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**Facilitating Attachment through Therapeutic Rapport and Expressive Arts Therapy with
Children Experiencing Complex Trauma: A Literature Review**

Capstone Thesis

Lesley University

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Expressive Therapies

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Abstract

The aim of this capstone is to review the connection between therapeutic alliance and attachment with traumatized children supported by expressive arts in therapy and to the impact on therapeutic outcome. Within the therapeutic encounter is a potent opportunity to develop healthy attachment patterns that bridge into the client's other relationships in their life. Complex trauma affects children physically and psychologically leaving lifelong consequences of interpersonal challenges. The impetus for study of this topic was curiosity centered on the impact of the therapeutic alliance as it relates to attachment, and therapeutic outcomes. Throughout the course of this literature review, the role of the caregiver became a third person in the therapeutic relationship with a significant role in the child's ability to experience positive working alliance and growth in therapy. The expressive art's role as a mediator in the working alliance has been discovered to be an incredible conduit in the context of trauma treatment supporting the development of safety, trust, collaboration, and non-verbal ways of processing trauma. Implications of this validates the hypothesis that the therapeutic alliance is a significant contributor to the outcomes in therapy and the expressive arts have a valuable purpose as the mode of communication in therapy. Posttraumatic growth can occur in the wake of complex trauma. As clinicians, there is a responsibility to tend to the therapeutic alliance and view it as an integral, formative, critical and dynamic aspect of therapy.

Keywords: Attachment, expressive arts therapy, complex trauma, therapeutic alliance

Author Identity: The author identifies as a straight, White female in her early thirties, born in the United States and living in Mexico.

Facilitating Attachment through Therapeutic Rapport and Expressive Arts Therapy with Children
Experiencing Complex Trauma: A Literature Review

Introduction

I approach this paper with a core belief that attachment is fundamental to a child's development, beyond experiencing a sense of safety, and that attachment is a component of post-traumatic growth. Attachment is necessary for development because attachment patterns continue to manifest in adulthood and impact self-worth, interpersonal situations, closeness to others and much more in the way of relational development (Corem et al., 2015). The client's attachment style impacts how they relate to the therapist. Attachment patterns are altered in early childhood when attachment is disrupted between the child and their caregiver. Green et al. (2013) stated that, "attachment relationships...are revisable within the context of new relationships" (p. 96). Thus, the therapist can develop a secure attachment with the client. When working with trauma in therapy, a strong therapeutic relationship is paramount to creating a safe space; considered to be a window of tolerance where one can function optimally, diving into their trauma without feeling overwhelmed (Perryman et al., 2019).

I will also dive into the role expressive arts therapy has in supporting the therapist's rapport building and treatment objective for the client with disordered attachment. Corem et al. (2015) conducted a study to understand the correlation between the patient's style of attachment to the therapist and their attitude working with art materials in a therapeutic setting. They discovered a positive correlation between secure attachment with the therapist and the positive engagement with art materials in the therapeutic process. Conversely, they confirmed that "high levels of insecure attachment hinder the development of the relationship with the therapist as a

safe base for exploration and have a detrimental effect on the perception of the situation” (Corem et al., 2015, p. 15).

The question I seek to examine through this literature review is “how can therapeutic rapport, between therapist and the client experiencing disordered attachment, be supported by expressive arts therapy and how can it facilitate development of healthy attachment patterns?” I will provide recommendations on how the materials and methods within expressive arts therapy can promote secure attachment between client and therapist and demonstrate how the arts-based interventions are a vehicle to support the therapeutic alliance.

I will also explore the dynamics within the therapeutic alliance to understand what contributes to positive therapeutic outcomes. Ovenstad et al. (2020) conducted a study on therapist behaviors to understand what behaviors are associated with a strong alliance using the Therapeutic Alliance Scale for Children-revised. Specific rapport-building strategies were discovered to predict positive outcomes in subsequent sessions which has arguably deemed alliance-building to be a necessary and preliminary focus of therapy. Youth who have experienced trauma are less likely to be ready to engage with the therapist in treatment (Ovenstad et al., 2020). Therapists may encounter initial levels of resistance. It could be hypothesized that initial resistance to verbally engage could be assisted by interaction through expressive arts. I will define further how the arts are a strength aiding in the development of the therapeutic alliance. The therapist is a key factor in the relationship, their approach, objectives, demeanor, experience, attitude, and qualities. Ovenstad et al. (2020) determined that certain therapist behaviors such as talking about trauma in early sessions, a focus on rapport-building, and treatment socialization with an emphasis on collaboration increased the therapeutic alliance. It was discovered that higher levels of early structuring of the session were associated with less

client task involvement. I will explore how a person-centered approach where the client is the guide within treatment increases the therapist's rapport with the client. Collaboration as a core principle in trauma-informed practice is also supported in the research as a necessary element to foster in the relationship for greater therapeutic alliance (Ovenstad et al., 2020).

