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Running Head: THE INTEGRATION OF TBRI & ETC

The Integration of TBRI & Expressive Therapies Continuum:^[L]_[SEP]
In-Home Expressive Arts Interventions for Foster and Adoptive Families During
COVID-19

Capstone Thesis

Lesley University

May 2, 2021

Jill Stockburger

Expressive Arts Therapies

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Abstract

With the onset of COVID-19 and the necessary isolation of a global pandemic, the therapeutic space was forced to redefine itself within the virtual realm as the ripple effect of collective trauma further compounded families healing from complex or relational trauma. Clinicians were virtually invited more into participants' living spaces and interdependence with interpersonal family dynamics through this evolution. By combining the evidence-based practice of Trust-Based Relational Interventions with the framework of the Expressive Therapies Continuum, a more expansive, embodied, and uniquely client-centered, neurologically developmental approach emerged that engaged the healing potential of the caregiver-child relationship through increased co-regulation and attachment creating a connective bridge between the therapeutic space and participant's homes while offering stability to adjusting daily family rhythms. Arts-based exploration was conducted through a collection of in-home expressive arts interventions formatted as a COVID-19 blog resource response for foster and adoptive families. Utilizing easily resourced materials and engagement of dyadic relationships, the interventions sought to meet participants where they were mentally, emotionally, and physically within daily rituals, creating pockets or 'cocoons' of healing connection. Results through triadic qualitative measurements revealed themes of increased experience of co-regulation and attunement, fostered non-verbal awareness, increased desire for connection, and pathways for expression of difficult emotions offering opportunities validation through both witnessing and empathetic listening. Further, a virtual space was offered for families' individual artistic expressions of relationship to be shared creating a diverse sense of community, a defiant hope in the isolation of social distancing, to both clinicians

and participants alike that fostered compassionate scaffolding; the ancient wisdom of the expressive arts offering movement in a global pause.

Key Words: COVID-19, complex or relational trauma, TBRI, ETC, caregiver-child

The Integration of TBRI & Expressive Therapies Continuum:
In-Home Expressive Arts Interventions for Foster and Adoptive Families During
COVID-19

“Amid the current pressure for ‘evidence-based practice’ parameters, we should remind ourselves that the most powerful evidence is that which comes from hundreds of separate cultures across thousands of generations independently converging on rhythm, touch, storytelling, and reconnection to community...are core ingredients to coping with and healing from trauma.” Dr. Bruce D. Perry, MD, PhD

“The parent-child connection is the most powerful health intervention known to mankind” Bessel Van der Kolk

Introduction

There is an ancient African proverb, *‘the child who is not embraced by the village will burn it down to feel its warmth,’* and yet so often, it is the child who undergoes complex developmental trauma or relational trauma who is imprinted, set ablaze so to speak on the inside, with triggered physiological and psychological effects that are labeled ‘explosive’ or ‘disruptive’ by others (Purvis et al., 2013). Complex developmental trauma or relational trauma is interpersonal in nature, including physical, emotional, and sexual abuse; neglect and witnessing domestic violence; and loss and/or abandonment by the primary caregiver (Friend, 2012). Early developmental interactions with the primary caregiver determine which neural pathways will be expressed within genetic programming, especially “right brain limbic and associated cortical structures, responsible for processing social interactions, regulating bodily and affective states” (Friend, 2012, p. 115). Trauma is stored within the implicit memory in the subcortical parts of the brain, meaning it completely disrupts the nervous system, leaving the child to a continual barrage of somatic experiences and an inability to regulate or trust their own body, lacking the foundation for intrapersonal and interpersonal engagement and development (Malchiodi, 2015; Richardson, 2016; Van der Kolk, 2015).

“Attachment relationships form the foundation for healthy development in children” (Richardson, 2016, p. 37), and due to interpersonal nature of complex developmental trauma, it is posited that relationship with an attuned, co-regulating caregiver is essential to unleash full healing potential. Trauma affects the limbic system or “emotional brain,” the neuro-relational brain pocket wired for non-verbal connection (Lawson & Quinn, 2013; Vaughan et al., 2016). Our cross-cultural ancestors well understood the capacity of the arts to mimic these early developmental patterns disrupted by trauma to systemically heal and thrive not just survive as a community (Malchiodi, 2015).

Through the integration of Trust-Based Relational Interventions and the Expressive Therapies Continuum, the frameworks provide an overlay for a bottom up and top down processing that is unique to the traumatic narrative and attachment style of the individual and their primary dyadic relationships through interpersonal neurobiology. Both frameworks provide interactive levels that seek to restore connections between the reptilian “instinctive,” mammalian “feeling,” and primate “thinking” brain for holistic healing for children and adolescents affected by complex and relational trauma, and their caregivers. TBRI’s framework pyramid of empowering (physiological, somatic response), connecting (attachment responses), and correcting (TF-CBT responses) integrates into the kinesthetic- sensory, perceptive-affective, and cognitive-symbolic level of the Expressive Therapies Continuum for whole-brain function. Arts-based research provides tangible illumination and external manifestations of this integration, particularly within the right-hemisphere, the birthplace of the attachment cycle in early development (Purvis et al., 2013; Hinz, 2009).

With the onset of COVID-19 and social distancing mandates, an added layer of collective trauma pressed into family systems already healing from the effects of complex and relational trauma; the therapeutic space was asked to evolve in new collaborative ways, digging more deeply into ancient embodied wisdom asserted in the expressive arts and honoring the importance of primary relationships (Friend, 2012; Markman-Zinemanas, 2015; Woollett et al., 2020). The onset of Tele-therapy within a global pandemic pressed therapists to seek more caregiver support both during and in between sessions; an increased emphasis on the healing potential of attachment within the caregiver and child affected by complex or relational trauma emerged in order to ensure a continuity of care. Just as in ages past, the expressive arts offered an organic therapeutic resource and stabilizing factor within participants' homes facilitating the continuation of treatment and a more integrated, systemic methodology.

Sacred ground, it is to be allowed to enter therapeutic holding spaces with foster and adoptive families. Seeking to reframe the current crisis and move forward together, the question became, how can this period of isolation be a cocoon time of healing for foster and adoptive families by providing psycho-education, therapeutic intervention, a sense of community utilizing arts-based research? The following explores the methodological compliment of the evidenced-based Trust-based Relational Interventions and the Expressive Therapies Continuum integrating to create a more expansive approach to support children and families affected by complex developmental trauma. Using the challenges of COVID-19 to conduct arts-based research, observations of this integration from in-home, dyadic expressive arts interventions with participants and their families demonstrate an increased awareness to the need for interdependence within dyadic

therapeutic practice, both clinically and communally, and the creative bridge of the expressive arts to unearth the healing potential, making the invisible, visible during a period of isolation.

