AMERICAN UNIVERSITY OF BEIRUT

SYSTEMATIC REVIEW OF EMPIRICAL EVIDENCE ON ART THERAPY WITH TRAUMATIZED REFUGEE CHILDREN AND YOUTH

by
NADIA ABDUL HAMID ANNOUS

A thesis
submitted in partial fulfillment of the requirements
for the degree of Master of Arts
to the Department of Education
of the Faculty of Arts and Sciences
at the American University of Beirut

Beirut, Lebanon
April 2021

AMERICAN UNIVERSITY OF BEIRUT

SYSTEMATIC REVIEW OF EMPIRICAL EVIDENCE ON ART THERAPY WITH TRAUMATIZED REFUGEE CHILDREN AND YOUTH

by

NADIA ABDUL HAMID ANNOUS

Approved by:

Anies Al-Hroub

Dr. Anies Al-Hroub, Associate Professor — Advisor
Department of Education

Ghazi M. Ghaith

Dr. Ghazi Ghaith, Professor — Member of Committee
Department of Education

Dr. Hoda Baytiyeh, Associate Professor — Member of Committee
Department of Education

Date of thesis presentation: April, 2021

AMERICAN UNIVERSITY OF BEIRUT

THESIS RELEASE FORM

Student Name: __Annous_____Nadia_____Abdul Hamid_____
Last First Middle

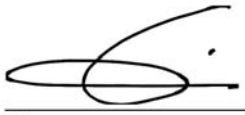
I authorize the American University of Beirut, to: (a) reproduce hard or electronic copies of my thesis; (b) include such copies in the archives and digital repositories of the University; and (c) make freely available such copies to third parties for research or educational purposes:

☒ As of the date of submission

☐ One year from the date of submission of my thesis.

☐ Two years from the date of submission of my thesis.

☐ Three years from the date of submission of my thesis.



_____May 10, 2021_____
Signature Date

ACKNOWLEDGEMENTS

I would like to express my deepest appreciation and gratitude to my professor Dr. Anies Al-Hroub and without his guidance, persistent help and support this dissertation would not have been possible. I owe a deep sense of gratitude for his inspirations, suggestions with kindness at every stage of my research, encouragement and his scholarly advice and enthusiasm that enabled me to complete my thesis.

I would also like to thank Dr. Farah El Zein for her guidance and for providing me with suggestions to accomplish this task. I am also thankful to my committee members for their kind support and cooperation throughout the process.

I am extremely thankful to my family for their patience, love and support.

To my caring and loving husband and my lovely daughters: my deepest gratitude for your support.

ABSTRACT
OF THE THESIS OF

Nadia Abdul Hamid Annous for Master of Arts
Major: Educational Psychology

Title: Systematic Review of Empirical Evidence on Art Therapy with Traumatized Refugee Children and Youth

Refugees may experience psychosocial difficulties due to many factors. Post-traumatic Stress Disorder is one of the common psychological disorders that are present among refugees who faced traumatic events. Art therapy is one intervention used in reducing PTSD symptoms since it provides a safe way to heal and gives children the space to express themselves. It is an intervention that has been developed to reduce traumatic symptoms and decrease anxiety levels. A systematic search of online databases was undertaken and different keywords were used in the research to explore the use of art therapy with refugee traumatized children and adolescents. The purpose of the study was to evaluate and synthesize the available research evidence for the use of art therapy in reducing PTSD levels or traumatic symptoms in refugees over the last ten years (2010-2020). It also aims at comparing different studies to identify evidence of the effectiveness of art therapy for the treatment of traumatized refugees. This paper review integrated the literature on the therapeutic application of art therapy with traumatized refugees. To address the systematic review aims and questions, the Council for Exceptional Children's (CEC) guideline was used for quantitative analysis to (a) evaluate studies that report findings regarding the effectiveness of art therapy with traumatized refugees population; (b) identify processes that may influence the outcome; (c) synthesize and evaluate the processes mentioned across different findings; and (d) discuss the gap in the current state of literature and provides further considerations for further future investigation regarding the effectiveness of the use of art therapy with traumatized refugees. Initially, a total of 70 studies were identified for screening through systematic searches of databases and then 8 studies were evaluated after setting inclusion and exclusion criteria. Findings indicated that there was evidence that art therapy helped in decreasing traumatic symptoms but studies did not meet the indicator related to implementation fidelity and the indicator related to internal validity need to be enhanced in further studies. Therefore, it is recommended to conduct further intervention studies that meet the implementation fidelity and internal validity criteria.

Keywords: trauma; PTSD; art therapy; refugees; post-traumatic stress disorder; forced migration; traumatized children; adults; adolescence

TABLE OF CONTENTS

ACKNOWLEDGEMENTS 1

ABSTRACT 2

ILLUSTRATIONS 5

TABLES 6

I. INTRODUCTION 7

A. Purpose of the Study 8

B. Research Questions 8

C. Rationale 9

D. Significance of the Study 10

II. REVIEW OF LITERATURE 13

A. Systematic Review 13

B. Literature Review versus Systematic Review 15

C. Posttraumatic Stress Disorder (PTSD) 17

D. The Historical Background to Art Therapy 18

E. Art Therapy and its Effectiveness 20

F. Art Material 22

G. Approaches in Art Therapy 23

1. The Directive Approach in Art Therapy 23

2. Non-Directive Approach in Art Therapy 25

H. Concluding Summary 27

III. METHODOLOGY 28

A. Purpose and Questions 28

B. Research Design: Systematic Review Study 28

1. Method and Procedure 28

2. Inclusion Criteria for Systematic Review 29

C. CEC Standards and Quality Indicators 30

D. Search Procedure 39

IV. SYSTEMATIC REVIEW FINDINGS 41

A. Context and Setting 45

B. Participants 45

C. Intervention Agent 47

D. Description of Practice 47

E. Implementation Fidelity 48

F. Internal Validity 49

G. Outcome Measures/ Dependent Variables 50

H. Data Analysis 52

V. DISCUSSION AND CONCLUSION 53

A. Implications for Research and Practice 55

B. Limitations of the Study 56

REFERENCES 58

ILLUSTRATIONS

Figure

1. Evidence-Based Classification 38
2. PRISM Diagram of Systematic Review Query 40

TABLES

Table

2.1 Differences between a Systematic and Traditional Literature Review.....16

3.1 Quality Indicators for Group Comparison and Single-Subject Studies.....34

4.1 Methodological Rigor by Quality Indicator.....42

4.2 Identified Articles.....43

CHAPTER I

INTRODUCTION

Refugees may experience psychosocial difficulties due to many factors. War trauma leads to many psychological disorders, and traumatic experiences in war zones may affect one's life as survivors of the war end up seeking refuge in unfamiliar places (Al-Hroub et al., 2020; Almoshmosh, 2016). Refugees face many losses and separation as they leave home, lose their family and friends and hence they are forced to look for safety in another place. Post-traumatic stress disorder is one of the common psychological disorders that are present among refugees who faced traumatic events. Therefore, the role of intervention in managing these symptoms and the need to increase mental health services come into play because it's a priority to protect and improve people's mental health particularly for refugees (McLaughlin, & Al-Hroub, 2016; Almoshmosh, 2016). Moreover, when children are exposed to war or refugee conditions, they were greater, and their traumas might begin later in adolescence (Cohne et al., 2006). Research shows that healing practices that rely on nonverbal treatment may promote healing among children affected by war (Harris, 2009). One form of trauma intervention is art therapy that involves using senses in ways that help in reconnecting feelings with thinking (Harris, 2009).

Art therapy is one intervention used in reducing PTSD symptoms since it provides a safe way to heal and gives individuals the space to express themselves. This study will explore, through a systematic synthesis review of empirical research, the use of art therapy in reducing PTSD levels in refugee children over the last ten years, 2010-2020. It will help

to develop a bridge between the different theories in art therapy, the therapist's previous knowledge, and the practices done by the therapists. This aids in identifying how the approaches are being used to decrease trauma symptoms and for enhancing practices.

A. Purpose of the Study

The purpose of the study is to evaluate and synthesize the available research evidence for the use of art therapy in reducing PTSD levels in refugees over the years between 2010-2020. In addition, the study aims at comparing different and specific elements in studies in order to identify and evaluate which studies can be considered as high-quality studies.

B. Research Questions

After investigating research studies done on art therapy interventions, it is important to examine the research evidence present in the literature for the use of art therapy in reducing PTSD levels in refugees. Therefore, a systematic review study is needed to address the following research questions:

a. Are the studies found in the literature related to art therapy in treating traumatic symptoms with refugees considered high-quality studies according to the Council for Exceptional Children's (CEC) Guidelines?

b. Are these art therapy practices used with traumatized refugees evidence-based interventions based on the CEC Guideline?

C. Rationale

Art therapy has been a new branch in psychology that has developed and evolved throughout the 20th century. Combining art therapy with counseling techniques allowed enhancement in supporting individuals during therapy. Research shows that the use of art therapy helps individuals who have been diagnosed with PTSD, autism, mild depression, and other mental illnesses (Kay-Huntington & Peterson, 2007). However, research reveals a small amount of information on improving practices and making decisions regarding therapeutic procedures in art therapy (Damiankis, 2007; Register & Hilliard, 2007).

Some research studies show that art therapy can facilitate the expression of feelings that are linked to trauma and identify some feelings that can lead to a sense of relief and the ability to tolerate these negative emotions when individuals become capable of regulating their emotions (Kalmanowitz & Ho, 2016). However, there is a wide diversity of approaches in art therapy and they vary from one therapist to another. The extent to which the art therapists directs or leave the client has been debated for many years by different therapists (Rubin, 2016).