Literature Review

The reason why this literature review is important is because the client-therapist relationship is the cornerstone of successful treatment. Attachment patterns are universally applicable to every client. I desire to demonstrate how clients with disordered attachment have a hopeful outlook, especially youth. Secure attachment is an attainable result that bridges to future relationships. This paper is structured to examine the literature on attachment theory, post-traumatic growth, therapeutic rapport, the impact of therapeutic rapport on children experiencing complex trauma and disordered attachment, and the expressive arts methods that support the building of the therapeutic relationship. A central focus of my research will be to discover how the arts-based interventions support the therapeutic alliance.

I am approaching this literature review with a notion that the predictor of treatment outcomes is the quality of the therapeutic alliance. I am also approaching this with the belief that attachment in a relationship is core to the child's development beyond just a sense of safety and security and attachment is a necessary component of post-traumatic growth. I hope the outcome of this project will give me a deeper understanding of the therapeutic relationship and influence my behavior and methods in future client relationships. I want to see how the expressive arts may be used as an intervention for individuals experiencing complex trauma.

Attachment Theory

Attachment, as a survival mechanism, is a function of the brain's development of patterns and connections through being in relationship with attachment figures (Mamis, 2020). Quality of attachment is predicted by the emotional availability and responsiveness of the caregiver in infancy. Studies on attachment theory have focused on attachment styles which is described by Mikulincer et al. (2013) as "a systematic pattern of relational expectations, emotions, and behaviors conceptualized as the psychological residue of each person's unique attachment history" (p. 606). Attachment theory posits that problems in childhood relationships produce consequences in adulthood (Miklewska, 2021). Attachment styles in childhood are a predictor of future attachment patterns in relationships throughout the lifespan.

According to Mikulincer et al. (2013), attachment is essential to survival, is active throughout life and "is manifested in thoughts, emotions, and behaviors related to support seeking" (p. 606). When an attachment figure is unavailable to the child, the sense of security is not developed, and psychological doubting of self and others can occur and result in an insecure attachment style. Though these attachment patterns are determined in early childhood, the quality of the relationship with subsequent attachment figures has the possibility of altering the sense of security and shifting the attachment dimension of the person (Mikulincer et al., 2013).

Attachment figures are those who are a reliable source of support and comfort. They provide an emotional safe-haven and secure base from which a person can explore and learn about the world developing their own capacities and personality (Mikulincer et al., 2013). The qualities of the therapeutic relationship suggest the therapist is an attachment figure providing safety and security to explore and develop the self, unconditional positive regard, and support through the experience of a range of emotions.

Emotion regulation is a behavior the child is able to perform dependent on the quality of the relationship with the caregiver and attachment style. Cooke et al. (2019) described emotion regulation as “the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (p. 1104). The beliefs that children develop in the relationship with caregiver shape social and emotional development, influence the child’s attachment style, and serve as a prototype for future relationships (Khan et al., 2020). Emotional regulation is a product of attachment and is significant because these processes constantly influence the experience and expression of emotion (Cooke et al., 2019). A child with secure attachment has increased abilities to emotionally regulate, higher tolerance, and coping strategies. It’s evident that positive psychological and behavioral outcomes are associated with secure attachment. What happens when the caregiver is not supportive, is emotionally distant, does not provide a secure base, and demonstrates neglect and deprivation in early childhood?

Attachment Styles

Based on Ainsworth et al.’s 1970 work, three categories of attachment style emerged: secure, avoidant, and ambivalent. A secure base of attachment allows the child to recover from emotional distress and develop healthy coping mechanisms. Avoidant and ambivalent attachment styles represent insecure attachment. Later developments identified a fourth attachment style called disorganized or disoriented attachment wherein the child demonstrates fluctuations or incoherent patterns of behaviors (Malik et al., 2021). The qualities of this caregiver relationship make the child feel fear and reassurance.

Description of Attachment Styles. Ainsworth (in Malik et al., 2021) conducted laboratory studies on attachment styles in babies with their caregivers and noted the

differentiation in attachment styles. In every observation, there was a stranger present upon the caregiver's absence. Children with a secure attachment style appear distressed in the absence of their caregiver, wary of the stranger, and happily greeted the caregiver upon their return.

Children with an avoidant attachment style do not display emotional distress when the caregiver left, did not seem upset by a stranger's presence during that time, and appeared oblivious upon the caregiver's return. Those with an ambivalent insecure attachment demonstrated significant distress when the caregiver left the room, feared the stranger, and approached the caregiver upon return but resisted contact or pushed the caregiver away (Malik et al., 2021). Disorganized attachment style came later and was characterized by an odd response in the child's behavior demonstrated by both fear and reassurance (Malik et al., 2021).