Literature Review

Complex and Relational Trauma

In 2009, Dr. Bessel Van der Kolk and his colleagues within the National Child Stress Network (Purvis et al., 2013) developed diagnostic criteria that included, exposure to trauma, affective and physiological dysregulation, attentional and behavioral dysregulation, self and relational dysregulation and post-traumatic spectrum symptoms. Although it was denied inclusion in the DSM-V, it garnered systemic awareness for the specific effects of developmental and relational trauma; symptomology often evidenced within foster and adoptive communities (Van der Kolk, 2015).

Complex developmental trauma or relational trauma refers to on-going experiences of interpersonal trauma that causes neurodevelopmental adverse effects to the child most often within the primary caregiver-child relationship (Richardson, 2018). Infants depend on caregivers to provide for their every need emotionally and physically through the attachments; this cycle acts as a blueprint for intrapersonal and interpersonal understanding as well as brain development. When a child is maltreated by their primary caregiver or their caregiver is unable to regulate themselves, the child cannot trust others, cannot regulate themselves, and knows the world to be an unsafe place leaving them in a disorganized state of over-control or shut-down, fragmented (Malchiodi, 2015; Richardson, 2016; Van der Kolk, 2015).

The Neurobiological Effects of Trauma

Trauma is sensory in nature, a somatic experiencing, that is not stored within memory in a verbal, narrative form. Within the neurobiology of trauma, the limbic system composed of the hypothalamus, amygdala, and hippocampus or “emotional brain” is the source of urges, needs, and feelings as well as the self-preservation responses (fight, flight, freeze) and implicit memory. “Trauma reactions are believed to occur when responses of the limbic system, activated to mobilize oneself in the face of personal threat, are not utilized in a productive way” (Malchiodi, 2015, p. 8) With the chronic stress of these interpersonal ruptures in complex trauma, the emotional activation of the limbic system is never fully released, held in the nervous system, the “emotional brain” is in constant arousal, resulting in the aforementioned symptoms (Parris et al., 2015). The nervous system is composed of the sympathetic system (flight, fight, or freeze response) and the parasympathetic system created for social engagement (collapsed or invisible posture in dysregulation); co-regulation and attachment are the corresponding healing functions.

Traumatic stress reactions or triggers occur when implicit memory of trauma is not connected to the explicit memory, meaning the child has no context surrounding the sensations or emotions that arise. The capacity for language is limited and the ability to identify and verbalize experiences. Expressive arts interventions are “brainwise” because they connect within the neural network of the brain affected by trauma; they facilitate “externalization, sensory processing, right-hemisphere dominance, arousal reduction, affect regulation, and relational aspects” providing empowered connection within the therapeutic space (Malchiodi, 2015, p. 15).

Trust-based Relational Interventions

Trust-based Relational Intervention (TBRI) is an evidenced-based systemic approach creating a therapeutic model for the training of caregivers for children and adolescents affected by complex and relational trauma. The application of TBRI has been researched in orphanages, courts, residential treatment facilities, group homes, foster care, adoptive homes, churches, and schools (Parris et al., 2015). Seeking to build on the three main “pillars” developed by Van der Kolk and his colleagues that should be integrated into any program treating complex trauma: development of safety, promotion of healing relationships, and teaching of self-management and coping skills; these principles are reflected in the pyramid building blocks of TBRI: 1) Empowerment-attention to physical and sensory needs; 2) Connection-attention to attachment needs; and 3) Correction-attention to behavioral needs, closely related to Trauma-Focused Cognitive Behavioral Therapy.

Empowering principles increase the child or adolescent’s felt sense of safety through nutrition, a high sensory diet, and predictable transitions (daily, life, and developmental). By ensuring physiological needs are first met through a bottom-up processing approach, the effectiveness of the connecting and correcting principles are greatly increased. The connecting principles engage the limbic system or “emotional brain” as they address attachment needs through awareness, attunement, and co-regulation; the correcting principles advocate self-regulation and promote healthy boundaries for the caregiver-child relationship. With movement through the “instinctive/reptilian to emotional/ mammalian to thinking/ primate” brain, TBRI recognizes and empowers the healing potential within the child-caregiver relationship through

neurodevelopmental whole-brain engagement (Purvis et al., 2013).

Expressive Therapies Continuum

The Expressive Therapies Continuum (ETC) is a foundational framework and “trans-theoretical organizing system” within the field of expressive arts therapy. The three levels of ETC, kinesthetic-sensory, perceptive-affective, and cognitive-symbolic, mirror different functions and structures within the brain allowing the therapists to assess how participants are processing information on a developmental basis (Hinz, 2009). ETC can determine relational dynamics within the first 15 minutes of therapy revealing how interaction with the art materials reveals attachment styles (secure, insecure-avoidant, insecure-ambivalent, and disorganized, as shown in Table 2) and emotional regulation, “the way people create when they are free to choose art materials and subject matter mimics the ways that they think, feel, and act in other areas of their lives” (Haeyen & Hinz, 2020, p. 6). Within Trust-Based Relational Intervention’s pyramid framework of empowering, connecting, and correcting, attachment and relationship are at the heart of TBRI connecting principles, up to 80% of maltreated children have a disorganized attachment (Purvis et al., 2013).

Meanwhile, the Expressive Therapies Continuum provides specific roadmaps to non-verbally explore attachment style and the movement necessary within the continuum for healing on a neuro-relational level, both intrapersonally and interpersonally, with the art materials, the interventions, and the shared artwork itself (Haeyen & Hinz, 2020). Each of the ETC levels is comprised of two complementary components. When engagement occurs with one component, activation of the complementary component

occurs; however, as processing within the first component continues, engagement with its complementary component decreases. When all levels are functioning together, the fourth level is engaged characterized by creative flow or whole-brain engagement. Each level has a “healing dimension” and an “emergent function” which demonstrate “optimum intrapersonal functioning” and aspects of the level that lead to higher level functions providing specific relational roadmaps to internal process and the possibility of joint visual symbolization interactions. ‘Optimum intrapersonal functioning’ provides specific points for neuro-relational or nonverbal connection as a capacity for curiosity and play within interpersonal relationships is awakened (Hinz, 2009).

