scribble drawing (Chapman, 2014). Each student may be invited to select two markers in different colours (Chapman, 2014). The art therapist then guides students through various movements as they draw on large sheets of paper using both hands simultaneously (Chapman, 2014). Art therapists who have worked with trauma-exposed children have suggested that this activity can promote synchrony, which can have a grounding effect (Chapman, 2014; Malchiodi, 2023). A second task in the initial part of the first session will be to facilitate a collaborative discussion to establish group rules for safety, respect, and confidentiality (Sitzer & Stockwell, 2015).

The main art directive for session one is intended to promote grounding and regulation. As in the warm-up, synchrony may be supported via a bilateral drawing-to-music activity (Malchiodi, 2023). The choice of art materials may include fluid yet controllable media such as oil pastels, markers, and tempera paint sticks (Hinz, 2020). A large paper size such as 18 by 24 inches is recommended to encourage a wider range of movement (Malchiodi, 2023). Ideally, the paper may be secured to walls with students standing to work, however offering students a

choice of working surface and location in the space may better promote the incorporation of TIEAT principles (Malchiodi, 2022).

In the final 10 to 15 minutes of the session students may be invited to share their experiences in the session and the creative process. The art therapist can model and instruct students on how to engage in meaningful sharing and peer support; for example, it can be suggested that the discussion focus on personal experience and/or positive aspects of other students' art products (Cortina & Fazel, 2015). A final task in the session is to invite students to collaborate to develop an end of session ritual (Moula et al., 2022).

***Session Two.*** The focus of the second session is to help students orient themselves to safe/neutral aspects in the therapeutic environment and increase their awareness of safe/neutral places, spaces, and things in general (Hass-Cohen, 2016). This session follows the suggested three-part structure of warm-up, main activity, and discussion/closing ritual (Bokoch & Hass-Cohen, 2021; Cortina & Fazel, 2015; Moula et al., 2022). A suggested main activity is to invite students to create and represent safe and/or comfortable spaces within containers, which may include pre-drawn circles, small boxes, jars (Sitzer & Stockwell, 2015). Balanced engagement between cognitive and affective components of creative information processing may be facilitated by providing relatively controllable art media such as tempera paint sticks, oil pastels, textiles, Model Magic clay, and markers (Hinz, 2020).

***Session Three.*** The focus of the third session is to develop awareness of safe/neutral internal sensations. Shifting awareness from external to internal sensory cues can be dysregulating for children impacted by traumatic stress (Malchiodi, 2020). The art therapist can offer alternate options for participation and remind students that they are empowered to choose their own level and manner of participation in an activity (Malchiodi, 2022). An appropriate warm-up activity involves drawing and breath awareness (Malchiodi, 2020). Students can be invited to use one half of the paper to draw while breathing in and to use the other half to draw while breathing out (Bokoch & Hass-Cohen, 2021). The art therapist will need to be equipped with a basic understanding of various breathing practices to intentionally modulate nervous system activation in a desired direction; for example, slow and extended exhalations have been found to downregulate activation for many individuals (Dana, 2020). Students who find breathing to be difficult may be invited to engage with this activity in an adapted way that provides distance from direct internal awareness by engaging in a more projective process

(Malchiodi, 2020). An example of this may be for students to draw something exciting on the left side of the page and something relaxing on the right side.

An appropriate main activity is one proposed by Malchiodi (2023), which invites clients/participants to use lines, shapes, and colours within a head or body outline to represent sensations experienced while engaging in various types of outbreaths (e.g., sighs of relief, frustration, tiredness). The art therapist can maintain an attuned awareness during this activity to track students' level of arousal and use strategies to modulate regulation if needed (Robb, 2022). This may include offering a grounding activity such as a bilateral drawing directive to facilitate active and non-threatening sensory engagement (Malchiodi, 2020). A second part of the main activity may invite students to choose a few words to describe their drawings and/or experiences (Malchiodi, 2020). By facilitating engagement via cognitive and symbolic levels of processing, this part of the activity can help students find distance from any nervous system activation potentially experienced alongside internal sensory awareness (Malchiodi, 2020). Students may also be invited to develop their verbal reflections into stories or poems to help establish a connection between sensation and meaning (Malchiodi, 2020).