Characteristics of Attachment Disorders in Children

Disruption in the caregiver relationship leads to attachment disorder symptoms. According to Kliewer-Neumann et al. (2018), "attachment disorder symptoms are more common with children being exposed to abuse or neglect or being separated from prior caregivers" (p. 2). Disrupted bonds result in two distinct diagnosis of attachment disorders in the Diagnostic and Statistical Manual Fifth Edition (DSM-5). The inhibited type of attachment is referred to as Reactive Attachment Disorder of Infancy and Early Childhood and the disinhibited type is Disinhibited Social Engagement Disorder (DSED). Disinhibited attachment symptoms according to Kliewer-Neumann et al. (2018) are characterized by "withdrawal, hyper vigilance and ambivalence towards the caregiver" (p. 2). Children diagnosed with the disinhibited type "seek contact and proximity to any available person. This behavior pattern relates to indiscriminate friendliness" (Kliewer-Neumann et al., 2018, p. 2).

The assessment and diagnosis of attachment disorders include observation, interviews, and questionnaires and varied assessment tools. Kliewer-Neumann et al. (2018) implemented several diagnostic assessment tools in their research with German foster children who had been exposed to neglect and maltreatment with their biological families. The longitudinal quantitative study used several assessments for attachment disorder symptoms which included the parent as the respondent and behavioral observations. The results described inhibited and disinhibited attachment styles among the foster children (Kliewer-Neumann et al., 2018). The recommendation as a result of this research was for several assessment tools to be used in the diagnosis of attachment disorders. Both the history of attachment behavior and current behavior patterns are important factors to assess. It is also recommended that a multi-method approach be used to include observation and diagnostic assessments for a valid diagnosis.

Contributing Factors to Attachment Disorders

Lack of emotional bonds with the attachment figure or the experience of physical or mental violence is the most significant contributing factor to maladaptive attachment patterns and disorders. According to Miklewska (2021) the lack of emotional bonds with the attachment figure, “results in loss of trust in the immediate surrounding which is necessary for the proper mental development of a child” (p. 27). The lack of a proper sense of security in a child is a significant cause of disorders including personality, social, and behavioral disorders. The consequence of early problems related to functioning in important relationships and creating lasting relationships are problems in establishing friendships, close relationships with peers, and the opposite sex in later life (Miklewska, 2021).

Trauma and Attachment

Disruption, maltreatment, and neglect represent trauma to the child, and may disrupt the primary relationship between the caregiver and child. Trauma experienced in childhood reverberates into adulthood and the attachment style developed in childhood, carries into future relationships causing further disruption and experiencing of trauma (Godbout et al., 2019). Complex post-traumatic stress disorder is a resulting symptom of childhood interpersonal trauma and manifests as difficulty regulating emotions, and difficulty in relationships and identity (Godbout et al., 2019). A strong correlation exists between disordered attachment patterns and the experience of trauma (Godbout et al., 2019).

The Relationship Between Trauma and Attachment

The implications of early childhood relationship to caregivers are far-reaching and manifest in adolescent and adult behaviors and relationships. Disruptions in secure early attachment have been implicated in the development of personality pathology. Dissociative processes later in life are linked to hostile, neglecting treatment by the caregiver who was unable to facilitate the resolution of fear (Malik et al., 2021). Disordered attachment symptoms must be recognized as trauma-related for proper evaluation and treatment. Studies have documented that exposure to childhood abuse or neglect is related to various borderline personality-related symptoms. The severity of trauma in childhood by an attachment figure is likely to trigger negative beliefs about oneself in adult relationships which in turn increases the risk of disorders (Godbout et al., 2018). Godbout et al. (2018) stated that, “Survivors of childhood maltreatment may internalize negative schema about themselves, others, and their relationships with other people, leading to insecure attachment” (p. 91).

Complex Trauma

Complex trauma encompasses prolonged and repeated harmful events that are interpersonal in nature. Associated with interpersonal symptoms are “behavioral disruptions and distorted interpersonal schemata” (Nieuwehove & Meganck, 2019, p. 903). The neurobiology of trauma demonstrates trauma’s impact on specific areas of the brain. According to Otu (2020) these areas include “changes in the amygdala, medial prefrontal cortex, and hippocampus” (p. 3). Disruptions to these areas of the brain are responsible for regulating fear, learning, and memory. The effect of dysregulation to these areas of the child’s brain is an activation of the parasympathetic nervous system demonstrated by “increased monitoring for threats and decreased ability to learn and remember that safe people and places truly don’t pose a danger (Otu, 2020, p. 3).

Complex trauma in early childhood is characterized by severe, chronic, and prolonged trauma exposure to developmentally adverse traumatic events most often of interpersonal nature. According to Dye (2018), “these exposures occur within the child’s caregiving system and include physical, emotional and educational neglect and child maltreatment beginning in early childhood” (p. 382). The cumulative effect of trauma leads to symptom complexity including emotional and interpersonal dysregulation, substance abuse and suicidality. The effects of early-childhood trauma can persist into adulthood with adults at a higher risk of physical and psychological problems (Dye, 2018).