Historically, art therapy has struggled to clearly define itself with the wide range of perspectives and the practice of art therapy has been mediated by many variables such as background, needs, capabilities, and artist's theoretical orientation especially that art therapy is described as an interdisciplinary field and thus leading to an identity crisis and many debates on whose theory is correct (Bucciarelli, 2016). Moreover, despite the high number of people suffering from PTSD and other psychological problems, the perception of the requirement of mental health support and the psychological service received is relatively low (Ghumman et al., 2016). In fact, very few studies tackled the issues of

intervention that aims at enhancing psychological needs to improve mental health (Weinstein et al., 2016). A review study that explored the health needs of refugees with a focus on PTSD showed that few articles have been published in peer-reviewed journals regarding mental health in Syrian refugees (Ghumman et al., 2016). It is highly recommended that research examine the specific aspects of art therapy that are more effective, the specific group that would benefit more from intervention in terms of age, gender, and severity of trauma exposure (Schouten et al., 2015).

This synthesis review contributes to broadening the understanding of the existing research, gaining new insights, and identifying gaps in existing literature (Mohammed et al., 2016). Although the researcher may be criticized as being subjective in the interpretation of data, yet the findings aim at providing a holistic interpretive synthesis (Way, 2019) by adopting highly regarded and reliable quantitative indicators.

D. Significance of the Study

Many qualitative and quantitative studies in nature have been conducted that attempt to improve and advance practices in the field of traumatic disorders. Since refugees are at higher risk of developing PTSD due to compulsory migration, experiencing traumatic events, and being place in a new culture (Kazour et al., 2017), social workers, counselors and other health practitioners, who work with refugees and forced migrants, must social workers, counselors and other health practitioners who work with refugees and forced migrants must be aware of the most effective interventions and practices for this population. There has been a wide range of therapeutic modalities that counselors or

therapists may choose to treat individuals with traumatic discords such as cognitive-behavioral approaches, group therapy and other types of trauma-focused psychotherapies. Art therapy is one of the creative therapies that provide better outcomes in the study treatment of traumatic symptoms (Schouten et al., 2015). However, a gap exists in the literature when considering art therapy interventions with refugees who have traumatic symptoms. A limited number of systematic reviews were located in the literature and a gap exists regarding art therapy interventions used with refugees. This study will fill the gap by systematically reviewing the studies done on interventions for refugees suffering from traumatic experiences. Given the frequent applications of art therapy for traumatic symptoms, more investigative work must be performed to evaluate this method of treatment and a systematic review of literature is warranted.

The study is significant to researchers, educators, and policymakers. This systematic review will contribute as insight and need for further studies on art therapy and PTSD treatment. This study benefits the researchers by enhancing and building upon the currently existing research and adding depth to the research done on art therapy with refugees who faced traumatic events. In other words, it will help researchers focus on evidence, impact, validity, and causality which are valuable for evidence-informed policymaking. Systematic reviews unlike literature reviews do not focus merely on results but also guides researchers throughout the process and enable future replications. These systematic review principles can improve literature reviews by focusing on empirical evidence and not preconceived knowledge (Mallet et al., 2012). There has been an increase in research in arts and its effectiveness on social and emotional and health well-being since the beginning of the 21st century (Fancfourt & Finn, 2019). However, there has been little consistency in policy

development due to a lack of awareness of the evidence of these methods and practices used (Fancfourt & Finn, 2019). There has yet to be an empirical synthesis of this literature. Therefore, this study will fill in the awareness gap by using available evidence in research. The advantages of this systematic review study are that it reduces bias, resolves the controversy between conflicting findings, and provides a reliable basis for decision-making in the field of art therapy, trauma, and refugee education

CHAPTER II

REVIEW OF LITERATURE

This chapter critically reviews the definition and types of systematic review research, differences between the traditional review and systematic review of literature, and the types of art therapy used with refugee children and youth who experienced traumas.

A. Systematic Review

A systematic review is defined as the review of the evidence on a formulated question with an explicit set of criteria to extract and analyze data from previous studies. The systematic review includes explicit methods of extracting and synthesizing study findings (Chalmers et al., 2002). There are three types of systematic reviews. The qualitative systematic review includes a summary of the results of previous studies without statistics involved (Majumder, 2015). The quantitative type of systematic review uses quantitative methods to gather the results of two or more studies (Majumder, 2015). Meta-analysis is a type of systematic review that uses statistical methods to integrate estimates of effect from studies (Majumder, 2015).

Systematic reviews were developed to improve policymaking and clinical decision-making (Strech & Sofaer, 2012). They are better tools than informal literature since they answer an empirical question based on an unbiased evaluation of all the empirical studies that address it (Strech & Sofaer, 2012). The main purpose is to minimize bias by gathering all relevant literature. The criteria in a systematic review need to be explicitly justified and

stated and then databases should be selected to meet the eligibility criteria. A crucial process in a systematic review involves describing the process used to determine which publications meet the inclusion criteria and which selections need to be excluded (Strech & Sofaer, 2012).

Systematic review and meta-analysis are considered forms of evidence-based practice. In 1992, the term evidence-based medicine was used by a Canadian medical group for the care and decision-making process of patients. Later on, this term was used in the field of psychology and social work (Gambrill, 2006). Systematic reviews have developed in medicine and science to explicitly synthesize research findings in a clear, systematic and replicable way (Snyder, 2019). Systematic reviews are of greater advantage than literature reviews since the quality of evidence is improved with less subjectivity and reduced researcher bias (Mallet et al., 2012). The systematic review is more systematic and transparent since it is based on clear systematic principles (Mallet et al., 2012). One of the best standards used for assessing evidence for the effectiveness of an intervention is the randomized controlled trials since they are a group of experimental designs that allow for causal attributions and this can be attributed to the pre-intervention randomization (Ledford et al., 2018). Other designs such as quasi-experimental single case research can also provide evidence because they can be used to develop causal links between interventions and outcomes (Ledford et al., 2018).

B. Literature Review versus Systematic Review

Literature reviews are helpful for researchers because they add value and they make research gaps explicit which are useful for the readers who need to interpret and use findings (Wee & Banister, 2016). A literature review is a comprehensive overview of the literature in a specific topic area gathering together the information in a clear structured manner and then synthesizing it to come up with conclusions (Wee & Banister, 2016). Writing a literature review requires a great amount of reading and gathering information and it is usually used for teaching and research purposes. There are different types of review papers as they come in various forms. Some reviews include a synthesis of previous knowledge while other reviews provide an analysis of the methods used (Wee & Banister, 2016). Reviews may also aim to explore the different theories used or it could be to investigate the gaps in the approaches used in literature to suggest new ways (Wee & Banister, 2016). All types of reviews may be useful and helpful but usually, when conducting a review, researchers choose the type of review and the standards or methodology based on the purpose of the study and the research questions (Snyder, 2019). The distinction between a systematic review and the traditional literature or "narrative" review of literature is that traditional literature review usually lacks a systematic or formal way of identifying the effect of an intervention or treatment which leads to inaccuracy of results (Aromataris & Pearson, 2014). Instead of focusing merely on concepts and theories, systematic reviews tend to focus on data and evidence leading to less biased conclusions and results. For instance, when studies include detailed and multiple steps of extracting and analyzing data based on clear criteria, the process will reduce subjectivity during analysis and interpretation of the effects of treatments and interventions (Aromataris &

Pearson, 2014). Traditional reviews may be useful and helpful by presenting general knowledge or historical background about a certain topic or providing reasons why this topic or knowledge needs to be further studied. Although traditional literature reviews may have benefits, they have some disadvantages or drawbacks especially in practice since they may be criticized as being subjective as they rely on the author's knowledge. They are usually used as descriptive methods and therefore rather than analyzing the results of studies, they mainly discuss results or identify relationships between concepts from different studies (Aromataris & Pearson, 2014). For this reason, reviews have developed especially in the medicine and health field and became more systematic in the way of collecting data, assessing and synthesizing studies (Aromataris & Pearson, 2014).

Table 2-0-1 Differences between a Systematic and Traditional Literature Review

	Traditional Literature Review	**Systematic Review**
Research Questions	• may include a broad or narrow topic.	• includes narrow, clearly defined and specific questions.
Methodology	• usually not systematic and informal.	• use explicit, more structured and systematic methods.
Goal	• provides a summary or synthesis of previous knowledge.	• supports evidence-based practice.
Results	• involve risk for subjectivity.	• less systematic error.
Content	• includes a general synthesis of what has been done in the literature without inclusion criteria.	• includes a purposeful and intentional selection of data with inclusion criteria.
Data	• data is collected and summarized.	• data is assessed and

Extraction	synthesized.

C. Posttraumatic Stress Disorder (PTSD)

One of the most commonly reported psychiatric consequences of traumatic events and exposure to war is posttraumatic stress disorder (Kazour et al., 2017). Posttraumatic stress disorder (PTSD), one of the anxiety disorders which is characterized by severe symptoms of re-experiencing and avoidance due to traumatizing experiences and thus leading to impairment in important areas of functioning such as social areas, occupational areas, and other crucial areas (American Psychiatric Association, 2013). People suffering from PTSD show intrusion symptoms, avoidance of places, thoughts related to trauma, negative mood, and show alternations in arousal (Ghumman et al., 2016). Syrian children and adolescents are exposed to both direct and indirect war experiences PSD (Kubitary, & Alsaleh, 2018). Studies on refugee youth show that several traumatic experiences and events such as the torture or murder of family members, experience war and other violence, malnutrition, and poverty, living in a refugee camp, and separation from parents are directly linked to symptoms of PTSD (Hadfield et al., 2017). As a consequence, refugees are at higher risk of developing PTSD due to compulsory migration, experiencing traumatic events, and being place in a new culture (Kazour et al., 2017). Severe trauma often results in myriad devastating symptoms, including the inability to connect to feelings (King, 2016).