**Phase Two –Sensations and Emotions.** This phase is focused on developing awareness of internal sensations and emotions.

**Session Four.** The focus of this session is to develop awareness of a range of internal sensations. At this stage in the intervention, it may be appropriate for students to participate in selecting warm-up activities based on previous experiences or from options offered by the art therapist (Feen-Calligan et al., 2020). A main activity for this session is to engage students in a sensory interaction with dry, mouldable art media (e.g., Model Magic clay) structured around the exploration of five basic movements (Malchiodi, 2023). Malchiodi (2023) suggested that in a trauma-informed context, guiding students through explorations of push, reach, hold, pull, and let-go actions may represent relatively safe movements to bring about increased embodied awareness. As proposed in the previous session, and with the same intentions, students may be invited to choose a few words to describe their experiences during the session (Malchiodi, 2020).

**Session Five.** The focus of this session is to develop students' awareness of emotions. The suggested main activity is to invite students to playfully use mouldable media such as natural clay or Model Magic clay to make shapes that represent a feeling or feelings (Bokoch & Hass-Cohen, 2021; Sutherland et al., 2010). Once the media has been shaped, group members

may be invited to view others' shapes and write down their sense of what feeling may be represented. This exercise allows students to the opportunity to practice connecting sensations with emotions and to experience a sense of peer support and universality (Sutherland et al., 2010; Robb, 2020).

**Phase Three – Awareness of Strengths.** The focus of this phase is to develop awareness of strengths.

**Session Six.** It is suggested that both sessions in this phase focus on developing awareness of inner strengths via engagement with a strengths-based body tracing intervention (Berberian, 2017). A suitable warm-up may be to invite students to participate in a body-focused guided visualization to imagine internal functioning and imagery that feel connected to internal sources of power (Berberian, 2017). Students may then be invited to choose a powerful full body pose that will then be traced by the art therapist onto adequately large sheets of primed canvas. This body tracing activity has been purposefully adapted in a trauma-informed manner to promote personal safety by having children stand while being traced and ensuring that waist and thigh areas are not traced but rather drawn in after the fact (Berberian, 2017). A range of art media should be provided including acrylic paint, textiles, colourful paper, and yarn/string (Berberian, 2017). Students will be invited to spend the rest of the session adding colour, lines, and embellishments to their body tracing to express internal sensations and emotions.

**Session Seven.** In session seven, the main activity will involve inviting students to complete their body tracing artworks that were started in the previous session. Students will also be invited to create an artist statement by choosing words to fill in the blanks of a text that is intended to promote the verbal expression of an internal strength (Berberian, 2017).

**Phase Four – Peer Support.** The focus of this phase is to develop social interest and awareness of peer support.

**Session Eight.** To begin to address the objective of facilitating peer support, a warm-up that is focused on interpersonal connection is suggested. For example, Sitzer and Stockwell (2015) invited students to interview a peer to learn about their positive qualities and then create a card of their classmate's strengths using visual symbols to represent what they have learned. Students can then describe their cards to the group and exchange cards (Sitzer & Stockwell, 2015). The main activity during session eight invites students to create a collective mural representing an island. Students may collaborate to determine the needs of the group members,

how these needs might be addressed, and identify and represent what strengths each student will bring to the island (Sitzer & Stockwell, 2015). Students should be made aware that they will have time during this and the following session to collaborate on this artwork. A sheet of paper that is adequately large for students to comfortably work on simultaneously should be provided. Students may practice awareness of personal safety and empowerment by collaborating to decide what size of paper would allow for sufficient personal space (Hass-Cohen, 2016).

**Session Nine.** A warm-up to help bring awareness to the range of emotions in the group may invite students to collaborate to draw a mountain outline and then represent their internal states by depicting various weather patterns on the mountain (Bokoch & Hass-Cohen, 2021). Subsequent discussion may include verbally identifying emotions and exploring awareness of student needs through continued use of the weather metaphor. Students may then be invited to continue working collaboratively to complete the island mural artwork from the previous session.