Complex trauma is isolating, and the therapist must work to develop safety and build the emotional support system for the child’s continued recovery through the therapeutic alliance. According to Otu (2020), “a key step in recovery from complex trauma is the establishment of a sustained feeling of safety in the child” (p. 3). The therapist must give intentional focus on

building the child's support system, connecting socially, and bonding with the caregiver (Otu, 2020). The interpersonal challenges that come out of the experience of complex trauma become a focus in the therapeutic relationship on building safety, and healthy attachment patterns.

How Do Healthy Attachment Patterns Develop in Traumatized Youth?

According to Lowe (2016), "The attachment system fosters engagement with an 'attachment figure' for personal support, particularly when distressed; a 'secure base' from which to explore and a 'safe haven' to return to" (p. 62). Youth who have experienced disruption in their relationships with attachment figures develop insecure attachment styles which influence attachment patterns in future relationships affecting their inter-personal relationships, behavior and functioning (Lowe, 2016). It is possible for an individual with these characteristics to develop healthy attachment patterns in the context of a safe and supportive relationship with an attachment figure such as the therapist. In the therapeutic relationship, the therapist can provide a supportive and secure base from which the child can expand their social and emotional skills developing empathy, boundaries, learning how to manage emotions, care for oneself, and build healthy relationships. Secure attachment can be learned, and it develops in and through relationship. The child must form new neural networks and connections through interacting with an attachment figure that provides a secure base (Lowe, 2016).

Attachment-Informed Clinical Work

Malik et al. (2021) described the necessity of adopting an attachment-informed framework for understanding child and adolescent psychopathology stating that it "is essential in understanding risk as well as resilience, and in developing more accurate and comprehensive biopsychosocial formulations" (p. 311). Various theories and methods can be applied; however, it is essential to adopt an attachment-informed framework that accounts for the childhood

interpersonal and relational trauma from core attachment figures. According to Bowlby, in Levy and Johnson (2019):

The chief role of the therapist is to provide the patient with a temporary attachment figure through which the patient might gain access to a secure base from which to explore both himself and also his relations with all those with whom he has made or might make, an affectional bond. (p. 180)

Interventions often integrate developmental theory and family systems models primarily focus on “(a) improving caregiver sensitivity, empathy, and responsiveness; (b) fostering child self-efficacy and autonomy; and (c) increasing the reciprocity and emotional engagement between child and caregiver” (Levy & Johnson, 2019, p. 180). There is wide support of attachment interventions that focus on behavioral pattern and that include psychoeducation regarding healthy parent–child interactions and effective parenting (Levy & Johnson, 2019).

Complex trauma is often interpersonal, chronic, and spans significant time which relates to the trauma in disordered attachment relationships. A complex trauma scenario is described by Pleines (2019) as, “Children may have insufficient internal resources for managing stress and collaborating with others when their relationship with their primary caregiver has been impacted by the caregiver’s own chronic stress and trauma” (p. 346). Pleines (2019) proposed applying attachment principles to trauma-focused cognitive behavioral therapy (TF-CBT) which has been widely used in the treatment of children impacted by trauma. Attachment-informed treatment offers the opportunity for change over time in corrective relationships such as the therapeutic relationship. Pleines (2019) also described an attachment-informed treatment scenario where the child client was able to develop a secure base with the therapist in treatment to be able to utilize the behaviors that were modeled by the therapist. The therapist in this scenario becomes a source

of secure attachment for the client to have the opportunity to grow into new behaviors.

Recommendations for attachment-informed therapy include assessment of caregivers, the clinician-parent attachment, and the parent-child relationship, relationship-building with the caregiver, and reflective functioning growth.

There are certain factors that have been identified through research to be critical for a child to form a healthy attachment style. Pleines (2019) outlined four factors that must be present for effective treatment: (1) a relationship with a caregiver who has a secure attachment style (2) tolerance of frustration (3) parental reflective functioning, or mentalization; and (4) caregiver self-awareness to recognize affect regulation needs for themselves and the child. Trauma Focused Cognitive Behavioral Therapy is a treatment approach that can be implemented by involving the caregiver in assessment and treatment. It may be that the parent/caregiver needs psychoeducation and to work closely with the therapist on their reflective functioning abilities. Reflective functioning skills rely on embodied empathy and are essential for sensitive caregiving. Pleines (2019) recommended that the therapist assess reflective functioning skills and develops these skills with the caregiver in the therapeutic relationship.

Furthermore, Bowlby (in Levy & Johnson, 2019) identified six goals of psychotherapy from the lens of attachment theory: (a) establishing a secure base for the child to explore emotionally difficult memories; (b) explore past attachments and previous relationships; (c) exploring the therapeutic relationship and how the client may relate this bond to relationships or experiences outside of therapy; (d) linking past experiences to present ones and how current relationships relate to previous relationships; and (e) revising internal working models, helping the patient to feel, think, and act in new ways that are unlike past relationships.