Table 1

Overview of TBRI and ETC within a Neurodevelopmental Framework

Neurodevelopmental Component	Trust-Based Relational Interventions	Expressive Therapies Continuum Levels and Healing Components
Cortex: Thinking Brain Insight-Oriented Therapy, Narrative, Storytelling	Correcting Principles: TF-CBT <ul style="list-style-type: none"> • Proactive behavioral strategies; Life Scripts • Responsive behavioral strategies; IDEAL response 	Cognitive-----Symbolic level <ul style="list-style-type: none"> • Cognitive-recall previous concrete experience • Symbolic-create personal symbols and understanding
Limbic System: Emotional or Mammalian Brain Expressive Arts and Play Therapies	Connecting <ul style="list-style-type: none"> • Awareness of self and others • Playful Engagement • Attunement; Co-regulation 	Perceptive-----Affective level <ul style="list-style-type: none"> • Perceptive-internal structure, boundaries • Affective-emotional expression, increased awareness, regulation and communication of emotions
Lower Brain Stem: Instinctive or Reptilian Brain Movement, Rhythm, Music, Sensory, Feeding	Empowering <ul style="list-style-type: none"> • Smooth, consistent transitions: daily, life, and developmental • Sensory Needs • Nutrition, Sleep, Physical Needs 	Kinesthetic-----Sensory level <ul style="list-style-type: none"> • Kinesthetic-inner rhythm, arousal, and decrease tension • Sensory-awareness of internal and external sensations

The Importance of Attachment

Attachment results from adapted strategies or interactions within the early social environment particularly with primary caregivers acting as a lens to future development of intrapersonal and interpersonal skills. Many children in foster and adoptive communities have experienced multiple losses that can result in complex or relational trauma resulting in a lack of secure attachment, trust, and “these effects can begin to occur at an early age, when trauma’s detrimental influence on the right side of the brain can later manifest itself as an individual’s ability to regulate and experience emotion or verbally express feelings” (Coholic et al., 2009, p. 65). The use of play and the expressive arts, the foundational building blocks for intimacy, provide entry into the right hemisphere where words cannot yet be expressed creating the groundwork for the dance of attachment and developmental healing. Research found that art work created by a group of children with symptoms of complex trauma in therapy was used to further attachment needs in both the child and caregiver strengthening their relationship, facilitating empathy, and providing externalization, distance, and resilience from the trauma (Haeyen & Hinz, 2020). In fact, in one study all of the children within groups cross-culturally wanted to share their artwork with their caregiver, and although some of the caregiver’s reported emotional flooding at times, they specified the artwork provided insight to both their children’s emotional experience as well as their own (Woollett et al., 2020). This seemingly simple dyadic interaction has profound effects on potential therapeutic healing as the quality of attachment is determined by the caregiver’s capacity to mentalize the child’s experience and respond with empathetic attunement (Berzoff, Flanagan, & Hertz, 2011). Additionally, repetitive experiential and self-rewarding,

empowered experiences by a secure and attuned witness are center in repairing complex and relational trauma.

Table 2

Diagram of Attachment Styles and Corresponding Behaviors

Secure Attachment	Ambivalent Attachment	Avoidant Attachment	Disorganized Attachment
<p>Explores space with parent demonstrating curiosity</p> <p>Acknowledges parent when they leave and re-enter the room</p> <p>Shows some distress when parent leaves, but is easily soothed</p>	<p>Can be clingy and continuous cry of distress when parent leaves</p> <p>Pattern of “come here, go away”</p> <p>Child may demand to be picked up and once picked up, demand to be put down</p>	<p>Child plays independently, disconnected from caregiver, no outward sign of connection to caregiver</p> <p>Anxious with high heart rate, but suppresses needs</p>	<p>Inability to seek and receive care</p> <p>Cannot regulate</p> <p>Often an erratic combination of the other attachment styles</p>

Co-Regulation, Attunement, and Increased Felt Sense of Safety

As Stephan Porges once purported, “the feeling of safety is the treatment” (Friend, 2012, p.120). The dance of regulation that happens with caregivers and their children “helps develop the brain in ways that soothe and regulate the brain stem (reptilian brain), providing limbic resonance and connection for the limbic brain (emotional brain), leaving the neocortex free to be cognitively curious” (Goodyear-Brown, 2021, p. 61). Emotional attunement enables direct communication between the caregiver and child, an alignment that is interpersonal integration. At its core, co-regulation and attunement is the sharing of non-verbal signals; signals that include tone of voice, eye contact, facial expressions, gestures, and timing as well as intensity of

responses. The caregiver must be mindful of their own somatic experiencing in order to gain awareness of their child's bodily sensations. Bodily sensations form the foundation for knowing how we feel and what is meaningful (Richardson, 2016).

Co-regulation and emotional attunement facilitate the increase of the child's felt sense of safety necessary for the development of a secure attachment; attachment emerges from a regulated nervous system. There is a difference in being safe and feeling safe. Complex developmental trauma disrupts the establishment of natural rhythms; therefore, even after a child has found physical safety, they might still struggle with trusting their caregiver. The continued process of co-regulation and emotional attunement will increase a felt sense of safety resetting physiological and psychological patterns for healing (Purvis et al., 2013).

The Importance of Dyadic Developmental Therapeutic Practice

Caregiver and child interactions are meant to create neuronal connections shaping limbic systems; right brain limbic systems are the cortical structures or highways for processing social interactions, regulating somatic experience and affective states, and coping with stress (Friend, 2012). Often, however, both caregiver and child struggle with attunement due to either both having histories of trauma or the caregiver experiencing vicarious trauma from the daily challenges of caregiving. Dyadic therapeutic practice utilizes "the organizing principles of playfulness, acceptance, curiosity, and empathy (PACE) and affective-reflective (A-R) dialogue and further develops the inter-subjective experience between parent and child" (Vaughan et al, 2016, p. 574) allowing space for increased awareness surrounding both caregiver and child attachment needs. Integrating

the arts echoes natural developmental movement within the early caregiver-child relationship, a gentle, non-intrusive approach emerges that is both body-based engaging the reptilian brain and expressive engaging the limbic system or emotional brain in a co-regulation and attunement of affective states. Using a dyadic approach facilitates an integrative experience that externalizes stress responses or traumatic experiences for holding within the context of connection furthering the child's development, deepening the caregiver's understanding and inviting their own healing, and awakening possibility for co-creation of new meanings. Goodyear-Brown (2021) emphasizes the importance of a primary caregiver's experiential engagement in therapeutic practice, "this simple activity expands the parent's ways of knowing and the expression of their early experience from being mainly centered in the logical, linguistic, linear, 'just the facts ma'am' left hemisphere of the brain to embrace right brain ways of knowing," in order to promote increased self-awareness, empathy, and capacity for co-regulation and attunement (Goodyear-Brown, 2021, p. 126).