When working in a trauma-informed manner, it is important to sensitively orient students to become aware of the end of art therapy well ahead of final sessions (Malchiodi, 2014; Robb, 2022). It can be helpful for children to connect with a sense of meaning regarding the end of sessions (Malchiodi, 2014). A sense of empowerment and control during the transitional time of sessions ending may be fostered by inviting students to decide as a group how they would like to celebrate and say goodbye (Bokoch & Hass-Cohen, 2021; Robb, 2022). Potential options for these activities will be outlined in the overview of sessions eleven and twelve.

**Phase Five – Hope and Empowerment.** The focus of this phase is to promote empowerment and awareness of hope.

**Session Ten.** This session is focused on fostering a sense of empowerment through letting go of difficulties. In a pilot study of a school-based group art therapy intervention, children reported that creating a boat and symbolically placing difficulties and/or experiences to be released within the boat was associated with feelings of empowerment (Moula et al., 2022). This activity may be delivered using a Focusing-Oriented Art Therapy (FOAT) method, which was developed by art therapist Laury Rappaport (2014) to integrate expressive arts therapy with the “Focusing” (p. 301) therapeutic method developed by Eugene Gendlin. FOAT is described as a mindfulness-based, trauma-informed, and self-empowering approach that develops children’s resilience via increased access to inner strengths and increased capacity to trust their inner

knowing (Rappaport, 2014). Students should be instructed to take a friendly and curious attitude when noticing their *felt sense* (Rappaport, 2014, p. 305), which is a term used to describe the emotions, sensations, and thoughts that comprise present experience. Rappaport (2014) suggests that a concrete “Clearing a Space” (p. 310) approach can help children find distance from feelings and experiences that are blocking access to feeling a sense of peace. Children are first invited to create a safe container for stressful feelings and experiences and then to symbolically place representations of these difficult experiences inside (Rappaport, 2014). Containers can then be placed a safe distance away before inviting students to notice how it feels to have distance from difficult feelings and represent this felt sense using a color, shape, image, word, or gesture (Rappaport, 2014, p. 312).

***Session Eleven.*** It is common for feelings connected with present and past losses to emerge during the final sessions of the art therapy process (Robb, 2022). Difficult feelings about ending art therapy sessions may be amplified for children who have had negative attachment experiences involving separation (Malchiodi, 2014). The art therapist can encourage a sense of closure by providing time and space to express and develop acceptance towards feelings of loss (Robb, 2022). The art therapist can also emphasize resources outside of art therapy that may be available to students to access continued support, which may support a sense of hope (Malchiodi, 2014). One approach to managing group members’ various responses to the end of the group process is to involve the group in planning a meaningful ending (Robb, 2022). This approach was initiated in session nine, therefore students should have already chosen a main activity for this session and have been offered options to inspire their decisions. One option appropriate for this phase of the intervention may be to invite students to engage in a collective creative project, such as creation of a mural in the school environment, thus giving students an opportunity to express something meaningful from their experience as a group (Ginwright, 2018).

***Session Twelve.*** Students may have selected an activity for session eleven that will be carried through as the main activity in session twelve. If separate options for a group activity are offered for session twelve, one suggestion that can foster a sense of meaning in the final session may be inviting students to create containers to symbolically hold something they would like to maintain awareness of following their experiences in art therapy (Malchiodi, 2023). This activity may be formulated as a ceremony that incorporates Kinesthetic/Sensory engagement in the creative process to support concrete and embodied encoding of memories associated with

meaning (Hinz, 2020). For example, Malchiodi (2023) outlined a process wherein group members create a symbol of a meaningful experience in art therapy they wish to hold onto by writing or drawing something on a small slip of paper. Group members may then use three-dimensional art media to create a container that will symbolically hold that meaningful object (Malchiodi, 2023).

