ART THERAPY WITH REFUGEE AND ASYLUM-SEEKING CHILDREN AND THEIR PARENTS: PRELIMINARY FINDINGS OF A THOROUGH LITERATURE REVIEW

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Abstract

This paper seeks to explore the topic of art therapy interventions with refugee and asylum-seeking children and their parents, with a specific focus on how art therapists engage displaced parents in their child's therapy process. Preliminary literature review findings, in preparation for a comprehensive scoping review, suggest that there is a research-practice gap on the topic of engaging refugee and asylum-seeking parents in their children's art therapy processes. Flexible methods practiced in the field in the past 10 years, primarily funded and run by nongovernmental organizations (NGOs), are not necessarily reflected in the few research papers published about creative arts therapies interventions for refugee and asylum-seeking children. Out of 106 publications (including grey literature such as NGO manuals and reports, book chapters, case studies, and conference papers), a significant amount refers to creative arts therapies as part of multi-level and interdisciplinary interventions developed for refugees and asylum-seekers. Among these, most publications found are manuals and reports describing case vignettes or multi-level practice guidelines, rather than peer-reviewed publications about research. These literature review findings form the first stage of a larger research project which seeks to develop evidence-based guidelines regarding parent-child art therapy among refugees and asylum-seekers, using the first two phases of the Medical Research Council's (MRC) recommendations for complex intervention development. In doing so, the research seeks to address the global need for evidence-based, culturally humble, and resilience-focused psychosocial support interventions for displaced populations.

Keywords: Displacement, art therapy, refugees, parents, multi-model approaches.

1. Introduction

In the year 2020, forcibly displaced people formed one percent of the population worldwide (UNHCR, 2020), the highest number since World War II (Varvin, 2018). An estimated 38-43% of these are children and adolescents. These numbers are predicted to increase (Maretti et al., 2019; Marsella & Ring, 2003). Mental health issues that may arise from experiences related to forced displacement include anxiety disorders, post-traumatic stress reactions, somatic complaints, depression, and complex grief reactions (Munz & Melcop, 2018; Shannon et al., 2015; Tay et al., 2020). Among circa 40% of refugee children, traumatizing experiences along the way to seek refuge have had a severe effect on the children's interpersonal skills (Baron & Flory, 2019). Considering the devastating effects of the COVID-19 pandemic, in which refugees have been especially vulnerable to the disease (Alemi et al., 2020), as well as ongoing and new conflicts and natural disasters worldwide, the need for effective mental health and psychosocial support interventions for displaced populations is expected to increase. However, rather than focus primarily on trauma-related symptoms (Malchiodi, 2020; van der Kolk, 2014), many experts advocate for the development of interventions for children that prevent and "buffer the effects of early resettlement conditions on asylum-seeking children's adjustment" (de Freitas Girardi et al., 2020, p. 484). As with any mental health intervention for children, it is important to involve refugee parents in their children's therapeutic processes and to listen to their points of view during the research development process (Yaylaci, 2018). The impact of family-level processes has, however, not been researched enough within the context of interventions for refugee children (Fazel & Betancourt, 2018).

The British Association of Art Therapists defines art therapy as "a form of psychotherapy that uses art media as its primary mode of expression and communication" (BAAT, 2020). Visual art is used, primarily, as a medium to address emotional issues rather than as a diagnostic tool. Visual art therapy forms part of the general Creative Arts Therapies which also include Dance Movement Therapy, Drama

Therapy, Music Therapy, and Bibliotherapy. A growing number of studies focus on creative arts therapies with refugees (Dieterich-Hartwell et al., 2020; Ely et al., 2017; D. L. Kalmanowitz & Ho, 2017) and with people who have experienced trauma (Eaton et al., 2007; Schouten et al., 2015, 2019). Approaches and influences range from a CBT-based (cognitive behavioral therapy, focused primarily on patterns of thoughts in the present moment) trauma-focused curriculum (Ely et al., 2017) to a studio-based setting combining free artistic expression with mindfulness-based meditative methodology (D. Kalmanowitz, 2016), among many others. The arts have been described as providing a sense of a temporary home (Dieterich-Hartwell & Koch, 2017).

While the importance of involving refugee parents in their children's mental health interventions has been reiterated (Bosqui & Marshoud, 2018; Ehntholt & Yule, 2006; Fazel & Betancourt, 2018; Pacione et al., 2013), not many descriptions of refugee parental engagement can be found in art therapy case studies and research. Parents have been described as unavailable for meetings due to their survival predicament (de Freitas Girardi et al., 2020; Kalaf & Plante, 2019), language barriers and logistic difficulties due to the need for interpreters (Schottelkorb et al., 2012), and culturally-related perceptions of therapy (O'shea et al., 2000), such as experiencing it as too intrusive (Baraitser, 2014; Kalaf & Plante, 2019) or not as important as academic achievements. Nonetheless, some art therapy and play therapy interventions have described involving parents in frameworks such as parental education groups to teach about trauma and post-traumatic stress symptoms (NCTS, 2005; Schottelkorb et al., 2012) or supporting them when accessing services that are "not always culturally sensitive" (de Freitas Girardi et al., 2020, p. 491). Despite the significant limitations, and the need to plan flexibly, some art therapists have asserted parental support and involvement to be important to incorporate in preventative mental health interventions for refugee and asylum-seeking children (Bonz et al., 2020; Rossi Ghiglione, 2018). This review seeks to understand how and in what research-related contexts does this engagement of refugee and asylum-seeking parents arise.