Joint Visual Symbolization

The expressive arts provide a pathway for joint visual symbolization within the primary caregiver-child relationship allowing implicit relational content to enter the explicit memory for externalized reflection. Relational change is harnessed through this mentalization in procedural, repetitive, subsymbolized processes, a natural PACE emerges, reptilian and emotional brain integrate in co-regulation and attachment anchors in collaborative symbols.

"Visual symbolization activates both the child's and the parents' right

hemispheres. There is bilateral stimulation of the two hemispheres to integrate visual and verbal narratives into coherent autobiographical memory (Spring, 2004). Parent-child art psychotherapy focuses on the original dyads where the child attachment style developed. Visual symbolization activates the right brain, which therein contributes to mutual regulation, founded on sensory-motor preverbal processes” (Markman-Zinemas, 2015, p. 110).

Implicit patterns unique to the caregiver-child relationship surface through the layers within the expressive arts therapeutic intervention; their interaction with the art materials similar to early communication and “right to right brain prosodic communication” (Goodyear-Brown, 2021, p. 60). Further the regulating of mediums might expose co-regulation difficulties and opportunities to better regulate materials can encourage more effective mutual regulation and empathy within the dyad. The use of the tactile and visual senses in the expressive arts engages body memory where traumatic memories can be externalized visibly providing a titrated experience of integrated trauma in a developmental bottom-up brain processing approach.

Integration for Expanded Methodology

“Art-based therapy provides a significant and established way to assess and attend to the implicit aspects of relationships, especially in parent-child relationships when children are not yet adept in articulating what they feel and think” (Gavron & Maysel, 2018, p. 3)

The implicit expression and non-verbal manifestations are essential aspects to relationships, particularly the caregiver-child relationship; the expressive arts connect

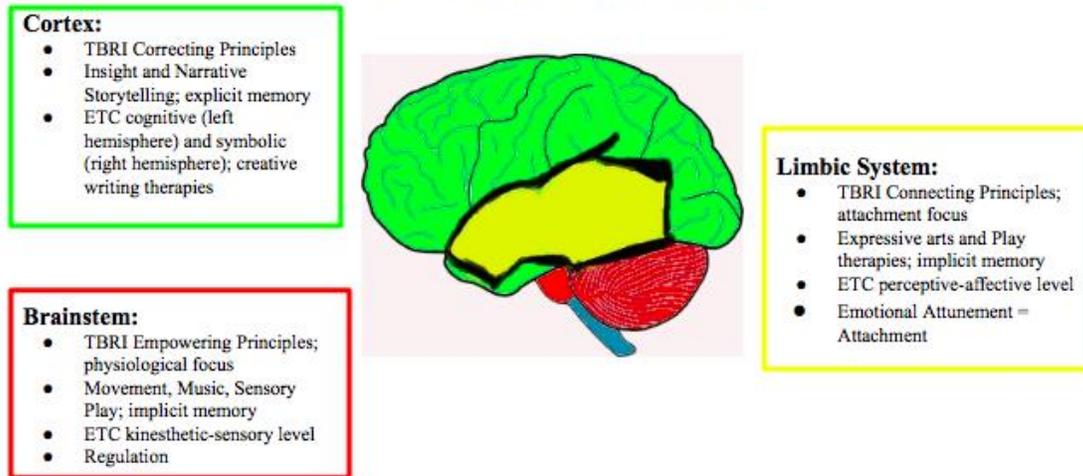
with the procedural and unconscious neural pathways facilitating a “non-verbal symbolic level of communication” through visual imagery, metaphor, and embodied engagement that “uncovers a clear portrayal of the implicit dyadic interaction in motion” (Gavron & Mayseless, 2018, p. 3).

As the arts externalizes implicit aspects of the relationship, transformation becomes more explicit through present encounters for playful mutual regulation through joint art creation and an artistic statement grounding a narrative unique to the dyadic relationship, a multi-dimensional space for mutual recognition, communication, and self-expression (Gavron & Mayseless, 2018). The Expressive Therapies Continuum offers both a diagnostic framework to each dyad’s unique regulation and attunement needs and a gentler methodology for increased secure attachments and cultural expression of the developing interpersonal relationship within the Trust-Based Relational Intervention’s empowering and connecting principles. ETC provides a kaleidoscope to connective care expanding the therapeutic reach of TBRI’s whole-brain healing engagement for complex or relational trauma providing transforming right-brain prosodic rhythms essential to healthy development and interpersonal neurobiology; neuroscience with a hug.

Figure 1

Neurodevelopmental Overview with Corresponding Healing and Therapeutic Approach

A Neurodevelopmental Approach



Method

Project Design

The project was birthed out of traumatic response, the collective of a global pandemic temporarily destabilizing the therapeutic space, isolating families and compounding those already affected by complex trauma. In attempting to reframe the crisis, the question proposed was, How can we use this period of isolation as a natural ‘cocoon’ time of healing for foster and adoptive families, providing psycho-education, therapeutic intervention, a sense of community, and further arts-based research?

The project began as a bridge within a mighty pause, an offered provision while the therapeutic space re-stabilized through Tele-therapy practices; the pause being an important recognized therapeutic practice within the intermodal nature of the expressive arts. The arts-based research began clumsily with one proposed blog, progressing into a twelve-blog resource series affectionately named, “**Love Connectors.**” Eventually, the posts were shared through my site’s social media accounts as well as the *Empowered to Connect* virtual platform.

Each blog provided an in-home intervention expanding the TBRI therapeutic tools through the methodology of Expressive Therapies Continuum with specific focus on increased healing attachment within the caregiver-child relationship through co-regulation and emotional attunement, reducing “the impact of secondary trauma for parents caring for traumatized children;” diffusing the neurological impact of chronic stress; modulating “the emotional arousal of the parent” furthering the emotional environment the child seeks from the primary caregiver; and providing somatic play-based exploratory relational therapeutic intervention in continuity with the child’s developmental healing journey (Vaughan et al., p. 577).

Participants and Measures

Participants included foster and adoptive families directly associated with Memphis Family Connection Center and/ or participants connected with the *Empowered to Connect* platform. Both the population and the virtual nature of the design provided diverse socio-cultural, ethnic, and racial backgrounds along with a broad developmental range within the participants.

Participants were invited to offer images, insights, and thoughts through the virtual collective spaces directly fostering a sense of community and deeper learning amongst participants and clinicians alike. Participants in current treatment were able to offer their experiences and images directly to the clinician.

The arts-based research was qualitative in nature as specific themes emerged unique to individual blogs strengthened by the phenomenological attributes of the expressive arts increased potential to TBRI empowering and connecting principles within the blogs as a broader resource.