Recommendations for attachment-informed strategies for dyadic work in the therapeutic

relationship and focused interventions for caregivers will be explored further as the research focuses on practical application and implementation of attachment-informed interventions.

Components of the Therapeutic Relationship

The therapeutic relationship has the potential to foster healthy attachment in youth. The qualities and components of the therapeutic relationship will be further discussed in this section to understand what creates a bond with the child, how the bond is developed and the significance of this bond in the child's development and attachment style throughout their lifespan.

The Influence of the Therapist's Attachment Style

Each person has their unique attachment style which describes the way we relate to others in relationships. The attachment style of the therapist is activated when working with their clients and caregivers. Pleines (2019) described examples of personal encounters with client's and their caregivers in which the therapist's personal attachment style was triggered in these relationships. Childhood attachment patterns were evident in the therapeutic relationship through interactions with the treatment team, the child's caregiver, and the child. The activation of the therapist's attachment style is closely tied to countertransference and the therapist's ability to develop self-awareness and mitigate countertransference. The therapist's attachment style impacts how the therapist applies their theoretical orientation and meet the client's needs rather than their own psychological needs.

Given the impact of the therapist's attachment style, how does the therapist manage to prevent negative consequences and foster healthy attachment? Self-awareness through reflection and supervision are critical to support healthy attachment and positive interpersonal strategies with clients. According to Pleines (2019), "If a therapist has greater awareness of the potential of counter-transference occurring, they can use supervision and reflective practice to maintain

ethical and professional boundaries and harness the therapist's humanity into a positive therapeutic process" (p. 61). Without self-awareness of interpersonal behaviors and potential for countertransference, there will be an impact on the therapeutic relationship.

The Process of Developing a Working Alliance

A working alliance is essential to positive outcomes in therapy, and it is developed and strengthened over time. As in any relationship, time and trust are significant factors in therapeutic rapport. Lu et al. (2021) stated, "some researchers have suggested that the relationship between therapist attachment and client outcome evolves as the therapeutic encounter transpires and working alliance forms" (p. 2). Loos et al. (2020) researched working alliance between children, their caregiver and the therapist, and stated, "the working alliance increased over the course of therapy and the increase is associated with an improved outcome (reduction of symptoms) in the patient-to-therapist and in the therapist-to-caregiver relationship" (p. 6). The research of Loos et al. (2020) suggests working alliance changes overtime and results in improved outcomes. Additionally, the caregiver's role is key in the treatment of traumatized children; their alliance with the therapist, empathic support and active participation influence the treatment and therapeutic outcomes (Loos et al., 2020).

Assessing the Working Alliance with Children. Inventories are commonly used to measure working alliance between therapist and client. In response to an absence of studies conducted on the working alliance with children and adolescents, Figueiredo (2019) conducted a quantitative study using the working alliance inventory for children (WAI-CA) with 109 children/adolescent participants in an outpatient setting located in Portugal. Over the course of up to 35 therapy sessions, the WAI-CA was administered to measure the quality of alliance between therapist and clients who are children. A key aspect of the working alliance with

children, is the presence of the child's caregiver in the relationship. The children's caregiver was also a participant of the study for a subset of children. Figueiredo (2019) stated, "Furthermore, therapeutic alliance with children and adolescents may be more complex and multidimensional than with adults, as it also involves the therapeutic alliance with the parents" (p. 23).

A differentiator of the WAI-CA from other working alliance inventories are the phrasing of the questions. Questions were intentionally simplified along with the method of response for a younger respondent group. The WAI-CA is an instrument for both children and parents to be the respondents. The study by Figueiredo (2019) on the effectiveness and validity of the inventory demonstrated a positive correlation between children and their parents' responses to the working alliance inventory. The significance of these data indicate that children and their parents evaluate the therapeutic alliance in a similar way, and it underscores the relevance of maintaining a working alliance with parents in addition to the child (Figueiredo et al., 2019). Figueiredo (2019) suggested the use case for the WAI-CA instrument may be used, "to examine several key issues, such as the role of working alliance in process and outcome monitoring, its relation to psychopathology, and parental involvement in psychotherapy" (p. 27). Compatibility of the therapist and client is also a key factor in the strength of the working alliance.

The Impact of Trauma on the Therapeutic Alliance

Dissociative disorders are a result of the experience of complex trauma and early disorganized attachment and have a significant impact on the therapeutic alliance. Symptoms of disassociation are connected to childhood trauma include depersonalization, derealization, a sense of confusion, and difficulty focusing. When the client is experiencing strong emotions, dissociation can interfere with developing a therapeutic alliance. Trust is foundational to formation of a bond with the therapist. Clients with dissociative symptoms can be triggered in

the therapeutic relationship by mistrust of the therapist, therapeutic material, and interaction with the therapist. Lawson et al. (2020) described how the therapist should anticipate the task of building, maintaining, and repairing the alliance as it may be an ongoing process with clients who have experienced childhood trauma.