Alternatively, it may be more important for students to focus on interpersonal closure, which may involve highlighting the meaning of relationships developed in the group (Hinz, 2020; Robb, 2022). In this case, Hinz (2020) suggested a *pass around drawing* activity, which involves each group member selecting one colour marker and beginning a drawing that expresses something about their experience in the group. Drawings are then passed to the next group member, who will use the colour marker they selected to add to the image. Once images have been passed back to the original artist, group members can be invited to discuss how they felt during the experience (Hinz, 2020). Hinz (2020) indicated that this activity results in each student having a tangible reminder of the art therapy group experience to keep with them at the end of sessions.

An overview of the proposed structure and processes for sessions is available in Appendix C.

## **Chapter 5. Discussion**

Through this intervention research process, I have explored the question of what a trauma-informed art therapy program might look like in an elementary school setting. I have consulted the literature to attempt to clarify how a program of this nature might be designed to foster mind-body connection and emphasize cultural competency in the promotion of student wellness. I have proposed that certain risk factors impacting students' wellness may be addressed through a protective process of enhancing resilience using a school-based group art therapy intervention. I developed a five-phase intervention structure to reflect trauma-informed theories and intervention designs found in the collected research data. This chapter will discuss and critique how my proposed intervention design integrates findings related to trauma-informed principles, body-mind connection, cultural considerations, and child wellness.

### **Integration of the Trauma-Informed Expressive Arts Therapy Model**

In my intervention research process, I found SEBDs to be the most reported reasons for students' referral to school mental health programs and that SEBDs can often represent coping strategies for students who are experiencing traumatic stress (Cobbett, 2016). These findings contribute to a context-specific understanding of how the impact of traumatic stress is widespread and can be misunderstood (SAMHSA, 2014). My overall findings reinforced my initial objective to develop an intervention design that acknowledges the potential impact of trauma in students' daily experiences (Sunderland et al., 2022). My proposed intervention design to address student wellness therefore integrates essential principles of the TIEAT model (Malchiodi, 2022).

Supporting a sense of safety has been considered a central aspect of TIEAT and other trauma-informed practices (Malchiodi, 2022; Sunderland et al., 2022). The development of a sense of security is explicitly addressed in the proposed intervention through the collaborative development of boundaries, routines to support consistency, and by inviting students to participate in grounding and orienting activities (Malchiodi, 2023; Moula et al., 2022; Sitzer & Stockwell, 2015). Rationale for including grounding directives in the intervention design has been echoed in an additional principle of TIEAT, which advocates for the inclusion of creative and action-oriented strategies to modulate arousal and support self- and co-regulation (Malchiodi, 2022). Malchiodi (2022) has also emphasized the importance of sociocultural safety in TIEAT, which will be explored in depth in a later section of this chapter.

In line with another principle of TIEAT, the goals, objectives, and directives of the proposed intervention are strength-based; they focus on affirming children's strengths and enhancing resilience (Malchiodi, 2022). Intervention objectives correlate with promotive processes that have been recurrently identified in resilience research such as developing self-regulation, personal agency, a sense of meaning, and connections to school and community supports (Masten, 2018).

Malchiodi (2022) highlights the importance of respect for individual preferences for self-expression as an essential principle of TIEAT (p. 146). This principle is observed in the proposed intervention by emphasizing choice and collaboration, which is a strategy reflected in SAMHSA's (2023) principles of trauma-informed care. The present intervention design suggests that art therapists provide a wide range of art media and adapt directives to broad enough for students to have an opportunity to express their unique worldview (Sunderland et al., 2022). At the same time, research associated with the ETC framework has shown that providing some direction and material curation in the creative process can help students find regulated engagement and access enhanced flow in self-expression (Lusebrink & Hinz, 2016). The activity suggested for session two of the intervention design demonstrates one instance where I have attempted to implement a balance between choice and direction. This activity involves the creation of safe/comfortable spaces within containers (Hinz, 2020; Sitzer & Stockwell, 2015). I suggest that therapists supply a range of containers and choice of media to allow individualization of expression while simultaneously supporting emotional regulation via the symbolic and perceptual containment of the metaphor and structured media properties (Hinz, 2020; Sitzer & Stockwell, 2015).