Three specific blogs with their emerging insights were selected for qualitative and narrative analysis. A triangulated method across sources was used with the verbal content and art responses from the virtual community, the responses of participants directly in treatment with clinicians, and clinical insights through experiential means and observations in an effort to strengthen limited reliability, trustworthiness, and credibility.

The three blogs were part of a twelve blog series beginning March 20, 2020; the selected were utilized throughout the following year in a repetitive nature garnering increased creative experiential awareness and further shaping integrated methodology. A published date is provided for the three selected blogs; however, they are organized through theoretical building from one intervention to the other for purposes of this paper.

Love Connector 1: Mandalas

Narrative of Intervention

Mandalas echo the wholeness desired by the self, the inner longing to discover personality and balance. The creative experience acts as an externalized grounding that allows the emanation of the authentic self while shedding the layers of false self constructed in response to shame. Mandalas gently create visual connections to intrapersonal and transpersonal responses providing a path to increased awareness within interpersonal interactions (Hinz, 2009).

Table 3

Domain Engagement of TBRI & ETC: Love Connector 1: Mandalas

Trust-based Relational Interventions	Expressive Therapies Continuum
Correcting Principles: <ul style="list-style-type: none"> ● Relaxation Practice 	Cognitive-Symbolic Level <ul style="list-style-type: none"> ● Symbolic Reflection of Inner Worlds through Completed Mandala

<p>Connecting Principles:</p> <ul style="list-style-type: none"> ● Affectionate Activities: crafts, walks ● Negotiating Needs and Being Autonomous Self ● Playful Engagement with Reflection of Inner Worlds 	<p>Perceptual-Affective Level</p> <ul style="list-style-type: none"> ● Perceptual Externalized Holding through shape of Mandala ● Affective Release through Material Choice, Construction, and Color of Mandala
<p>Empowering Principles:</p> <ul style="list-style-type: none"> ● Snack engagement ● Sensory Integration ● Daily Routines; Ritual Engagement 	<p>Kinesthetic-Sensory Level</p> <ul style="list-style-type: none"> ● Engagement with Nature ● Engagement with Food; Early Developmental Intimacy ● Engagement with Art Mediums

Blog: Here We Go Loopty Loo, April 1, 2020

Recently, I heard someone describe the current COVID-19 season as a period of 'fluid loops.' This description resonated with me as awareness and longing for structure greets me from within. A loop, a circle, invites us to dream about what it holds. For most of us a circle is the first shape we learn. Or maybe we remember the attempts at an early childhood game; the hula hoop. Within many cultures, the circle is a symbol of promise and the sanctuary it provides. It is a gentle structure found throughout nature and even the human body taking us to places of nurture and care.

We talk often about felt safety and creating a high nurture, high structure environment through playful engagement. We practice outside the moment, create routines, provide visual schedules, manage transitions, and proactively seek one on one time through a little play.

In the early part of the 20th century, psychologists studied the physiological and psychological aspects of perception and they were able to demonstrate that the brain possesses self-organizing abilities which cause people to be attracted to certain forms or gestalts. Gestalts have characteristics such as regularity, stability and wholeness.

“Children’s preferences for certain shapes such as the mandala demonstrate their

search for order, harmony, and balance.” – Lisa Hinz

Mandalas conceptualize the circle and curiously surprise us in all sorts of places. Think of the pattern of sunflowers, seeds, the inside of a cantaloupe or bell peppers. Consider the shapes of shells, snowflakes, and spider webs. And, even the patterns of our eyes, the so-called windows to our souls.

Look at how fun structure can be!

Supplies: *Indoor option 1: cardboard, string, buttons, pipe-cleaners, beads, recycled materials, glue etc.*

Indoor option 2: paper plate or another plate, a variety of colorful food

Outdoor option: rocks, flowers, shells, pinecones, leaves, etc.

Ages: 3+

Exercise: *This exercise can be done individually or as a family, but before you get going, head out for a nature walk exploring all the mandala that are inherently in nature. This forms calls to us from all directions providing gentle structure with the nurture of beauty in nature.*

Indoor Option 1: *Create a circle out of the cardboard and begin to arrange your collected items in a symmetrical pattern moving from the center of the circle outwards. After you have finished arranging, glue your items to the circle. Notice what the different items feel like as you glue them.*

- *If you are getting “stuck” creating your pattern, you can search “mandala” and find a variety of options to give you an outline.*

Indoor Option 2: *Take your plate and arrange a variety of colorful foods from the center of the plate outwards. This could be a really fun way to move into snack time and try a*

new food with some favorites on the plate.

Outdoor Option: *This one is magical! And, you got it. Use whatever nature is offering to create a mandala working from the inside out in a symmetrical pattern.*

Additional Options: *Indoor Option 1: Trace the circles with one finger slowly noticing your mindful breaths as you do so.*

Indoor Option 2: Try feeding one another one item from your plate.

This is a fun connecting activity that Dr. Purvis used at times during Camp Nurture.

Outdoor Option: *If you create a large outdoor option, try slowly walking the circles one at a time similar to a labyrinth using those mindful breaths we were returning to.*

Don't Forget: *All three of the options use 3D objects with a variety of colors and textures. There is a significant sensory engagement along with the perceptual organizing engagement. Sensory engagement is one of the first physiological layers to self-regulation, so draw awareness to the somatic sensations that occur throughout the process. The variety of colors provides a release within the affective state; make connections to feelings before, during, and after you create your mandala (Stockburger, 2020).*

Figure 2

Snack Mandala



Narrative Observation

Within the social media participants, I observed an increased felt sense of safety through emotional validation amongst the caregivers as they read the psycho-education portion of blog presented in narrative form, fostering an increased awareness within themselves and empowerment that allowed them to more freely delight and attune to their child increasing co-regulation within the relationship.

I further witnessed the caregivers empowerment by the creative ease of the intervention throughout daily routines, rhythms, and rituals facilitating a synchronized and repetitive rhythm, gentle structures of nurture throughout the day. Intimacy could be engaged in a variety of developmental ways proving the flexibility of the intervention; the engagement of eating to indoor detailed visual art to outdoor full-body large-scale movement, as well as its intermodal nature. In particular, an increased awareness of their own regulation and a sense of accomplishment as the caregivers were able to easily get started with this intervention, diffusing feelings of being overwhelmed.

On a broader scale, I observed a sense of connection with the virtual community as a whole when viewing the creative diversity within other mandalas posted, a cultural thread reminiscent of Kandinsky's circles emerged. There was an acknowledged sense of

loneliness as a collective and holding by the mandalas of others; an empathetic acknowledgement and shared emotion between caregiver and with their children as they viewed them together.