Interpersonal Challenges. There is a significant relationship that exists between attachment and interpersonal problems and individuals with less secure attachment have increased interpersonal problems (Sullivan et al., 2020). Interpersonal problems are a dissociative symptom and a strong predictor of the therapeutic alliance. Through the therapeutic bond there is an opportunity to rework the internal working models of relationship and improve interpersonal functioning (Lawson et al., 2020). Clients with interpersonal problems can experience difficulty forming a therapeutic alliance because the therapist's attempts to establish a safe and trusting relationship can trigger the client defenses associated with previous traumatic experiences that caused dissociation. In the presence of complex trauma, the patient's perceived experience in therapy is just as important as the therapist's contribution to the therapeutic relationship. Therapist's behaviors and reactions can surely impede the formation of a working relationship just as they can also contribute. The client's expression of their trauma, such as inability to trust and rely on others creates a challenge in building a therapeutic alliance (Sullivan et al., 2020).

Retraumatization. Exposure to complex trauma is associated with more severe symptoms which in turn is associated with greater difficulty forming a therapeutic alliance and poor treatment outcomes. Dissociation is predictive of retraumatization due to the trauma survivor's vulnerability (Lawson et al., 2020). Retraumatization can occur in the therapeutic alliance and is characterized by pervasive mistrust as a result of exposure to complex trauma in

childhood (Lawson et al., 2020). Retraumatization can also occur as a result of exploring traumatic events and this can lead to adverse effects, for this reason, commonly suggested exposure techniques for in-depth trauma processing may not be beneficial as an intervention for clients with complex trauma (van Nieuwenhove & Meganck, 2017). To prevent retraumatization, treatment can instead focus on working through interpersonal difficulties associated with complex trauma rather than the traumatic events themselves. The major impact of trauma on the alliance can be felt as it relates to the issues explored in therapy, therapeutic goals and outcomes, and the trust within the working alliance.

The Therapeutic Relationship as a Predictor of Change

As previously discussed, the therapist's attachment pattern is one predictor of therapeutic outcomes. Lu et al. (2021) theorized that attachment patterns of the therapist predict their ability to establish a secure therapeutic relationship and influence positive client outcomes. O'Connor et al. (2019) stated, "Psychotherapy research has consistently pointed to the strength of the therapeutic relationship as one of the most important predictors of therapeutic outcome" (p. 83). Therapist attachment may also influence their ability to establish emotional proximity and understand clients in depth (Lu et al. 2021). The therapist's attachment style influences the therapeutic outcomes overtime affecting proximity, communication, and empathy for the clients. Therapists must manage their attachment vulnerabilities to support the client's therapeutic work (Lu et al., 2021). The therapist's self-awareness of attachment needs, and vulnerabilities is essential to their effectiveness. Attention to the therapist's attachment style can result in enhanced attunement and responsiveness to clients (Degnan et al., 2014, p. 49). van Nieuwenhove and Meganck (2019) credited the therapist's self-awareness with positive outcomes as they stated, "Recognizing and understanding their own position in the therapeutic

dyad allows the therapists to create a different and repairing relational experience in which strong emotions can be experienced in a safe environment and can be dealt with in a more constructive manner” (p. 911).

Client and Therapist Attachment Style Interactions

The client’s attachment style in interaction with the therapist’s attachment style is a second predictor of therapeutic outcomes demonstrated through the strength of the working alliance. The working alliance according to Bucci et al. (2015) can be seen from three dimensions “(1) therapist and client agreement on the goals of therapy; (2) therapist and client agreement on the tasks of therapy needed to attain these goals; and (3) emotional bond, including the development of respect, trust, confidence, and personal attachment within the therapist-client dyad to achieve the goals and take part in therapeutic tasks” (p. 155). O’Connor et al. (2019) studied from both dimensions, the client and therapist perception of the therapeutic relationship to understand the therapeutic process of agreement in the working alliance. The working alliance captures the agreement between therapist and client on the goals and methods to be used in treatment. Agreement in the working alliance is related to client outcome and results in greater symptom improvement and greater reduction in client worry and global psychological distress (O’Connor et al., 2019).

Through their research on the interaction of attachment styles and working alliance, O’Connor et al. (2019) also examined how the therapist and client attachment style moderate the session-to-session relationship between the working alliance ratings of therapist and client and discovered that when attachment styles match and are secure, there is higher agreement on the resulting working alliance. A different pattern of results emerged for clients and therapists with mismatched attachment styles. Less avoidantly attached therapists perceive the relationship in a

more positive light and more in line with the client's view whereas more avoidantly attached therapists may withdraw in sessions when working with anxiously attached clients and as a result miss some of the client's signals, these pairings can experience lower agreement on changes in the working alliance as the relationship progresses (O'Connor et al., 2019). Much research exists to evaluate the impact of the therapist's attachment style on the agreement in working alliance but there is a lack of research that gives credit to the interaction of attachment styles and the resulting impact on working alliance and therapeutic outcomes.