Evidence also exists that refugees appear especially susceptible and vulnerable to developing PTSD particularly in children and women (Ghumman & Chang, 2016). One study revealed that children whose parents had been traumatized scored significantly lower on the IQ test than children whose parents had not been traumatized (Daud et al., 2008). Studies also revealed that children are at higher risk of developing PTSD due to the inability to process the trauma (Baddoura & Merhi, 2015; Russo et al., 2013). Furthermore, it appears that violence against women made them also more susceptible to PTSD (Reese Masterson et al., 2014). In addition, trauma is associated with memory deficits, difficulties expressing verbally and regulating emotion and behavior (King, 2016).

D. The Historical Background to Art Therapy

Art therapy is a form of psychotherapy that uses art media as a way of expression and communication to enable the individual to achieve personal growth and make a change (Case & Dalley, 2014). Different and conflicting definitions of the term "art therapy" first emerged in the late 1940s by Hill and Naumberg (Edwards, 2004). The artist Adrian Hill emphasized art as an effective tool that can heal and discovered the benefits of drawing and painting for healing and recovering (Edwards, 2004). At around the same time, Naumberg also discovered the importance of using images in the therapeutic relationship as a form of communication between counselee and therapist (Edwards, 2004). Later on, definitions of art therapy became more established and art therapy was defined as a form of therapy that involves using art materials and creating art in the psychotherapeutic relationship between therapist and counselee (Edwards, 2004). In art, two basic elements are fundamental and

they include what happens when people create art (symbolizing) which is a direct experience and how people perceive art (seeing) which is another direct experience (Rubin, 2016). In practice, art therapy involves the product, the process, and the relationship between counselee and therapist (Edwards, 2004). However, the diversity of approaches in art therapy due to several factors is reflected in the emergence of different titles and different approaches such as person-centered art therapists, group analytic art therapists, cognitive, gestalt, cognitive-behavioral art therapy, and studio approaches to art therapy (Edwards, 2004). According to Tokuda (2011), although each approach has its own theory and techniques, the use of art as the language of expression is what they have all in common. Art therapy is known as an interdisciplinary field where art therapist combines approaches from different fields such as art education, counseling, neuroscience, visual art and others (Bucciarelli, 2016). Bucciarelli proposed a shift from interdisciplinary to a transdisciplinary concept that is not limited to theoretical concepts. This shift emphasizes and embraces diversity, collaboration, flexibility, and innovation in this field. Theories in psychoanalysis emerged within a particular context and similarly, art therapy approaches were influenced by the periods from which they were created. For this reason, art therapists are encouraged to look beyond theoretical perspectives and embrace the variety of theories and practices making this field unique, autonomous, and applicable to a wide range of contexts (Bucciarelli, 2016).

E. Art Therapy and its Effectiveness

As a form of human expression, art has been an essential component since prehistory. Without art as a basis, there would be no possibility of the emergence of art therapy as a discipline (Rubin, 2016). Art therapy has attracted people due to its ability to merge interests in art and social service (Coleman & Farris-Dufrene, 2013). Art therapy is one of the creative art therapies that require the use of art means in treatment such as drawing, collage, sculpting to express feelings, thoughts, and memories. Art can allow feelings to be expressed and individuals can discover new things and become more aware of how to respond to experience when they are living it rather than talking about it (Boydel, 2014). It is distinguished from other forms of treatment and differs by its nonverbal, active, and concrete character in the treatment process and for this reason, it provides better outcomes in the study treatment of traumatic symptoms (Schouten et al., 2015). People who have difficulty expressing thoughts and feelings verbally find art therapy helpful as it provides a safe and facilitating environment (Stucky & Nobel, 2010). Individuals that are referred for art therapy do not necessarily have to be skillful in art as the aim is to offer the opportunity to express and not assess the art produced (Case & Dalley, 2014). The use of art therapy can be very helpful for children who are exposed to traumatic events since it provides a non-threatening environment for exploring feelings and thoughts (Case & Dalley, 2014).

Art therapy is a dynamic therapy that encourages people to express themselves through other means and ways (Malchiodi, 2006). Through art, people can explore the past, the present, and the future and there are no limits in finding ways to express their emotions (Stucky & Nobel, 2010). However, regardless of the discipline, it is believed that the

therapeutic relationship between the therapist and the counselee is regarded as the most powerful intervention in the process (King, 2016). Empirical research in cognitive science has shown that the most effective therapists are aware of the importance of the therapeutic relationship in the treatment process of traumatized individuals (King, 2016).

A systematic review evaluated research on art therapy and results showed a significant decrease in psychological trauma symptoms in the treatment groups (Schouten et al., 2015). Moreover, creative art therapy techniques include creative and relaxation ways that were found effective and decrease anxiety symptoms (Barret et al., 2003). Malchiodi (2006) supported that art therapy as a creative process fosters coping mechanisms, increases self-awareness and self-esteem, decreases anxiety, and improves problem-solving skills. Likely, a study conducted by Fitzpatrick (2002) found that relaxation and imagery techniques decreased PTSD symptoms specifically levels of arousal.

Research in Trauma shows that traumatic memories are stored primarily in the nonverbal right hemisphere of the brain where these memories lack access to the analytic part of the left hemisphere (King, 2016). Art therapy is considered an effective choice in treatment since it does not have to rely on thinking and verbalization as individuals access these hidden memories. For this reason, the art process is considered a safe and pleasurable way especially for those individuals that may fear becoming dysregulated by strong and intense feelings (King, 2016). In this way, individuals can take control of the expression, and thus the process of telling stories related to trauma can be facilitated through the process of art therapy without feeling overwhelmed (King, 2016).

F. Art Material

During the process of art therapy, art materials are considered as basic components in the intervention (Malchiodi, 2006). Findings highlight the importance of understanding the therapeutic potential of each material and how individuals react and perceive the different art materials. For instance, working with makers is an easy and enjoyable process due to the colorful colors and attractive colors (Malchiodi, 2006). Oil pastels are soft and warm crayons that leave color on hands and they are suitable for expressing powerful emotions such as anger (Moon, 2010). Gouache paint is a liquid creamy water-soluble material that can be used in different ways and it does not require special artistic skills which are also likely to arouse a range of emotions and the joy of discoveries (Moon, 2010). Clay is a flexible natural material that can be molded in various ways and it can help in stimulating all the senses and arousal of diverse emotions but at the same time, its use can result in frustration if individuals find difficulty using it (Moon, 2010). For this reason, therapists need to be familiar with art materials, and their uses as reactions to materials or perceptions of working with the materials play a central role in the intervention process (Malchiodi, 2006). The setting can include art materials and images considering that the individual will be engaged in visual activities that also stimulate creativity and innovation (Huss, 2015). The art therapist can also adjust the setting by choosing the materials and directives suitable for the developmental needs of the individuals (Huss, 2015).

G. Approaches in Art Therapy

1. The Directive Approach in Art Therapy

Research findings have highlighted the use and effectiveness of using directive methods in therapy as a recovery tool (Edwards, 2004; Rubin 2016). Cognitive behavior therapy and positive psychology focus on the active and directive methods used by the therapist to direct and make a change in cognitions and experiences of self-regulation (Huss, 2015). These interventions suggest activities that promote positive emotions, behaviors, and cognitions that increase self-esteem and life satisfaction and are effective in decreasing psychological symptoms of depression, anxiety, and stress (Kubitary & Alsaleh, 2018). The aim is to shift the negative perceptions of the self into a positive experience leading to positive perceptions (Huss, 2015). Thus, the treatment is controlled by the therapist where he controls the pace and makes decisions on the direction and termination of the therapy (Huss, 2015). For instance, the therapist asks questions about the drawings, determines the goal of the session, and suggests solutions or measures that influence the individual's decision (Edwards, 2014).

In a directive approach, the therapist often works within themes intending to facilitate the creative activity. Edwards (2014) explains that the session would involve introducing a theme, followed by a period of activity (painting modeling, etc.). Then, the session would end with a discussion as members in the group discuss, share thoughts and feelings, and share their work (Edwards, 2014). Rubin (2016) suggests that the act of seeing is vital in the process of art therapy and therefore the therapist intentionally guides the individual to see all that can be seen in the art production. Intentionality helps individuals

to make the invisible visible and reveal what is hidden to promote growth by learning how to look and connecting to their inner self (Rubin, 2016).

Psychologists realized that our learning process is greatly affected by the way we think and use language. Art-making involves cognitive processes that are involved in recalling memories, making decisions, and finding solutions (Rubin, 2016). Cognitive psychology, a descendent of social learning theory, offers explanations on how human beings have the capacity of using high mental processes to find solutions and mediate behavior (Rubin, 2016). Art therapists realized the importance of integrating art into cognition-based treatments. The aim is to help individuals change irrational thoughts and find ways to solve problems and alter thoughts to promote action and change (Rubin, 2016). For instance, Rubin explained that an art therapist might use prompting as a technique by asking the individual to fill the space and consider adding something to the artwork. Therefore, the therapy focuses on change and altering emotions as well as thoughts in an attempt to confront irrational thoughts and alter them into rational thoughts (Rubin, 2016). Huss (2015) explains that the negative things that happen to us might always happen and the problem is not the negative things but how we perceive them negatively and thus influencing our behavior. The solution can only be attained by training the mind to focus on the positive thoughts and replacing the negative ones with positive cognition. Similarly, art can be used to access and change perceptions and images by adjusting them with the guidance of the therapist. For instance, he can guide by asking the person to create positive images of things wished for as a way to influence perceptions and behavior (Huss, 2015).