Another principle of TIEAT is that the application of art therapy interventions should be informed by neurodevelopmental and neurobiological knowledge, which includes recognizing traumatic stress as a mind-body experience (Malchiodi, 2022, p. 145). Engagement with this principle will be discussed in the following section regarding application of the ETC and Bodymind models of art therapy to the proposed intervention.

### **Phased Approach and Body-Mind Connection**

IPNB research has associated the integration of mental, embodied, and relational processes as facilitative of a sense of well-being (Siegel, 2012). Similarly, trauma research has identified body-mind connection as a significant factor in the experience of and recovery from

traumatic stress (van der Kolk, 2014). The phases of the proposed intervention are intended to help cultivate body-mind connection. Core processes identified in the Bodymind model of art therapy (Czamanski-Cohen & Weihs, 2016) and knowledge from the ETC framework (Hinz, 2020) help to demonstrate how the proposed intervention has the potential to promote body-mind connection.

The first phase of the intervention is designed to foster personal and relational safety and support the development of grounding and regulation skills. Similarly, Czamanski-Cohen and Weihs (2016) described that an initial core process of the Bodymind model focuses on relational conditions between art therapist, artwork, and client(s). In the Bodymind model, Czamanski-Cohen and Weihs (2016) have linked IPNB and art therapy research to demonstrate how relational conditions created in art therapy can mirror supportive early-life relational conditions that promote exploration, self-expression, and integrated awareness. The supportive role of the art therapist has been suggested to contribute to a sense of relational safety and grounding (Czamanski-Cohen & Weihs, 2016). In my intervention design I indicate that the art therapist should maintain an attuned emotional presence to support and modulate regulation in the group (Robb, 2022). Similarly, I suggest that art therapists adapt interventions when appropriate and maintain structure and ritual across sessions, which can contribute to the development of group cohesion and trust among students (Robb, 2022). Malchiodi (2022) suggested that engaging in prosocial interactions alongside creative experimentation can help build a sense of communal connection in group art therapy. Early directives in the intervention design (e.g., bilateral drawing to music, breathing and drawing) facilitate synchrony to help develop a communal sense of grounding in the group (Malchiodi, 2023).

Czamanski-Cohen and Weihs (2016) proposed that sensory interactions with art materials themselves can be experienced as nurturing and regulating. To facilitate material experiences of this nature, my proposed intervention design draws from the ETC and ATR-N models of art therapy to guide the trauma-informed curation of materials and facilitate regulated kinesthetic and sensory engagement in early sessions (Hass-Cohen, 2016; Lusebrink & Hinz, 2016). Czamanski-Cohen and Weihs (2016) have proposed that the unique sense of support that may emerge from relational dynamics involving client(s), the art therapist, and the art materials and processes facilitates and interacts with additional core processes of the Bodymind model, namely self-engagement and self-expression. These processes align with the objectives of phase two and

three of the proposed intervention, which focus on developing awareness of sensations and emotions, and strengths.

The relational conditions described above, alongside action-oriented engagement, can support nervous system regulation and an optimal level of arousal to access self-engagement (Czamanski-Cohen & Weihs, 2016). Creative, playful experiences and embodied self-expression become accessible when an individual is in a regulated state (Czamanski-Cohen & Weihs, 2016, Malchiodi, 2022). Czamanski-Cohen and Weihs (2016) propose that a core process of art therapy is embodied self-expression, which can foster increased bodily and emotional awareness and contribute to awareness of self-aspects not easily expressed verbally. van der Kolk (2014) has identified increased internal awareness as a central factor in improving regulation and functional integration. My proposed intervention intends to facilitate increased internal awareness via art therapy directives such as using modelling clay to create shapes that represent emotions (Bokoch & Hass-Cohen, 2021) and creating powerfully posed body tracings (Berberian, 2017). Both interventions involve students making active use of art media to express internal experiences in concrete forms, which Czamanski-Cohen and Weihs (2016) have identified as a set of conditions that give rise to an opportunity for the art therapist to facilitate processes of reflective thought and meaning making with a client.