Love Connector 2: Puppets

Narrative of Intervention

The intervention begins with a right-brain approach as the participants engage in sensory exploratory play and tap into procedural memory designing their puppet. As they create side by side, a gentle rhythm of mutual recognition through non-direct engagement evolves. Affective release begins as the puppet begins to come to life through colors and materials moving to fruition through a “symbolic communication, projection (attributing traits of self or others onto the puppets)” and “risk taking” through storytelling in a space of less resistance (Arad, 2004, p. 252). Through the ETC, a progression within the intervention moves through right-brain hemispheric leading to affective naming developing externalized awareness to participants’ inner worlds in a metaphoric exchange.

Table 4

Domain Engagement of TBRI & ETC: Love Connector 2: Puppets

Trust-based Relational Interventions	Expressive Therapies Continuum
Correcting Principles: <ul style="list-style-type: none"> ● Listening ● Role Rehearsal ● Mutual Storytelling ● Relaxation Practice ● Emotional Check-in 	Cognitive-Symbolic Level <ul style="list-style-type: none"> ● Storytelling and Interactive Role Play

<p>Connecting Principles:</p> <ul style="list-style-type: none"> ● Affectionate Activities: talking, crafts ● Playful Engagement ● Building Trust ● Further Understanding of Relational Needs 	<p>Perceptual-Affective Level</p> <ul style="list-style-type: none"> ● Materials used for Affective Release ● Perceptual Engagement through Completed Puppet ● Affective Release through Experiences of the Puppet
<p>Empowering Principles:</p> <ul style="list-style-type: none"> ● Sensory Integration 	<p>Kinesthetic-Sensory Level</p> <ul style="list-style-type: none"> ● Interaction with Art Materials ● Movement with Puppet

Blog Post: Puppet Play, April 21, 2020

Recently a proud uncle shared a moment of sheer delight in his niece captured on video. This beaming and industrious two and a half year old little girl was hard at work or should I say hard at play stretching her resilience muscles through caretaking and problem solving. Neurogenesis was occurring in rapid fire succession as she donned her best “medical” attire from her dress up closet, first soothing and nurturing her doll’s symptoms from “the Corona” tenderly with blankets, gentle movements, and comfort items, and later with protective masks in place, discovering a cure for her patient, magical ‘fairy juice’ medicine mixed in doll’s sippy cup.

Some of the great storytellers recognized the profound significance of this little girl’s seemingly small actions. Madeliene L’Engle once wrote,

“Our truest response to the irrationality of the world is to paint or sing or write for only in such a response do we find truth...”

You have to write the book that wants to be written. And, if the book will be too difficult for grow-ups, you write it for children.”

*This courageous two and a half year old was rolling up her sleeves and with the truth of healing connection through play, she was wading into the reality of her new normal to care, to create, and to discover what might work. **“The genius of play is that,***

in playing, we create imaginative new cognitive combinations, And in creating those novel combinations we find what works.” Dr. Stuart Brown and Christopher Vaughan

She was making meaning.

And, it is amazing me how quickly this same meaning-making magic bubbles up when paper lunch bags are placed on a table with a few art supplies.

Personally, as the surge moves through our neighborhoods ushering in the increase of mask-wearing, puppets have put a playful spin to our fears and reminded us of the very real faces that still abide and that we hold so dear remaining just beneath the newest badge of love.

The Power of Puppet Play

Lest we forget Daniel Tiger and the Neighborhood of Make Believe, puppets are just as captivating and re-energizing for adults when we allow ourselves to pause and play.

In fact, Sesame Street, the longest-running children’s show in the United States, jumped on the puppet train long ago for children and adults alike. In 1969, a group was interested in developing an educational television show by delivering lessons the same way companies sold products with short and memorable segments. Originally they meant to have separate puppet segments and live-action scenes; however, tests showed that the humor used attracted the children and the parodies of culture engaged the adults. They further found that engagement spiked for both children and adults when puppets and people were in the scene together providing the ability to deliver all forms of practical messages that resonated within dyadic relationships.

Supplies:

- *Paper bags, markers, crayons or colored pencils*
- *Other supply options would be glue, tissue paper, old magazines for collage faces, old fabric strips, stickers, etc.*

Ages: *All ages*

Exercise:

- *Lay the paper bag on its smooth side. Keep the bottom flap facing up. Point the opening toward you.*
- *Draw the lips to create the mouth. Draw the upper lip on the flap, along its lower edge. Then draw the lower lip on the body of the bag, where the edge of the flap meets it.*
- *Draw or add the facial features.*
- *Draw the inside of the mouth. Open the flap. Be careful not to smooth out any creases.*
- *Use the lower three-quarters of the bag to design the puppet's body.*
- *Create stories with your puppet. Slide your hand into the opening. Curl your fingers up and under the flap. Extend and curl your fingers to make your puppet 'talk.'*

Additional Options: *Feel free to create a sock puppet instead of a paper bag puppet.*

Grab a sock and tie a rubber band about two inches down from the tip. Stuff the sock with some form of batting OR use dry beans (a good way to create a weighted lap buddy for those bodies that need an extra dose of sensory love). Then create your face and body using markers or other supplies (Stockburger, 2020).

Narrative Observation

As I witnessed the site participant, I became aware of a sense of reminiscence within the psycho-educational segment due to a connection with the caregiver's early memories of both *Mr. Rogers' Neighborhood* and *Sesame Street*. The memories birthed reflection and reframing of the current context creating more space within herself and an increased awareness of her narrative connections within her interpersonal relationship with her child.

I observed the increase of play amongst the caregiver and child allowing the processing of hard and/ or big feelings while remaining within a window of tolerance or regulation for both; the welcoming, fluid nature of the intervention proved to bridge age gaps as older siblings began to engage as well. In particular, this intervention was one that could be returned to over and over as stories evolved allowing fragments to eventually form a whole through storytelling.

Love Connector 3: Scribble Chase, March 30, 2020

Narrative of Intervention

The intervention of *scribble chase* offers a playful, gentle entry drawing on the dyadic therapeutic principles of PACE, playfulness, acceptance, curiosity, and empathy (Vaughan et al., 2016). It easily integrates within dyads or a family group of four and empowers the child through the choice, either leader or follower. PACE is set without further organization allowing the kinesthetic-sensory level to be fully engaged through scribbling; mutual regulation and attunement moves to the surface as the process builds. Through perceptual-affective engagement, spaces within the scribbled lines are independently colored through selected art mediums to discover symbolic images within the scribbled 'mess.' Finally, the dyad comes together again as their perceived images are

shared with one another and deepened through mutual storytelling, bottom up processing moving to whole-brain engagement, implicit to explicit (Hinz, 2009).

“The storytelling’s relational context is thought to promote growth of callosal pathways, allowing trauma reactions stored in the right brain to be transferred to the left brain for semantic processing (Friend, 2012, p. 116).”