2. Non-Directive Approach in Art Therapy

Although the directive approach has been supported by different therapists, it also has its critics (Edwards, 2014). Humanistic approaches view the individual as an interactive person who can regulate their life with an inherent drive towards self-fulfillment. The person's psychological state will depend on how a person gives meaning and attribution to life events (Huss, 2015). The role of art is to facilitate expression with the self by accessing the authentic feelings and with others highlighting that everyone is creative and considering the individual as the artist of his own life (Huss, 2015). For McNeilly (1983), it is essential that the art therapist keep away from giving directives and intervening in order to avoid dependency and allow the group to develop their own healing capacity. The non-directive methods are also used by many therapists who were influenced by Carl Rogers. Based on Carl Roger's principles, his daughter Natalie Rogers extended person-centered counseling by using creativity and art in combination with the therapeutic approach. This approach gives a central role to the self as the entity that runs a person's life (Sommers-Flanagan, 2007). Carl Rogers believed that the nature of the relationship between the therapist and the counselee which is built by acceptance and deep empathy leads to healing and a better understanding of the self (Sommers-Flanagan, 2007). A person-centered approach can help the client not only become aware of the problem but also do something about it (Corey, 2013). In the non-directive approach, the therapist avoids giving directives or themes believing that imposed themes or structures may inhibit the natural discovery within the person (McNeilly, 1983). Empathic listening allows individuals to feel safe and in this manner, they are given the opportunity to discover their own potentials (Rubin, 2016). The direction is set by the group believing and trusting that individuals can find their own way

(McNeilly, 1983). This does not mean that themes do no emerge but their emergence has not been through a direct demand (McNeilly, 1983). Trust and empathy are key elements because the client needs to feel open in the process in order to reflect on his/her experience (Corey, 2013). Empathy is considered a vital change agent in psychotherapy (Rubin, 2016). This humanistic orientation indicates that the therapists' attitude can be more influential than techniques designed to help individual change (Rubin, 2016). The therapeutic relationship will focus on nonjudgmental acceptance and encouragement by the art therapist (Huss, 2015). Art therapists usually initiate the process by asking individuals to use the materials in the room to express whatever they wish (McNeilly, 1983). Once individuals get used to such an approach, they will become more open and allowing resonance to occur (McNeilly, 1983). To sum up, the process is not about creating a beautiful picture but using arts as means to go into the inner self and discover it (Rogers et al., 2012). However, in some cultures, the free space given to the individuals might not provide a safe atmosphere to express feelings and thoughts. Therefore, the use of the non-directive approach might contradict some cultures since they are not used to make decisions on their own as they depend on consulting their families or parents (MacDoughall, 2015).

3. Combined Art Therapy

A review of art therapy literature finds a wide variety of approaches used in the practice of art therapy (Morrell, 2011). Some art therapists did not encourage the verbal description of the artwork while others engage the individuals in dialogue and encourage talking about the art. In some methods, it is not recommended to comment about the artwork but invites dialoguing with the art (Morrell, 2011). Expressive art therapists

encourage not only talk about the art but also to dance, sing and write (McNiff, 2001). Art, language, and literature from psychology can be combined in various ways to better affect positive change, and art by itself can be considered a language of expression (Morrell, 2011). Edwards (2004) proposes that the aims of art therapy vary depending on the particular needs of individuals during therapy and the needs change as the therapeutic relationship develops. Similarly, MacDoughall (2012) states that "counselors should alter between their approaches based on the client's needs" (p. 48). For one person the therapist might suggest creating images and discuss while for another it might be just making marks (Edwards, 2004). The relationship between the counselee and the therapist is nonjudgmental but it can also be directive and an active encourager aiming at providing reflection and feedback based on the individuals' needs (Huss, 2015).

H. Concluding Summary

To examine the efficacy of art therapy approaches, and their effectiveness in reducing traumatic stress among refugees, a thorough and systematic review study is needed. The study will help to understand effective methods that can be used with refugees. The systematic review study is essential to identify the relevant studies, assess the quality of studies, and synthesize the findings from and across different contexts. Such synthesis and comparison approaches are effective to broaden the understanding of individuals with traumatic disorders and the practices used in art therapy across different contexts.

CHAPTER III

METHODOLOGY

This chapter outlines the research purpose, questions, research design, method, and procedure. Qualitative indicators based on the Council for Exceptional Children (CEC) are presented and discussed.

A. Purpose and Questions

The purpose of the study is to evaluate and synthesize the available research evidence for the use of art therapy in reducing PTSD levels in refugees over the past ten years (2010-2020). A systematic review study was conducted to address the following research questions:

a. Are the studies found in the literature related to art therapy in treating traumatic symptoms with refugees considered high-quality studies according to the Council for Exceptional Children's (CEC) Guidelines?
b. Are these art therapy practices used with traumatized refugees evidence-based interventions based on the CEC Guideline?

B. Research Design: Systematic Review Study

1. Method and Procedure

The current research will adopt the systematic review, which is a thorough and detailed review of existing literature on the use of art therapy with traumatized refugee

children, adolescents and adults. The systematic study attempts to review all existing studies by using online databases as a search process. Peer-reviewed studies were identified through keyword searches in databases that target the majority of published studies in the psychology field. These databases include Education Research Complete, Education Research Complete, Academic Search Ultimate, Art and Architecture Source, APA PsychArticles, and ERIC. Different search terms are used in this study which are: “trauma”, “PTSD”, “art therapy”, “refugees”, “post-traumatic stress disorder”, “forced migration”, “traumatized children”, “adults”, and/or “adolescence”. Initially, the terms PTSD and refugees were used, but if these terms do not elicit enough articles to warrant a review, more terms were used for the search, and more databases were looked at to ensure enough relevant articles. Two educational professors reviewed the keywords and agreed on the list of terms that can be used during the search procedure. For relevance to the current review, the abstracts, as well as full-text peer-reviewed articles were obtained and screened. The systematic review will focus on quantitative studies done during the last ten years. The studies should be conducted in a systematic, transparent, and consistent way in which the methodologies are reported explicitly.

2. Inclusion Criteria for Systematic Review

Studies in the current systematic review study should meet the following inclusion criteria:

1. the intervention was specific to the use of art therapy or expressive art therapy
2. the study was in print or published in English;

3. study participants were refugees of all age groups who had experienced trauma or PTSD;
4. research studies of experimental design were obtained and screened; and
5. research studies obtained were limited to ten years. During the search procedure, specific examples (e.g., related to art therapy, art tools) were searched based on the finding to ensure comprehensiveness of the techniques used in art therapy.

Given that there are a limited number of studies regarding art therapy with refugee children, this topic was explored at a broader level with a focus on adults, adolescents, and children refugees.

During the search procedure, the terms and the inclusion criteria were discussed with two educational psychology researchers. Methodological search filters were applied where appropriate. To ensure that all experimental studies were included, it was essential to search for all art therapy studies done with refugees or forced migrants and then exclude the articles that do not meet the inclusion criteria manually. Articles were excluded if they explored merely dance, music, or drama activities or approaches since the focus is on art-making tasks.

C. CEC Standards and Quality Indicators

The quality indicators were developed by a workgroup consisting of education scholars with expertise across disability areas and research design (Cook et al., 2014). Evidence-based practices are instructional practices shown to have positive effects on students with disabilities (Kretlow& Blatz, 2011). In this study, the process used was described and explained in a clear and detailed process. The quality indicators were

presented and used for categorizing the evidence base of practices. A workgroup including seven special education researchers developed the new standards for determining evidence-based practices in special education (Cook et al., 2014). There are major steps that are followed when determining whether a practice is evidence-based or not. A practice must include and target intervention and a specified topic area. It also targets the studies that use experimental groups, quasi-experimental groups, and single-subject design. Moreover, studies must meet certain pre-determined quality indicators in order to present studies of high-quality standards and that are trustworthy. Finally, predetermined criteria were also developed to determine whether the intervention meets the standards of evidence-based practice by considering the magnitude of the effect size (Cook et al., 2014).

Initially, it is crucial to discuss the types of research designs that can be used in evidence-based practice. A group comparison research involves an intervention implemented on a group (treatment group) and a control group without intervention in order to show that the intervention caused the change (Cook et al., 2014). Randomized controlled trials and quasi-experimental designs also belong to the group experimental research. In randomized controlled trials, the researcher randomly assigns the individuals to the control group and the treatment group and this is considered as the "gold standard" in research (Cook et al, 2014). In quasi-experimental group designs, a group or more is assigned to the treatment group and a group or more is assigned to the control group however the researcher tries to maintain equal characteristics among participants by matching participants in order to make both control and treatments group as similar as possible (Cook et al., 2014). Single-subject research is unlike group experimental design because it does not require a control group. The researcher uses the single-subject research

to determine whether a functional relationship exists between the dependent variable which is the outcome and the independent variable which is the intervention (Cook et al, 2014).

The CEC standards include 28 quality indicators. Eighteen (18) of the quality indicators apply to group comparison and single-subject studies, 6 apply only to comparison studies and 4 are specific to single-subject studies (Cook et al., 2014). In the following sections, I will provide a brief description of the set of quality indicators for each topic area: context and setting, participants, intervention agents, description of practice, implementation fidelity, internal validity, outcome measures/dependant variables, data analysis, and social validity (Cook et al., 2014).