Expressive Arts Therapies

Expressive arts therapy is a field of counseling that encompasses multiple modalities including drama therapy, dance/movement therapy, poetry therapy, music therapy, and art therapy. Therapeutic use of the arts is a way of expressing inner feelings in a physical and tangible way that is both verbal and non-verbal, cathartic, and promotes emotional wellness. The senses are stimulated, and unconscious thoughts and feelings can be accessed (Perryman et al., 2019). In Perryman et al. (2019) Malchiodi described the effect of using creative arts in therapy: "Use of creative arts helps the client reconnect implicit (sensory) and explicit (declarative) memories of trauma, as these therapies provide a less threatening way for clients to tell their stories" (p. 83). The creative process works toward integrating the left and right hemisphere of the brain and processing trauma that may lack a coherent or complete narrative through non-verbal, visual, and body-orientated methods (Perryman et al. 2019).

Expressive arts therapy interventions have the unique qualities of being verbal and non-verbal, embodied, visual, symbolic, and containing. Malchiodi (2004) described the essence of using expressive arts in therapy "as therapist and client work together, self-expression is used as a container for feelings and perceptions that may deepen into greater self-understanding or may

be transformed, resulting in emotional reparation, resolution of conflicts, and a sense of well-being” (p. 9). The arts modalities offer alternate forms of expression that facilitate total expression for the client. Clients can, through an arts intervention, decenter from the issue at hand and symbolically move through trauma as unconscious processes become conscious. The trauma narrative can be rewritten through arts expression and empower the client as they heal from trauma. The arts are accessible to all regardless of age, gender, or ability. Expressive arts therapy interventions are low skill and high sensitivity; easy to approach and interact with, and rich in symbolic material. The following narrative will more specifically discuss how the expressive arts can support the therapeutic alliance and the objective of creating secure attachment with clients who are children with trauma histories.

Expressive Arts Therapy Applications

Wymer et al. (2020) described the benefit of using expressive arts techniques in trauma treatment as helping to “externalize the experience from the child and help them to build boundaries between themselves and the traumatic experience, which they may have been unable to do during the trauma” (p. 130). Children who cannot verbalize their trauma experience and verbalize the bodily sensations associated with the memories can be helped by using the arts to express and make meaning in nonverbal ways and with the method of their choosing whether it be art, music, or movement and through mediums such as sand, clay, and paint. Expressive arts techniques are non-threatening and an avenue for discovery and processing of embedded traumatic memories (Perryman et al., 2019).

The expressive arts are considered mind-body interventions because the senses are used to effect change; art, drama, and play therapies work with posttraumatic stress and expression of traumatic memories (Malchiodi, 2004). Malchiodi (2004) discussed various modalities as

examples of mind-body interventions such as, “music, art, and dance/movement may be helpful in tapping the body’s relaxation response...writing has proven to be effective in emotional reparation and in reducing symptoms in chronic illnesses” (p. 12). Desmond et al. (2015) described the expressive arts as helpful for processing traumatic experiences and developing coping mechanisms as well as providing a “developmentally appropriate medium for children to process experiences that they may not have the developmental capability about which to communicate through talk therapy (p. 440).

Expressive Arts Therapy in Support of the Therapeutic Alliance. In the context of expressive arts therapy interventions, the alliance is just as much a cornerstone contributing to change over the course of the relationship and is a predictor of positive therapeutic outcomes (Gazit et al., 2021). The expressive arts interventions focus on right- and left-brain hemisphere activation and integration. Malchiodi (2011) in Perryman et al. (2019) stated that, “without a strong relationship between counselor and client, the emotional right hemisphere of the brain often shuts down or minimizes the rational left hemisphere, leaving the client speechless and potentially re-traumatized” (p. 84). Key characteristics the therapist must embody when using creative arts techniques are empathy, acceptance, presence, attunement, openness, unconditional positive regard, and complete focus on the client (Perryman et al., 2019). Attunement is an essential quality of the relationship that connects the therapist to the client. Through the modality of music therapy, the therapist’s attunement to the child’s expressions musically and emotionally, affects the child’s ability to experience organization of intra- and interpersonal experiences, and the regulation of affective processes which influences therapeutic outcomes (Mössler et al., 2017).

Gazit et al. (2021) described working with art materials through art therapy as contributing to the dyadic therapist-client relationship and extending to create a triadic relationship which includes the artwork as a third other in the relationship. The quality of therapeutic alliance can have an effect on the client's interaction with art materials. If there is avoidance present in the therapeutic relationship, the experience of working with art materials is more likely to be a negative experience (Gazit et al., 2021). Interacting with the arts can be used to support the therapeutic alliance offering the opportunity for the child to communicate in the language that allows them to fully express their thoughts and emotions.