Table 5

Domain Engagement of TBRI & ETC: Love Connector 3: Scribble Chase

Trust-based Relational Interventions	Expressive Therapies Continuum
Correcting Principles: <ul style="list-style-type: none"> • Cooperate and Compromise • Role Rehearsal and Boundary Establishment • Mutual Storytelling • Compliance Games 	Cognitive-Symbolic Level <ul style="list-style-type: none"> • Symbol Formation; Mutual Recognition • Storytelling
Connecting Principles: <ul style="list-style-type: none"> • Building Trust • Negotiating Needs; Being Autonomous Self • Affectionate Activity, Family Time, Playful Engagement 	Perceptual-Affective Level <ul style="list-style-type: none"> • Perceptual Engagement through Image Finding • Affective Release through Art Medium and Color Selection
Empowering Principles: <ul style="list-style-type: none"> • Sensory Integration • Ritual Engagement 	Kinesthetic-Sensory Level <ul style="list-style-type: none"> • Kinesthetic Engagement through Chase • Sensory Engagement with Scribble

Blog Post: Scribble Chase

“But you’re not being nice!” Scribble shouted, quite mad. “The fact that I’m different doesn’t make me so bad. My colors are special, and my lines are just fine. If you’d give me a chance, we could have a great time!” I’m Not Just a Scribble by Diane Alber

As the current state of affairs continues with social distancing, we all might be feeling a little messy and frayed around the edges. However, it is exactly these moments

that can create an unexpected connection and pathway to deeper healing through repair work and re-do's particularly through playful engagement.

“Play is like fertilizer for brain growth. It’s crazy not to use it.” Dr. Stuart Brown

Within play lies the foundational building block to all forms of intimacy and connection, and art provides a tangible, visual example of creative repair. Which is why for our next exercise we will be combining movement, visual art, and maybe even a little dramatic storytelling in a creative translation of the oldie, but a goodie game of chase. I bet there are some little ones missing this playground game right about now, but here’s our chance, Adults, to show them how much we love the game as well while finding love connectors in the “mess.”

Scribble Chase

Put on your observant outer and inner eyes because this exercise reveals so much about our unique communication. Let’s play...

Supplies: *As simple as an 8 x 11 sheet of paper and crayons to a large sheet of butcher paper, markers, colored pencils, crayons, oil pastels, or any form of paint.*

**Note: the larger pieces of paper allow for more kinesthetic body movement. It also can facilitate full family engagement vs. two people.*

Ages: 3+

Exercise:

- *Find a partner and select two pencils, crayons, or markers. 1st child or adult begins a slow scribble while the 2nd child or adult “follows” with their pencil, crayon, or marker.*

- *Take turns Scribble Chasing. Take turns. Now the 2nd child scribbles while the 1st child follows. Working together this way, fill paper with scribbles. On a larger table size piece of paper multiple dyads can be working at the same time.*
- *Study the scribble with your partner and each find an object or images in your picture. Outline and “color in” these images with more crayon, colored pencil, marker, oil pastels, or paint.*

**Note: If you use crayon in the initial scribble exercise, the wax will “resist” the liquid of paint and stand out.*

Other Options:

- *If you have use a large piece of paper, create a mural or paper quilt. Take turns within the family dictating a story or redo’s between the images.*
- *Cut out the images and glue a popsicle stick to the back creating a puppet. Create stories with the puppets or practice conflict resolution or redo’s with the puppets.*
- *Cut out the images created and tape them in a window as anchoring symbols.*

Don’t Forget: *Notice if your child wants to jump right in or if they are hesitant wanting to follow. Do they ask several clarifying questions or rules before beginning the exercise. How do they lead or follow. Do they move quickly or slowly during the process? Do they follow closely or far away? What materials do they choose to work with, ones with more control like pencil or ones that are more fluid like paint? Pause in between chasing sessions and creating images to reflect on physical sensations and emotions*

(Stockburger, 2020).

Narrative Observation

Through the *scribble chase* intervention, I observed externalized, non-verbal relational dynamics between the caregiver and participant noting it provided a grounding to further explore patterns within their ruptures and repairs of attunement. There was a perspective shift in myself through the observation of the experiential and in the relational dynamic itself facilitating moments of connection and individuation between the caregiver and participant essential to the attachment dance.

In terms of theory, I witnessed the intervention move the caregiver and participant through a neurodevelopmental bottom-up interaction within a relatively short-period of time while furthering a continuity of care as interactive symbols emerged that facilitated a return for deeper exploration and interaction in consecutive sessions building on the theoretical basis of drawing the implicit forward to the explicit by *sticking with the image* (Richardson, 2015).

Results

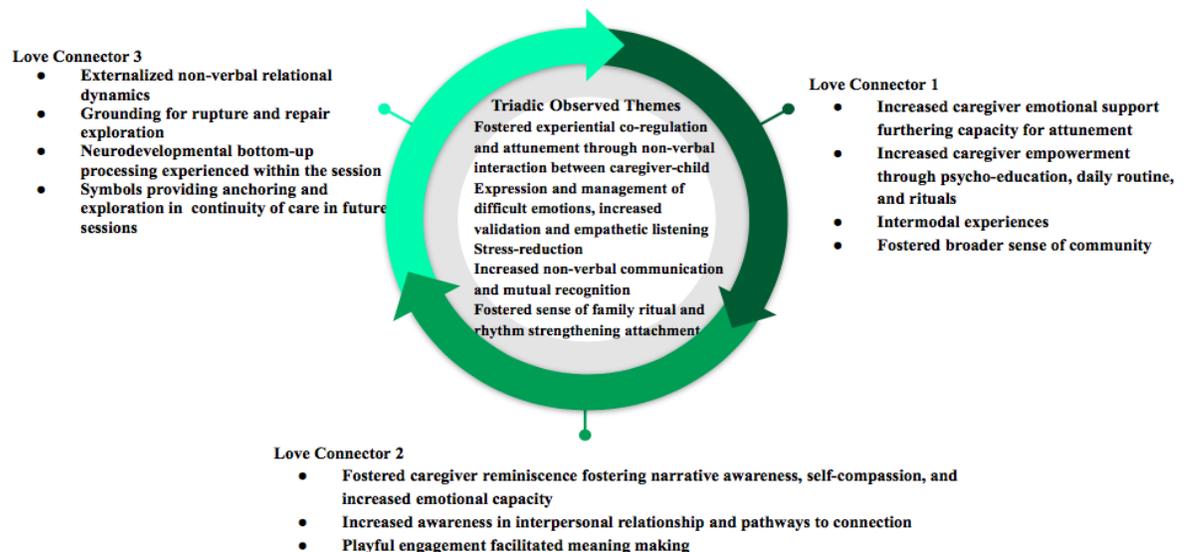
In *Figure 2*, the narrative observations find both their individuation and collective themes. The *Love Connectors* fostered co-regulation and attunement through non-verbal interaction in the caregiver-child relationship; increased the expression and management of difficult emotions with increased validation and empathetic listening; diffused toxic stress through physical engagement in both the caregiver and child; fostered non-verbal awareness and desire for connection; and provided a sense of family ritual and rhythm strengthening attachment. Trust-based Relational Interventions found an expanded palate, so to speak, through the Expressive Therapies Continuum that facilitated growth within the caregivers' natural bent of a top-down approach and the child's natural bent of a bottom-up approach necessary for co-regulation and healing attachment within

participants effected by complex or relational trauma; the interventions entering murmurs of the lost early developmental experiences.