The study should describe the critical features regarding the context and setting (the type of school, type of program or classroom, geographic location, community setting). In order to understand the population that will benefit from the intervention, it is important to describe clearly the participants' demographics (age, gender, ethnicity, socioeconomic status, language status) and define clearly the difficulty of focus or disability and criteria for determining the disability or the difficulty (Cook et al., 2014). Researchers also need to clearly examine the role of the intervention agent (teacher, researcher, professional) and background variables (ethnicity, educational background, license). The study should also describe detailed intervention procedures and intervention agents' actions. The practice also needs to be implemented with fidelity by using direct reliable measures (checklist, observations, self-report) regularly (before, during, and after intervention) (Cook et al., 2014). With respect to internal validity, the study should describe the baseline and provide a clear description of the assignment to groups. Researchers should include detailed information on the comparison/control group and how participants are assigned to insure

the comparison conditions are meaningful. The researcher also considers the outcome as an indicator by examining how the study clearly defines and describes the measurement of variables and how the effects are reported on all measures of the outcome (Cook et al., 2014). Moreover, the researcher examines the appropriateness of frequency and timing of outcome measures. It is crucial to measure outcomes appropriately to ensure the validity of outcomes and make sure that the independent variable affected the dependent variable (outcome). The last indicator used includes data analysis and how a study reports information on effect size. The data analysis should be conducted appropriately by examining the data analysis techniques and by providing effect size calculations to determine the amount of the effect of an intervention on the participants or the group (Cook et al., 2014).

The quality indicators and criteria are used with studies that examine the effect of practice or intervention and programs on the outcome (Cook et al., 2014). Therefore, reviews should have clear indicators and studies should meet the indicators relevant to the research design. The studies were classified as being strong (all quality indicators were met), moderate (study meets all relevant quality indicators except those related to social validity, treatment fidelity, and effect size) or unacceptable methodological quality. The practices are classified as evidence-based, potentially evidence-based, mixed-effects, insufficient evidence or negative effects based on the number of single subjects, and group comparison studies of strong and moderate methodological quality with positive, neutral, and negative effects (Cook et al., 2014).

Evidence base practice: two to four comparison studies, five single-subject studies, meet 50 % of EBP and one comparison study and three single-subject studies (Cook et al.,

2014). For this item, CEC considers group experimental, non-randomly assigned group comparison, and single-subject design studies collectively (Cook et al., 2014).

Potentially evidence-based practices must be supported by one group comparison study with random assignment to groups and positive effects; two or three group comparison studies with nonrandomly assigned groups and positive effects; or two or four single-subject studies with positive effects. For this item, CEC considers group experimental, non-randomly assigned group comparison, and single-subject design studies collectively (Cook et al., 2014).

Mixed evidence must meet criteria for evidence-based practice or potentially evidence-based practice and the ratio of studies with positive effects to studies with neutral /mixed-effects is less than 2:1 or one or more studies with negative effects if these studies do not outweigh studies with positive effects (Cook et al., 2014).

Insufficient Evidence exists to meet the criteria for any of the other evidence-based (Cook et al., 2014). Practice with Negative Effects should include more than one study conducted with negative effects and the studies conducted with negative effects outweigh the studies with positive effects (Cook et al., 2014).

Table 3-0-1 Quality Indicators for Group Comparison and Single-Subject Studies

Quality indicator	Research design(s)
1.0. Context and setting. The study provides sufficient information regarding the critical features of the context or setting.	
1.1. The study describes critical features of the context or setting relevant to the review; for example, type of program or classroom, type of school (e.g., public, private, charter, preschool), curriculum, geographic location, community setting, socioeconomic status, and physical layout.	Both

2.0. Participants. The study provides sufficient information to identify the population of participants to which results may be generalized and to determine or confirm whether the participants demonstrated the disability or difficulty of focus.	
2.1. The study describes participant demographics relevant to the review (e.g., gender, age/grade, race/ethnicity, socioeconomic status, language status).	Both
2.2. The study describes disability or risk status of the participants (e.g., specific learning disability, autism spectrum disorder, behavior problem, at risk of reading failure) and method for determining status (e.g., identified by school using state Individuals With Disabilities Education Improvement Act [IDEA] criteria, teacher nomination, standardized intelligence test, curriculum-based measurement probes, rating scale).	Both
3.0. Intervention agent. The study provides sufficient information regarding the critical features of the intervention agent.	
3.1. The study describes the role of the intervention agent (e.g., teacher, researcher, paraprofessional, parent, volunteer, peer tutor, sibling, technological device/computer) and, as relevant to the review, background variables (e.g., race/ethnicity, educational background/licensure).	Both
3.2. The study describes any specific training (e.g., amount of training, training to a criterion) or qualifications (e.g., professional credential) required to implement the intervention, and indicates that the interventionist has achieved them.	Both
4.0. Description of practice. The study provides sufficient information regarding the critical features of the practice (intervention), such that the practice is clearly understood and can be reasonably replicated.	
4.1. The study describes detailed intervention procedures (e.g., intervention components, instructional behaviors, critical or active elements, manualized or scripted procedures, dosage) and intervention agents' actions (e.g., prompts, verbalizations, physical behaviors, proximity), or cites one or more accessible sources that provide this information.	Both
4.2. When relevant, the study describes materials (e.g., manipulatives, worksheets, timers, cues, toys), or cites one or more accessible sources providing this information.	Both
5.0. Implementation fidelity. The practice is implemented with fidelity.	
5.1. The study assesses and reports implementation fidelity related to adherence using direct, reliable measures (e.g., observations using a checklist of critical elements of the practice).	Both
Quality Indicator	Research design(s)
5.2. The study assesses and reports implementation fidelity related to dosage or exposure using direct, reliable measures (e.g., observations or self-report of the duration, frequency, curriculum coverage of implementation).	Both
5.3. As appropriate, the study assesses and reports implementation fidelity (a) regularly throughout implementation of the intervention (e.g., beginning, middle, end of the intervention period), and (b) for each interventionist, each setting, and each participant or other unit of analysis. If either adherence or dosage is assessed and reported, this item applies to the type of fidelity assessed. If neither adherence nor dosage is assessed and	Both

reported, this item is not applicable.	
6.0. Internal validity. The independent variable is under the control of experimenter. The study describes the services provided in control and comparison conditions and phases. The research design provides sufficient evidence that the independent variable causes change in the dependent variable or variables. Participants stayed with the study, so attrition is not a significant threat to internal validity.	
6.1. The researcher controls and systematically manipulates the independent variable.	Both
6.2. The study describes baseline (single-subject studies) or control/comparison (group comparison studies) conditions, such as the curriculum, instruction, and interventions (e.g., definition, duration, length, frequency, learner: instructor ratio).	Both
6.3. Control/comparison-condition or baseline-condition participants have no or extremely limited access to the treatment intervention.	Both
6.4. The study clearly describes assignment to groups, which involves participants (or classrooms, schools, or other unit of analysis) being assigned to groups in one of the following ways: a) randomly; b) non-randomly, but the comparison groups are matched very closely to the intervention group (e.g., matched on prior test scores, demographics, a propensity score; see Song & Herman, 2010); c) non-randomly, but techniques are used to measure differences and, if meaningful differences are identified— for example, statistically significant difference, difference greater than 5% of a standard deviation (What Works Clearinghouse [WWC], 2011)—to statistically control for any differences between groups on relevant pretest scores or demographic characteristics (e.g., statistically adjust for confounding variable through techniques such as ANCOVA or propensity score analysis); or d) non-randomly on the basis of a reasonable cutoff point (regression discontinuity design	Group comparison
6.5. The design provides at least three demonstrations of experimental effects at three different times.	Single-subject
6.6. For single-subject research designs with a baseline phase (alternating treatment designs do not require a baseline), all baseline phases include at least three data points (except when fewer are justified by study author due to reasons such as measuring severe or dangerous problem behaviors and zero baseline behaviors with no likelihood of improvement without intervention) and establish a pattern that predicts undesirable future performance (e.g., increasing trend in problem behavior, consistently infrequent exhibition of appropriate behavior, highly variable behavior)	Single-subject
Quality Indicator	Research design(s)
6.7. Overall attrition is low across groups (e.g.,< 30% in a 1-year study).	Group comparison
6.8. Differential attrition (between groups) is low (e.g., ≤10%) or is controlled for by adjusting for non-completers (e.g., conducting intent-to-treat analysis)	Group comparison

7.0. Outcome measures/dependent variables. Outcome measures are applied appropriately to gauge the effect of the practice on study outcomes. Outcome measures demonstrate adequate psychometrics.	
7.1. Outcomes are socially important (e.g., they constitute or are theoretically or empirically linked to improved quality of life, an important developmental/learning outcome, or both).	Both
7.2. The study clearly defines and describes measurement of the dependent variables.	Both
7.3. The study reports the effects of the intervention on all measures of the outcome targeted by the review (p levels and effect sizes [ES] or data from which ESs can be calculated for group comparison studies; graphed data for single-subject studies), not just those for which a positive effect is found. Both	Both
7.4. Frequency and timing of outcome measures are appropriate. For most single-subject studies, a minimum of three data points per phase is necessary if a given phase is to be considered as part of a possible demonstration of experimental effect (except when fewer are justified by study author due to reasons such as measuring severe or dangerous problem behaviors and zero baseline behaviors with no likelihood of improvement without intervention). For alternating treatment designs, at least four repetitions of the alternating sequence are required (e.g., ABABABAB; see Kratochwill et al., 2013).	Both
7.5. The study provides evidence of adequate internal reliability, inter-observer reliability, test–retest reliability, or parallel form reliability, as relevant (e.g., score reliability coefficient $\geq .80$, inter-observer agreement $\geq 80\%$, $\kappa \geq 60\%$).	Both
7.6. The study provides adequate evidence of validity, such as content, construct, criterion (concurrent or predictive), or social validity	Group comparison
8.0. Data Analysis. Data analysis is conducted appropriately. The study reports information on ES.	
8.1. Data analysis techniques are appropriate for comparing change in performance of two or more groups (e.g., t tests, ANOVAs/MANOVAs, ANCOVAs/MANCOVAs, hierarchical linear modeling, structural equation modeling). If atypical procedures are used, the study provides a rationale justifying the data analysis techniques.	Group comparison
8.2. The study provides a single-subject graph clearly representing outcome data across all study phases for each unit of analysis (e.g., individual, classroom, other group of individuals) to enable determination of the effects of the practice. Regardless of whether the study report includes visual or other analyses of data, graphs depicting all relevant dependent variables targeted by the review should be clear enough for reviewers to draw basic conclusions about experimental control using traditional visual analysis techniques (i.e., analysis of mean, level, trend, overlap, consistency of data patterns across phases).	Single-subject
8.3. The study reports one or more appropriate effect-size statistic (e.g., Cohen's d, Hedge's G, Glass's Δ, $\eta 2$) for all outcomes relevant to the review being conducted, even if the outcome is not statistically significant, or provides data from which appropriate ESs can be calculated.	Group comparison

