

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA**

Student's Name: _____ **Haley Lansing** _____

Type of Project: **Thesis**

Title: **Storytelling and Narrative Therapy through Art among Refugee Children: A Literature Review**

Date of Graduation: _____ **May 21, 2022** _____

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

Thesis Advisor: _____ **Raquel Stephenson** _____