2. Design and methods

Articles were procured using several search engines, such as Taylor and Francis Online, Web of Science, Science Direct, and Google scholar (with no date limitations) using the keywords art therapy, parent-child art psychotherapy, refugee, asylum-seekers, children, and parents. Further articles were obtained through recommendations by experts, searching for specific NGOs in the field and attaining their manuals, and through the references of relevant articles. A total of 106 articles were found, including grey literature such as NGO manuals and reports, book chapters, case studies, and conference papers. Data extraction was performed by the primary author. The primary author's clinical knowledge also informed the analysis of the literature that was reviewed, while constantly consulting with additional experts working in the field. The primary question throughout the thorough literature search was: "how are art therapists engaging refugee and asylum-seeking parents in their child's therapy processes?"

3. Preliminary literature review findings

Preliminary literature review findings suggest a research-practice gap: flexible methods practiced in the field in the past 10 years, primarily funded and run by nongovernmental organizations (NGOs), are not necessarily reflected in the few research papers published about creative arts therapies interventions for refugee and asylum-seeking children. This gap is also mentioned in several of the publications (e.g., Kalaf & Plante, 2019; Rowe et al., 2017;). Out of the 106 publications, a significant amount refers to creative arts therapies as part of multi-level and interdisciplinary interventions developed for refugees and asylum-seekers. Among these, most publications found are manuals and reports describing case vignettes or multi-level practice guidelines, rather than peer-reviewed publications about research. While most research articles focus primarily on visual art therapy, most multi-level literature refers to combinations of different creative and expressive arts therapies, often crossing and interacting between modalities. This focus on multi-level and multimodal interventions is specifically significant to the question regarding how art therapists are engaging refugee parents in their child's therapy processes – it suggests the contribution of interdisciplinary staff to processes of continuous assessments of parents' needs and interests within specific communities. Most of these publications mention the importance of community-based activity, with five publications focused primarily on community-based arts that engage parents in an open and non-binding manner. This allows for the parents' concerns to gradually be verbalized and for other community members to offer their assistance.

Regarding the engagement of parents in creative arts therapies with refugees and asylum-seekers, most research papers mention parents only within the context of signing consent forms, filling out surveys, or taking part in multi-level services. This is, therefore, another significant knowledge gap, raising the question of "what techniques may not appear in literature, but are used in practice to engage refugee and asylum-seeking parents in creative arts therapies?" Furthermore, mechanisms of change are mentioned in several articles, often described through clinician's perspectives, or as recommendations for future research (Quinlan et al., 2016), but not specific to parent-child artistic activities with refugees and asylum-seekers and how they may contribute to the child's wellbeing and resilience. Therefore, four themes have been identified as significant to the development of a comprehensive art therapy intervention for refugee children and their parents: (1) Research-Practice Gap – funding and policy issues and complex ethical reconsiderations hinder the feasibility of standard research; (2) Community-Arts-Based methods help bridge transcultural and accessibility issues; (3) Multi-Model and Interdisciplinary approaches are employed by art therapists to attend to the multifaceted complex circumstances of the population; and (4) Mechanisms of Change specific to refugee parent-child artistic activities require deeper investigation.

4. Conclusions

Children who experience displacement and war are a very large and diverse population with multifaceted needs. It is, naturally, hard to generalize about the needs of such a diverse group. While this review of the literature does not intend to pathologize such a large group or to assume that every child who experienced displacement necessarily requires psychotherapy, it is also clear from the reviewed research and practice descriptions that there are common concerns regarding displaced children and that creative and expressive activities could potentially be used as both preventative measures that encourage resilience as well as therapeutic interventions to reduce trauma-related symptoms. Fonagy and Campbell (2017) argue that resilience might be the outcome of the complex dynamics between the social environment and an individual's reflective functioning. Thus, we have circles of support networks crucial for the mental health and resilience of refugee and asylum-seeking children – and these include the crucial aspect of involving parents in their children's therapeutic processes. To explore what this means within the context of art therapy, existing practices, that may not appear in the literature, must be mapped out and their relevance and acceptability among all parties involved – clinicians, parents, stakeholders, and children – should be assessed.

5. Limitations and implications for further research

These preliminary findings are naturally limited in nature, due to both the non-systematic character of the literature review and the limited amount of peer-reviewed research publications found on the topic. These, however, strengthen the notion that additional, more robust, evidence-based, and systematic research is warranted on this topic. Using the Medical Research Council's complex intervention development process (Shahsavari et al., 2020) would encourage different phases of the research to focus on various perspectives and voices relevant to the development of an art therapy intervention with refugees and asylum-seeking children and parents. Incorporating parent focus groups, at the development phase of the intervention, together with an assessment of the intervention's acceptability before any further implementation (Sekhon et al., 2017), would allow the parents to engage in the structuring of an intervention that may have a direct effect on the way practitioners approach them concerning their child's mental health. Recommended research, therefore, includes following the MRC's phased approach recommendations as steps leading to conducting a mixed-methods (qualitative and quantitative) feasibility study of a developed intervention protocol, followed by a larger-scale effectiveness study.

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