(Cook et al., 2015, p. 5-6)

Figure 1 Evidence-Based Classification

Evidence-Based Classifications

1. Evidence-based practice

(a) Must be supported by at least:
- two methodologically sound group comparison studies with random assignment to groups, positive effects, and at least 60 total participants across studies;
- four methodologically sound group comparison studies with nonrandom assignment to groups, positive effects, and at least 120 total participants across studies; or
- five methodologically sound single-subject studies with positive effects and at least 20 total participants across studies; OR

(b) Meet at least 50% of criteria for two or more of the study designs described in (a). For example, the practice is supported by:
- one methodologically sound group comparison study with random assignment, positive effects, and at least 30 total participants, as well as three methodologically sound single-subject research studies with positive effects and at least 10 total participants; or
- three methodologically sound single-subject studies with positive effects and at least 10 total participants, as well as two methodologically sound group comparison studies with nonrandom assignment, positive effects, and at least 60 total participants; AND

(c) Include no methodologically sound studies conducted with negative effects and at least a 3:1 ratio of methodologically sound studies with positive effects to methodologically sound studies with neutral/mixed effects. For this item, CEC considers group experimental, nonrandomly assigned group comparison, and single-subject design studies collectively.

2. Potentially evidence-based practice

(a) Must be supported by:
- one methodologically sound group comparison study with random assignment to groups and positive effects;
- two or three methodologically sound group comparison studies with nonrandom assignment to groups and positive effects; or
- two to four methodologically sound single subject studies with positive effects; OR

(b) Meet at least 50% of criteria for two or more of the study designs described in (a). For example, practice is supported by one methodologically sound single-subject study with positive effects and one methodologically sound nonrandomly assigned group comparison study with positive effects; AND

(c) Include no methodologically sound studies conducted with negative effects and at least a 2:1 ratio of methodologically sound studies with positive effects to methodologically sound studies with neutral/mixed effects. For this item, CEC considers group experimental, nonrandomly assigned group comparison, and single-subject design studies collectively.

3. Mixed evidence

(a) Must meet criterion (a) or (b) for evidence-based practice or potentially evidence-based practice (regarding number of methodologically sound studies with positive effects supporting the practice) AND

(b) The ratio of methodologically sound studies with positive effects to methodologically sound studies with neutral/mixed effects is less than 2:1; OR one or more methodologically sound studies conducted with negative effects, as long as methodologically sound studies with negative effects do not outnumber methodologically sound studies with positive effects.

4. Insufficient evidence

Insufficient research exists to meet the criteria for any of the other evidence-based categories.

5. Negative effects

(a) Must include more than one methodologically sound study (of any acceptable design) conducted with negative effects, AND

(b) The number of methodologically sound studies conducted with negative effects outnumbers the number of methodologically sound studies with positive effects.

(CEC, 2014, p.509)

D. Search Procedure

In the first phase, databases were selected in order to search for the selected articles related to the psychology field. Two hundred twenty-two (n=222) results were obtained before selecting inclusion criteria. In order to narrow and be more specific, the titles and abstracts were screened and assessed. After reading abstracts and titles, the inclusion criteria were set to include the following elements:

(a) peer-reviewed journal articles.

(b) published during the last ten years (2010-2020).

(c) the selected language is English.

A total of 70 studies were identified through database searches that were done in the last ten years. Title and abstracts were screened and the full-text peer-reviewed articles were scanned and read. The peer-reviewed articles were screened and assessed to identify if they meet the inclusion criteria. Studies were excluded based on the following criteria:

(a) systematic reviews

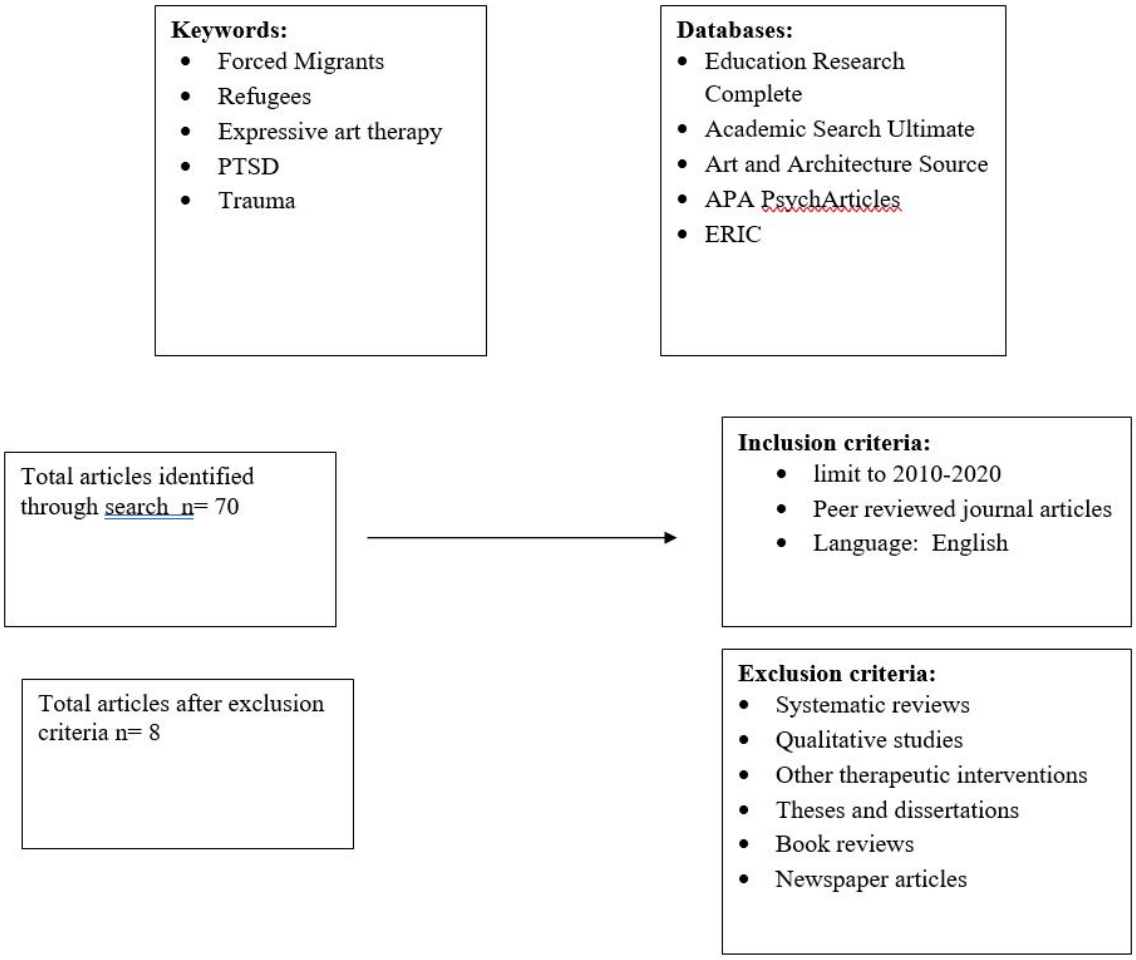
(b) qualitative studies that include case studies or analysis of drawings

(c) expressive art therapy that does not include arts

(d) other therapeutic interventions

(e) dissertations/book reviews

Figure 2 PRISM Diagram of Systematic Review Query



CHAPTER IV

SYSTEMATIC REVIEW FINDINGS

The findings in this chapter represent the analysis of eight intervention studies done during the last ten years. The studies selected were a mixture of single-subject design and group comparison design studies. The content-coding table is divided into 8 areas presenting the quality indicators: (a) context and setting; (b) participants; (c) intervention agent; (d) description of practice; (e) implementation fidelity; (f) internal validity; (g) outcome measures/independent variable; and (h) data analysis. Percentages to determine the quality indicators met are calculated after coding the elements across the studies. After reading the article and identifying the elements in each article, the element was coded as 1 if there is sufficient information regarding the indicator element and 0 if there is insufficient information for the indicator element by referring to the coding sheet based on the CEC (2014). The quality indicator for each element was calculated individually as well to determine the percentage met for each indicator across each study. To insure reliability, two researchers read and coded each of the 8 elements to
confirm the identified results and the information provided in the table above.

The quantitative results are reported in Table 4.1 and explained below based on each CEC indicator.