Bruce Perry writes, “The truth is, you cannot love yourself unless you have been loved and are loved. The capacity to love cannot be built in isolation” (Perry, 2006, p. 220). The expressive arts allowed love, messy and fragile, to flow through the ancient echo of interpersonal neurobiology giving creative voice and community to and for both caregiver and child in the midst of isolation; the pandemic set out a primal call for clinicians to more deeply recognize the healing potential of the primary caregiver to the child as a deepened interdependence emerged to facilitate therapeutic continuity of care.

Figure 3

Qualitative Thematic Observations: Individuated Love Connectors and Integrated



Passing Notes: Arts Response

A tenant of arts-based research is its experiential nature and the embodied intelligence it births; this on-going process of budding empathy is essential to healing as

both a parent and a clinician. As I began the journey of graduate student in the Expressive Arts specialization at Lesley, I felt the rippling anxiety as a parent. It was during the same time frame my then nine year old began doing large-scale pencil drawings on white paper. Longing for connection with limited capacity, I began to add mediums to his pieces and pass them back to him; he would do the same. I found connection both with myself as I felt my anxiety assuage through arts engagement and with him in flexible and forgiving new ways. Sometimes we would talk about our decisions and additions, but most often than not, it was a non-verbal interaction. *Figure 4* is ripe with metaphor through image and collective art mediums; two opposite cliffs; a valley and mountains; dried trees and butterflies; an animal skull and two deer leaping together; a two passenger car on a long winding road; rupture and repair; trauma and healing; despair and hope; full fluid color and crisp black and white. My now eleven-year son gave me the courage to press on in my journey as a clinician and a human being through an intuition all his own, truly witnessing self as instrument. The piece completed, but not fully; the car on the journey remains in pencil as humanity offers glimpses of wholeness, moments of attuned presence, never the limit of final perfection.

Figure 4

Externalized Attachment Journey

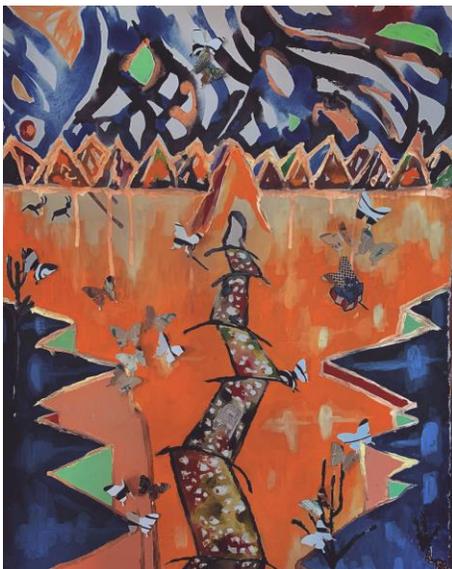


Figure 5

Collective Resonance: Dreamers



I further sought to reflect the relationship of the artistic piece, the virtual nature of the pandemic, and the collective community that the expressive arts continues to generate in the face of deep and complex trauma. *Figure 5* offers multicultural dreamers through digital phototherapy, a collective of hope and holding, an expanded prismatic mirror to *Figure 3* just as the Expressive Therapies Continuum is to the methodology of Trust-based Relational Interventions.

Two children blow dandelions. Dandelions or ‘lion’s tooth’ are used for both nutritional and medicinal purposes cross-culturally and as carriers of wishes and dreams too. Children healing from complex or relational trauma and their families face the sharp teeth of trauma with courage; the fragile journey it takes to dare to dream again, to play, to connect, finds gentle expressive direction in the arts alongside the other. The pigeon clutched and held tightly by the child, perceived as common or a nuisance across cultures actually lies within the distinction of a dove, a symbol of peace; may we invite the question, what are we holding underneath the layers? Emergent butterflies flutter in an upper corner as children freely dance and play in cleansing water, cocooned healing together; the journey of reclaiming the kaleidoscope of memory through curious, creative attachment is tenuous, at times daunting, and reflective. The hope is better together; Trust-based Relational Interventions and Expressive Therapies Continuum.

Discussion

The integration of TBRI and ETC demonstrates the essential nature of the caregiver-child relationship to the journey of healing complex or relational trauma; it further displays both the universal and culturally-sensitive understanding of the expressive arts in creating connection and community to offset the isolation and despair

of trauma. The expressive arts providing a plethora of nonverbal, gentle rhythmic languages providing voice and regulation to those that were lost or stolen and avenues of healing in relationship nurturing accountability to and with the other.

Although qualitative thematic results emerged supporting the integrated methodology, an important collection of data for future research would include quantitative data collection using the windows of tolerance assessment both before and after the interventions. Further as the *Empowered to Connect* continues to expand globally, research avenues should be made accessible in other areas to conduct the interventions deepening and developing a multi-cultural lens to each individual intervention through the practice of cultural humility.

The Expressive Therapies Continuum gently offers reframed connection, new neural pathways, creative ways of knowing, unveiled understanding, from one to the other; it invites colorful rays of trust physiologically and psychologically within the orbit of Trust-based Relational Interventions. The fragments of trauma piercing humanity, caregiver and child, clinician and participant, yet proding forward in reclaiming a defiant hope through the acceptance of a season and daring to make meaning with the other, the shards of memory asking for resilient beauty, a collective trauma deepening awareness to the journey of healing in attachment, metamorphosis of another kind.

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THESIS APPROVAL FORM

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Expressive Therapies Division
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Type of Project: Thesis

Title: **The Integration of TBRI & Expressive Therapies Continuum: In-Home Expressive Arts Interventions for Foster and Adoptive Families During COVID-19**

Date of Graduation: **May 2021**

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: **Carla Velazquez-Garcia, PhDc, MA, MT**