The fourth core process of art therapy outlined in the Bodymind model, meta-cognitive processing (Czamanski-Cohen & Weihs, 2016), can be observed in directives throughout my proposed intervention; however, phases three, four, and five (i.e., awareness of strengths; peer support; empowerment and hope, respectively) invite increased reflection and mentalizing from students. Czamanski-Cohen and Weihs (2016) have suggested that conscious reflection on art processes and products can support development and integration of a sense of meaning connected to self-expressions. The ETC framework has proposed that balanced engagement in cognitive and symbolic thought processes can support awareness of meaning behind creations that have come to form through bodily and emotional expression (Hinz, 2020). Within session seven of my intervention design, students are invited to develop an artist statement alongside the body tracing directive (Berberian, 2017). This activity illustrates one directive in my design intended to facilitate the translation of embodied knowledge to meaningful conscious awareness (Berberian, 2017).

## **Consideration of Sociocultural Competence**

I observed that there was considerable overlap between principles of trauma-informed practices and factors and themes being discussed in literature that engaged with cultural factors in the development and delivery of mental health and arts-health interventions. Themes of safety, empowerment, collaboration, and the recognition of cultural and historical issues were present in multiple articles exploring cultural factors and traumatic stress (Anderson, 2019; Bryant-Davis, 2019; Malchiodi, 2022; Richardson et al., 2021; SAMHSA, 2014; Scrine & Koike, 2019; Sunderland et al., 2022). Because of this overlap, in my earlier discussion related to how TIEAT principles (Malchiodi, 2022) are represented in my intervention design, I have already highlighted several aspects that aim to incorporate the above set of themes therein. This section focuses on discussing how cultural and historical issues may be recognized in my intervention design.

I have observed that the concept of body-mind connection has been involved in perspectives and principles related to anti-oppression intervention frameworks (Richardson et al., 2021; Sunderland et al., 2022). Richardson et al. (2021) described healing as a transformative process of reintegration and highlighted the role of the agentic use of the body and of nurturing aspects of the environment during the healing process (p. 7). Among findings from their review of anti-oppression and trauma-aware practices in arts-health interventions, Sunderland et al. (2022) suggested that using mindfulness, embodiment, and grounding practices with art media can facilitate such a reconnection with body, self, other, and nature. These perspectives appear to provide support for incorporating objectives involving the use of art media to facilitate body-mind connection and connection with others in interventions designed to take a trauma-informed and anti-oppression stance. This interpretation indicates the potential of the body-mind and group-based aspects of my proposed intervention design to be in alignment with anti-oppression frameworks (Richardson et al., 2021; Sunderland et al., 2022). Some related areas that have not yet been addressed in the intervention design include strategies to foster students' connection with nature and develop awareness of connections between their experiences and the broader context (Richardson et al., 2021). These strategies are to be incorporated at a later stage in the intervention research process when the actual context and stakeholders are known (Fraser & Galinsky, 2010).

Another important cultural consideration in the proposed intervention is reflexive awareness of how resilience theory is being applied. Ungar (2013) highlighted that research on resilience in marginalized communities has shown that interventions focused on mitigating exposure to harm by addressing systemic issues in an individual's environment may have more power to promote well-being than interventions focused on individual resilience processes. My proposed intervention design may serve to mitigate systemic harm in several ways. The intervention represents an opportunity in the school environment for students to have access to a supportive resource that aims to be culturally relevant (Ungar, 2013; Zimmerman et al., 2013). Collaborative interactions between the art therapist, students, and their teachers and families represent potential opportunities for the involvement in systemic advocacy and development of mutual understanding among members of children's system (Anderson, 2019; Bokoch & Hass-Cohen, 2021; Sitzer & Stockwell, 2015). Because the proposed intervention uses a group format, students may develop supportive peer relationships that extend opportunities for prosocial connection beyond the frame of the art therapy environment (Sutherland et al., 2010).