Expressive Arts Therapy in Support of Healthy Attachment Patterns. The expressive arts provide an avenue for developing attachment with the client. Attachment with the client also provides an avenue for the arts to effect change as healing from trauma occurs. Perryman et al. (2019) stated of attachment that “attachment to the counselor provides the necessary grounding for...pendulation” (p. 86). Pendulation is defined by Levine (2015) in Perryman et al. (2019) as the “shifting of body sensations or emotions between those of expansion and those of contraction” (p. 86). Perryman et al. (2019) also described pendulation as allowing the client to “reexperience the traumatic event in layers and process it in smaller increments, rather than all at once” (p. 86).

Malchiodi (2004) discusses how the arts processes facilitate development of healthy attachment in therapy:

Particularly dance, art, and play therapies, may be useful in reestablishing and encouraging healthy attachments through sensory experiences, interactions, movement, and hands-on activities. These modalities may be helpful in repairing and reshaping attachment through experiential and sensory means and may tap early relational states

before words are dominant, possibly allowing the brain to establish new, more productive patterns. (p. 12)

Depending on the caregiver, age of the child, and behaviors that need to be addressed, it is necessary to involve the caregiver in the expressive arts therapy process for healing attachment trauma (Richardson, 2016). Reestablishing attachment with the caregiver may be the primary goal which can be facilitated through choice arts interventions. A child can be prompted to describe an experience through a dramatic reenactment with props or describe their emotional state through a painting. Through these arts experiences, the child is given an avenue to externalize their trauma, increase self-awareness and relieve symptoms of trauma experiences (Desmond et al., 2015).

Expressive Arts Interventions for Complex Trauma and Post-Traumatic Growth.

Pliske et al. (2021) studied the powers of play for healing adverse childhood experiences. The positive outcomes related to multimodal applications affected stress management, self-expression, catharsis, self-esteem, and creative problem-solving. Pliske et al. (2021) stated that “Early intervention through play and expressive arts for children exposed to trauma and adversity can shift long-term health outcomes of trauma in a positive direction. Children naturally initiate posttraumatic play to express themselves and make meaning of their experiences” (p. 245). Children can experience difficulty expressing through language, their trauma experiences. Expressive arts therapy application that integrates movement, art and music allows children to express themselves and communicate ideas in their natural form of expression, without words, and offers a reprieve from thoughts and emotions related to adverse trauma experiences (Pliske et al., 2021).

Arts interventions offer a mechanism for clients to experience safety through nonverbal expression and extend the processing time as they remain within the window of tolerance for a longer period which allows integration of the right- and left-brain hemispheres, a necessary aspect of healing (Perryman et al., 2019). Nonverbal communication in the creative arts process establishes new neural pathways and emotional memories. Chong (2015) in Perryman et al. (2019) described the art dimension as allowing “dissociated, unconscious emotions to emerge as vitality affects expressed, articulated in concrete external forms” (p. 85).

The objective of arts interventions is critical for a counselor to develop based on the client’s trauma response. Arts activities can allow the emergence of trauma memories, visceral response such as fight, flight, or immobilization and tapping into the unconscious (Perryman et al., 2019). Attunement to the client’s trauma response will guide the appropriate selection of arts interventions. Southwell (2016) identified therapeutic objectives that arise from developmental trauma, which can be supported through expressive arts therapy. These objectives include: “lowering fear and stress arousal and regulating lower brain functions, building capacity for secure attachment and for relating effectively with others, enhancing capacity for emotional self-regulation, facilitating trauma processing and integration, and enhancing self-efficacy” (p. 116-117).

Discussion

The topics examined in this literature review demonstrate the meaningful impact of the therapeutic relationship and working alliance on attachment, positive outcomes, and posttraumatic growth. Gaps in the research for this thesis include a lack of research studies focusing on the therapist’s attachment style and its impact on outcomes with clients who are children. The research discussed on this topic related solely to adult clients. The interactions

between therapist and clients who are children would be beneficial to examine from the lens of attachment impacting the relationship and interactions with children. It was discovered through research, the significance of the caregiver role in therapy with children. Given the key role of the caregiver in the triadic therapeutic relationship that is created with children in therapy, there is opportunity for more research to investigate the contribution of the caregiver to therapeutic outcomes as well as examples of how the caregiver can be included in expressive arts therapy interventions. A key objective of reestablishing attachment with the caregiver was discussed, however, in the context of expressive arts therapy interventions, there is lack of studies or recommendations on the caregiver involvement in therapeutic interventions.

The possibilities for healing attachment trauma in therapy with the therapist as an attachment figure is plausible based on research evidence explored in this discourse. Further study of these topics could also explore the impact of post-traumatic growth throughout the lifespan due to the therapeutic outcomes of attachment-informed therapy. Examining longitudinal impact is an area of curiosity that was not included in the discussion.

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THESIS APPROVAL FORM

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

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