Table 0-1 Methodological Rigor by Quality Indicator

Quality Indicator	Moosa, Koorankot, Niqesh et al. (2017)	Rowe et al. (2017)	Feen-Calligan et al. (2020)	Schouten et al. (2018)	Ugurlu, et al. (2016)	Meyer DeMott et al. (2017)	van Wyk, et al. (2012)	Drozdek et al. (2013)	Quality indicator Met %
Context and Setting	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	**100 %**
Participants	2/2	2/2	2/2	2/2	2/2	2/2	2/2	2/2	**100 %**
Intervention Agent	1/2	2/2	2/2	1/2	2/2	2/2	2/2	1/2	**81%**
Description of practice	2/2	1/2	2/2	1/2	1/2	2/2	1/2	1/2	**69%**
Implementation fidelity	0/3	2/3	1/3	2/3	0/3	0/3	0/3	0/3	**21%**
Internal validity	2/6	2/6	3/6	3/6	2/6	4/6	2/6	4/6	**54 %**
Outcome measures/ dependent variables	4/5	4/5	4/5	4/5	4/5	5/6	4/5	5/5	**83%**
Data analysis	1/1	1/1	1/1	1/1	1/1	2/2	1/1	1/1	**100%**
Quality indicators met %	59%	68%	73%	68%	59%	75%	59%	68%	
Design of the study	S	S	S	S	S	G	S	S	

Table 0-2 Identified Articles

Journal Article	Author	Sample	Nationality	Context	Age
Solution focused art therapy among refugee children	Moosa et al. (2017)	30	Sharam Vihar and Mehrath	India	14-18 years old
Evaluating Art Therapy to Heal the Effects of Trauma Among Refugee Youth: The Burma Art Therapy Program Evaluation	Rowe et al. (2017)	30	Karen, Burmese	Burma	between the ages 11-20
Art therapy with Syrian **refugee** youth in the United States: An intervention study (include) 12 individuals consented to data collection—6 girls and 6 boys with a mean age of 10.	Feen-Calligan et al. (2020)	15	Syrian	U.S.A	between 7 and 14
Trauma-Focused **Art Therapy** in the Treatment of Posttraumatic Stress Disorder: A Pilot Study.	Schouten et al. (2018)	12	Russia, Iraq, Bosnia, Iran, Congo, Afghanistan, Ireland, and the Netherlands	Netherlands	18 years and older
An **art therapy** intervention for symptoms of post-traumatic stress, depression and anxiety among Syrian **refugee** children.	Ugurlu et al. (2016)	63	Syrian	Turkey	aged 7-12
A controlled early group intervention study for unaccompanied minors: Can Expressive Arts alleviate symptoms of trauma and enhance life satisfaction?	Meyer DeMott et al. (2017)	145	Afghanistan Somalia	Norway	Between 15 and 18
A longitudinal study of mental health in refugees from Burma: The impact of therapeutic	van Wyk, et al.	62	Burma	Australia	Between 18 and

interventions	(2012)				80
Seven Year follow Up Study of Symptoms in Asylum Seekers and Refugees with PTSD Treated With Trauma-Focused Groups	Drozdek et al. (2013)	69	Iranian and Afghan	Netherlands	Between 18 and 70

A. Context and Setting

One of the important and main factors that influence individuals and must be taken into consideration is providing an appropriate setting (Al-Hroub, 2010). According to the CEC standards, the articles must provide adequate information regarding context and setting (Cook et al, 2014). The authors need to describe the relevant setting and context in a clear and detailed manner such as mentioning the type of school, curriculum, geographic location, and community setting (Cook et al., 2014). The context and setting were explicitly stated in all articles and criteria were satisfied among all the studies. Findings show that all studies with a percentage of 100 % met the criteria regarding describing the context and the setting explicitly. Studies took place in different locations such as Turkey, Sharam Vihar, Mehwath, Australia, and the United States. However, the article that showed a very detailed description of the setting was the study done by Meyer DeMott et al. (2017) where the geographical location and center were described clearly and a thorough explanation was present on how the participants were guaranteed not to be moved out during the 6-week program. van Wyk et al. (2012) also described the geographical location in a detailed and clear way to describe how participants are allocated to the area covered by resettlement services.

B. Participants

All the elements regarding participants' criteria were met by providing sufficient information on participants' demographics. The studies described explicitly the trauma symptoms and measurement scales used to test for traumatic symptoms. They met the criteria related to participants and all six studies satisfied the requirements. In a study done by Ugurla et al. (2016), the researchers provided a table describing socio-

demographic information of participants [age (7-12), gender, education, place of settlement and the years of settlement]. The tests used were clearly described as tools that test for traumatic experiences in this study. In the study done by Schouten et al. (2018) with 18-year-old patients and older, demographic information was also collected and presented (gender, age, education, medication, previous treatment, previous art therapy treatment, comorbidity, language and country of origin, and the number of traumatic experiences and time of trauma. Similarly, a detailed demographic table was presented by Meyer DeMott et al. (2017) that describes participants' gender, age, and the number of participants with detailed inclusion criteria regarding parents, education, and country of origin. van Wyk et al. (2012) also provided a detailed table regarding demographic characteristics of Burness participants by including education, marital status, visa status, ethnic group, and religion. In the study done by Moosa et al. (2017) the criteria regarding participants were not as detailed as in previous articles. However, the article provided sufficient information regarding age, gender and the instruments used for the measurement of symptoms. The sample consisted of 30 children of the age group 14-18 years old from refugee camps. In the study done by Rowe et al. (2017), the authors did not provide a socio-demographic table but they mentioned the age, gender, classes and for how long they have been living in the United States. The sample included 30 middle and high school students between the ages of 11-20. Similarly, the article conducted by Feen- Calligan et al. (2020) did not include a detailed socio-demographic table but there was sufficient information regarding gender, age, and time in the United States and participants were 15 children of ages between 7 and 14.

C. Intervention Agent

This indicator suggests two elements which are the role of the intervention agent and background if relevant and the description of training, certification or qualifications of the intervention agent (Cook et al., 2014). The findings show that studies met the element for the intervention agent description. 5 articles met the criteria for the quality indicators' elements. In the studies done by Schouten et al. (2018) and by Drozdek et al. (2013), the qualifications, certification or description of the training of the art therapist was not mentioned. Similarly, the researcher's background or certification or description of training was not included in the study conducted by Moosa et al. (2017). In several studies, additional agents were included such as licensed art therapists, psychologists, psychiatrists, Syrian college students, graduate students, and translators.

D. Description of Practice

In order to meet the standard related to the description of practice, two elements must be included in a study. Authors need to provide enough information regarding the intervention methods in terms of dosage and content and authors need to describe materials or access to the materials used in the intervention (Cook et al, 2014). Only three studies reported information related to both elements and met the requirement. The studies provided detailed information by stating the questions asked during the intervention and providing enough materials to clearly describe the dosage and content of the intervention. Ugurla et al. (2016) provided sufficient information regarding what the art therapy session will include and described the time and dosage of intervention with pre and post-assessments. However, the author did not provide enough information regarding the description of materials (Ugurla et al., 2016). In the study done by Rowe

et al. (2016), the researchers provided sufficient information regarding dosage and the process evaluation framework during the intervention phase but there was insufficient information regarding the materials used and the detailed process was missing regarding the art therapy techniques used. Similarly, Drozdek (2013) provided a table showing the phases of intervention with the content but did not provide enough materials to describe the specificity of the intervention. In the study done by Schouten et al., (2018), the sessions were explained by the researchers but the specific elements of art therapy were not evident and reported. Therefore, this study did not explicitly describe the intervention procedure and materials used and only general information was provided by the researchers. Also, the study that was conducted by van Wyk, et al. (2012) did not describe materials or provided accessible sources.

E. Implementation Fidelity

Three elements must be present to ensure that art therapy treatments were implemented with fidelity (Cook et al, 2014): (a) implementation fidelity regarding adherence using measures such as observation checklists (b) dosage and exposure using direct measures, and (c) reporting implementation fidelity throughout the intervention and by the unit of analysis. Five out of eight studies did not meet implantation fidelity requirements and it was not mentioned in the studies. In the article Rowe et al. (2017), the authors described how the therapists were able to follow the planned protocol for administering assessment tool and dose delivered but it did not clearly state the measures used such as observation checklists or self-reports of the implementation by unit analysis. Shouten et al. (2018) applied the protocol checklist that gave therapists ways to direct sessions and the patients reported satisfaction regarding the session. A

checklist regarding treatment adherence was included in this study. However, the questionnaire developed by the author was not clearly described and explained thoroughly. In the article Feen-Calligan et al. (2020), the study did not include measures or checklists to determine fidelity implementation but the study provided information regarding analyzing sessions by the team and refining sessions by adding recommendations and tracking changes to the following session or week. The observation checklists or self-reports in addition to the dosage were not clearly present in the study.

F. Internal Validity

This indicator includes 9 internal validity items per design type (Cook et al., 2014). (a) For both types of design studies, the researcher needs to control and manipulate the independent variable (b) describe baseline or control conditions (c) control or baseline condition must have no or limited access to intervention (d) for group design type, the researcher must describe the assignment to groups (e) the overall attrition must be low (f) the differential attrition must be low (g) for single-subject design, the design must include three different times of three demonstrations of experimental effects (h) all baseline phases must include three at least three data points (i) design controls threats to internal validity.

For the group design type done by Meyer DeMott et al. (2017), the researchers reported information regarding baseline and assignment of participants but did not clarify if the control group had limited access to intervention. Moreover, in the study done by Meyer DeMott et al. (2017), the differential attrition was less than 10 percent but the overall attrition was higher than 30 percent.