Anti-oppression and social-justice-related literature has suggested that intervention frameworks be designed to engage in collaboration with participants' systems and with community resources (Ginwright, 2018; Sunderland et al., 2022). One way I have attempted to include collaborative engagement with the school system appears in one of the proposed options for final sessions of the intervention design. I propose that art therapists may invite the student group to decide on a collective creative project, such as the creation of a mural, within the school or greater community environment (Ginwright, 2018). Ginwright (2018) has connected projects of this nature with fostering empowerment and a sense of control at a community level. A collective action project may also represent an opportunity to bring social justice allyship into practice by amplifying students' voices (Anderson, 2019).

Expanded systems involvement in the proposed intervention design may be best addressed at a later point in the research process once stakeholder needs can be better understood in context (Fraser & Galinsky, 2010). Possibilities observed in the literature that may be considered at that time include inviting family members to participate in some sessions of art therapy (Bokoch & Hass-Cohen, 2021) and offering information and training sessions to families and/or school staff to expand knowledge on intervention approaches (Moula et al., 2022),

oppression-related collective trauma (Sunderland et al., 2022), and/or improve understanding of trauma and effective responses (Perry & Daniels, 2017).

Another aspect that could be further addressed during future steps of the intervention research process is developing a training for art therapists that scaffolds the practice of social justice allyship in their role (Anderson, 2019). Education regarding the oppressive disadvantages faced by students in the community and consideration of the stress and resilience processes that are specific to the students' context can contribute to this practice (Anderson, 2019; Sunderland et al., 2022). Training may also address practicing self-reflexivity towards the therapists' sociopolitical positioning and examining structural power imbalances (Scrine & Koike, 2017).

## Chapter 6. Conclusion

In my intervention research process, I synthesize interdisciplinary theory and practice literature to explore how mind-body connection can mediate child wellness. I examine how an elementary school-based trauma-informed art therapy program intended to promote student wellness may acknowledge the prevalence of child traumatic stress and cultural competency in the intervention design process.

The rationale for incorporating body-mind connection as a key aspect of the proposed intervention is based on conceptions of wellness in the literature that emphasize the role of integration among body, mind, and relationships in facilitating experiences of positive affective states and a sense of wholeness (Czamanski-Cohen & Weihs, 2016; Siegel, 2012; Sunderland et al., 2022). My findings synthesize the collected data to illustrate the significant prevalence of traumatic stress in children's lives, to highlight cultural and systemic factors that can be associated with child traumatic stress and clarify that students' SEBDs often observed in the school environment can represent strategies for coping with traumatic stress. I interpret such findings as rationale for incorporating trauma-informed art therapy approaches in my intervention design to promote student wellness.

I identify art therapy models including the ETC, ATR-N, Bodymind, and as relevant to help promote student wellness and to inform the intervention design. The proposed structure, format, and strategies are also influenced by studies that explored and evaluated the practice of art therapy in elementary school environments. I intend for cultural considerations to be a central focus informing the overall intervention design. Using a trauma-informed lens, this research explores ways to consider how school-based interventions may impact children whose needs may not otherwise be well understood or effectively addressed (SAMHSA, 2014). An emphasis on cultural considerations shapes this exploration and my findings reinforce that context and culture are major influencing factors in the safety and effectiveness of any public health intervention (Sunderland et al., 2022; Ungar, 2013). I explicitly explore cultural factors regarding the relevance of body-mind connection and wellness, reflexivity in the use of a resilience framework, the role of the art therapist, and suggestions for ways to increase social justice allyship and systems collaboration in future steps of the intervention research process. Interventions that acknowledge collective trauma prevalence and attend to aspects of anti-oppression appear to be underreported in arts health trauma-informed literature (Sunderland et

al., 2022). Therefore, my exploration of ways to develop an elementary school-based art therapy intervention that incorporates an anti-oppressive approach contributes to this area of the overall literature.

The development of a trauma-informed art therapy intervention design to be implemented in an elementary school environment may represent an indirect yet strategic response to the prevalence of traumatic stress in students' lives. Incorporating a resilience framework supports the promotion of positive and protective therapeutic goals for developing student wellness. Further, a reflexive resilience-oriented approach acknowledges the importance of systemic factors impacting student wellness and foregrounds the inclusion of prosocial connections, increased access to resources, and strategies to mitigate systemic harm in students' surrounding systems when designing interventions of this nature. Informed by themes and strategies that have emerged and evolved through my intervention research process, I propose an elementary school-based art therapy intervention design that focuses on enhancing resilience and fostering students' sense of wholeness and connection to help promote student wellness. I affirm the value of incorporating holistic, trauma-informed, and anti-oppression approaches in the design and delivery of a wellness-oriented art therapy intervention – centering safety, agency, and awareness of students' individual and collective strengths.

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## **Appendix A**

### **Intervention Design Overview**

#### **Goals**

Promote student wellness: develop children's sense of a positive and effective self, develop adaptive coping strategies and self-regulation skills, and develop social support and interpersonal functioning.

#### **Setting**

Public elementary school, sessions during regular school day outside the classroom.

#### **Participants and Referral**

Students aged 5 to 12 referred via open call for teachers, families, school staff to refer; children themselves may volunteer for participation.

#### **Screening**

Art therapist meets one-on-one with students prior to the intervention to determine if group work will be appropriate. Suggest communication of student's reasons for presenting, confidentiality, basic education on use of art to address student needs.

#### **Consent**

In-person establishment of required written consent from parents or legal guardians. Consent forms offered in multiple languages and outline intervention format, methods, goals, potential benefits and risks, cultural influences, alternative effective approaches.

#### **Environment**

Closed, private room in the school. Large enough space for comfortable use of art media in groups, art media presented in a consistent and inviting manner.

#### **Format**

Small, closed groups of 3-5 students arranged according to similarity in age and grade.

#### **Structure**

Five phases: safety; sensations and emotions; strengths; peer support; hope and empowerment. 12 sessions, 1 hour 15 minutes length. Sessions consistently include warm-up, main activities, and closing rituals.

#### **Media and materials**

Curated using ETC according to identified objectives, student needs and capacities, with attention to mediating body-mind connection.

## Appendix B

### Phase Overview Table

<b>Phase</b>	<b>Objectives</b>	<b>Sessions</b>
1- Sense of Safety	Develop awareness of safe and/or neutral states Grounding and orienting to the environment Foster relational safety in the group	1, 2, 3
2- Sensations and Emotions	Develop awareness of internal sensations Develop awareness of emotions	4, 5
3- Awareness of Strengths	Develop awareness of personal strengths	6, 7
4- Peer support	Develop social interest Develop awareness of peer support	8, 9
5- Hope and empowerment	Develop sense of empowerment, self-efficacy, hope	10, 11, 12

## Appendix C

### Session Overview Table

Session	Objective	Warm-up	Main art directive	Other directions
1	Support grounding and regulation  Develop boundaries, relational safety, peer support in the group	Bilateral scribble drawing	Bilateral drawing to music	Collaborative discussion to establish initial group rules for safety, respect, confidentiality Initial group reflection; 10-15 minutes near end of session Collaborative development of closing ritual
2	Orient to safe/neutral aspects in the environment  Increase awareness of safe/neutral places, spaces, things		Safe and/or comfortable spaces in containers	
3	Develop awareness of safe/neutral internal sensations	Breathing and drawing	Represent sensations associated with various types of outbreaths	Identify words to describe expression
4	Develop awareness of internal sensations	Students may collaborate to select warm-up	Exploration of push, reach, hold, let go using modelling clay	Identify words to describe expression
5	Develop awareness of emotions		Explore shapes that represent a feeling	Guess emotions represented in other students' expressions
6, 7	Develop awareness of inner strengths	Body-focused guided visualization: Internal sources of power	Body tracing in a powerful pose	Fill in the blanks of structured artist statement
8, 9	Develop sense of peer support  Develop social interest	Classmate strength cards  Collaborative mountain weather drawing	Collaborative island mural: Group strengths and needs	Begin process of deciding on meaningful ending activities
10	Foster sense of empowerment		FOAT: Letting go boat	
11, 12	Develop sense of self-efficacy		Students choose how they would like to celebrate accomplishments and say goodbye	Potential options: -collective action creative project -container to 'hold' meaningful experiences -pass along drawing