In the single design study done by Feen- Calligan et al. (2020), the independent variable was controlled, the baseline was described, and the study reports that the control group had no access to intervention. The study was done by Feen-Calligan et al. (2020) clearly described the assignment by reporting how participants were gathered and matched based on variables. However, Feen-Calligan et al. (2020) did not provide three data points and did not report threats to internal validity. In the study done by Rowe et al. (2017) following criteria were not met: The researchers reported that participants had access to other mental health resources. In addition, the authors did not provide three data points. In the study done by Moosa et al. (2017), the researchers did not report whether baseline condition participants had limited access to intervention, and they did not indicate common threats to internal validity. Moreover, Moosa et al.(2017) did not include three demonstrations of experimental effects at three different times. In the study done by Schouten et al. (2018) as well as the study done by Ugurlu et al. (2016), the researchers in both articles did not indicate whether participants in the baseline condition had access to the intervention and did not report three data points. Similarly, van Wyk, et al. (2012) did not indicate whether participants had limited access to intervention in the control condition, did not provide three data points. In all the single design studies presented, none of the articles controlled for common threats in internal validity and the only article that provided three data points was the study conducted by Drozdek (2013).

G. Outcome Measures/ Dependent Variables

This indicator includes 6 elements related to design type (Cook et al., 2014) (a) In both design types, studies must provide socially important outcomes (b) researchers

need to define the dependent variable; (c) the study must report effects of the intervention; (d) the study needs to report the frequency and timing of measures; (e) study must provide adequate internal reliability; (f) For group design type, the study must provide adequate evidence of validity. All the studies controlled and manipulated the independent variable, and the baseline was described in all the studies. All studies provided outcomes that are socially important and the dependent variable was defined. Moreover, all studies included the effects of the intervention. The study that met all elements was the study conducted by Drozdek et al. (2013) because in this study the tools used were validated across cultural settings and demonstrated good interrater and test-retest reliability. Moreover, in the study done by Drozdek et al. (2013), three data points were reported. Rowe et al. (2017) reported that validated assessment tools were used in this study and measures of internal consistency among items for each of the scales were strong. Similarly, the measurement tools used in the study done by Schouten et al. (2018) and the study done by van Wyk, et al. (2012) had been validated and the reliability was good. In addition, Moosa et al. (2017) reported in the study that the measurement tools used were reliable with internal reliability higher than 80. Similarly, the study done by Ugurlu et al. (2016) provided evidence of internal reliability and the study done by Feen-Calligan et al. (2020) provided evidence of reliability and validity. The study that provided three data points was the study done by Meyer DeMott et al. (2017) but the authors did not provide adequate information regarding internal reliability.

H. Data Analysis

Three elements are included in the data analysis criteria. Two items belong to the group design study and one item belongs to the single-subject design study. For group design study, the study should report effect size statistics and data analysis techniques need to be provided to compare the change of outcome of the groups (Cook et al, 2014). As for single-subject design, the authors need to provide a graph to represent the outcome data across the phases of the study (Cook et al, 2014). Regarding this indicator, all the studies met the criteria since the single-subject design studies provided graphs showing the outcome data and in the group design subject study the data analysis techniques were clearly reported.

CHAPTER V

DISCUSSION AND CONCLUSION

This systematic review is the first that has been conducted to examine art therapy with a focus on Refugees having PTSD symptoms in the last 10 years (2010-2020). After representing quality indicators to compare studies and evaluate the findings related to each element, we can compare and contrast the results found between studies. First, we can deduce that most studies done were single-subject study designs and the studies were done across different contexts. In some studies, art therapy has been used in the intervention as an independent component while in other studies art therapy has been used as part of expressive, creative or group therapy. All studies met the quality indicators related to context and participants and we can deduce that the studies described clearly the features of the context and setting studies provided enough information related to participants demographics as well as a clear description of the status of participants. We can notice variation among results regarding the other quality indicators which are the description of practice, implementation of fidelity, intervention agents, data analysis, internal validity and outcome measures. Most of the studies (5 out of 8 studies) met the criteria related to intervention agents and most of the studies described the role of the therapist, qualifications and the specific training. When examining the description of the intervention, only 3 studies met this quality indicator by providing a clear and detailed description of the intervention with sufficient materials to describe it specifically. The studies that did not meet this quality indicator lacked the element that is related to providing sufficient information for materials relevant to the intervention being described. As for implementation fidelity, none of the

articles met this quality indicator and this proves that most of the studies were not implemented with fidelity. In fact, only one article met fidelity requirements two elements out of the three elements were met).

There has been a lack in meeting the elements regarding this quality indicator since only 3 out of 8 studies met these criteria. Furthermore, 4 studies did not meet the quality indicator when examining internal validity and two studies met half of the elements. Only 2 studies met 4 elements out of the 6 elements and none of the studies met all the elements regarding internal validity. When examining the outcome measures, we also notice variation among results. Only one study met all elements for this quality indicator and most of the studies did not provide a minimum of three data points per phase. As for the criteria related to data analysis, all the studies met these criteria and data analysis was conducted properly by clearly representing the outcome data across the study phases in order to determine the effects of an intervention.

For an intervention to be evidence-based, five single-subject studies with at least 20 participants across the studies are required or four group comparisons with a nonrandom assignment (Cook et al, 2014). Therefore, we can consider that this intervention is evidence-based since the following condition has been met which includes five single-subject studies with at least 20 participants across studies.

After evaluating the relevant studies, it can be noted that all studies can be considered methodologically sound studies since the overall quality indicators have been met in all studies. The group-design study had the highest percentage regarding meeting quality indicators (75%). The single-subject design done by Feen- Calligan et al. (2020) also showed a high percentage of quality indicators being met (73%). Three studies of single-subject design met a percentage of 68 % of the overall quality

indicators. Three other studies of single-subject design studies also met the quality indicators with a percentage of 59%. We can also deduce that the quality indicator regarding implementation fidelity has not been met showing a very low percentage (21%). Moreover, studies need to consider improving internal validity during practices since it showed an average percentage (54 %). Description of practice need also to be enhanced in further studies since the overall percentage regarding this quality indicator among studies is 69%. while the other quality indicators showed a high percentage being met by the relevant studies.

A. Implications for Research and Practice

The main findings and results revealed positive feedback towards integrating art therapy practiced with refugees suffering from PTSD. After exploring and investigating the quantitative methodologies found in research, a consensus found in all of the articles that have been reviewed in this study is that art therapy may be considered as an effective intervention with refugees or forced migrants that suffer from traumatic symptoms or PTSD. However, few articles have been found that include group comparison. We can suggest that more group-design studies are also needed across other different contexts to identify how the art therapy approaches were used. Therefore, this field or area of practice needs to be further explored, developed and enhanced since art therapy-based interventions may lead to positive effects on individuals suffering from PTSD. Further systematic reviews that combine both qualitative and quantitative methodologies may be included to explore the elements that may affect and decrease traumatic symptoms. This review developed a bridge between what literature presents, what therapists know and what therapists do in practice. To

improve transferability of practice, further quantitative studies are needed that aim at enhancing fidelity implementation and having sufficient information regarding internal validity. Future studies need to provide more detailed materials or resources when describing the practice in the studies. In addition, researchers need to focus on implementation fidelity because studies lacked sufficient information regarding reporting implementation fidelity throughout the intervention. Moreover, studies need to improve the criteria related to interval validity as it can cause a threat since some studies did not provide three data points or clarify if the control group had limited access to intervention. After examining the table and comparing the ages of participants, it is essential to improve practices in future studies by focusing on children as participants since most of the studies included adolescents or adults. Many other factors or variables may also be affecting and should be taken into consideration and for this reason it would seem that in-depth additional data or elements may be included to address the concerns. It may also be difficult to come up with clear conclusions about the most effective interventions and practices because of the small sample groups. It would be important to conduct further comparative studies among different contexts and wider populations to draw firmer conclusions about the most effective interventions for traumatized refugee learners.

B. Limitations of the Study

To conclude this paper, this section first summarizes the study's limitations and then some recommendations and future suggestions are presented. Some questions may be raised

about analyzing results and evaluating different studies. Possible explanations are also added in order to discuss recommendations for future studies.

Initially, a small number of studies were located through the databases since few studies were published including refugees that are children and for this reason, the participants of all ages are included. Most of the studies located during the search procedure were qualitative studies and this indicated that few studies were done that include intervention or experimental procedure. This may reflect that researchers need to shift towards empirical evidence more than case studies or qualitative research. Second, the search is limited to peer-reviewed journal articles and thus excluding dissertations or other types of studies may be a limitation. In addition to that, including peer-reviewed journal articles that are in the English language only may also be considered as one of the limitations in the study. Saying this, it can be noted that the low number of articles may limit generalizing the findings. Moreover, the number of studies located may be insufficient to present a statistical measurement or meta-analysis. Results and findings also show the importance and need for future studies and more experimental studies because it is essential to improve the practices and methods of implementation. Future systematic reviews may also need to improve search procedures by examining more databases or including additional resources to improve search procedures yielding more accurate results. It is also essential to examine these practices with other participants (military, participants who witnessed war but did not leave the country and others) or participants suffering from other types of disorders or symptoms to compare the effectiveness of these practices.

REFERENCES

Al-Hroub, A. (2010). Programming for mathematically gifted children with learning difficulties in Jordan. *Roeper Review, 32*, 259-271.

Al-Hroub, A., Saab, C., & Vlaardingerbroek, B. (2020). Addressing the educational needs of street children in Lebanon: A hotchpotch of policy and practice. *Journal of Refugee Studies.* https://doi.org/10.1093/jrs/feaa091

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) Arlington, VA: American Psychiatric Publishing.

Al-Balhan, E. M. (2006). The Children's Depression Inventory as a reliable measure for post-Iraqi invasion Kuwaiti youth. *Social Behaviour and Personality: An International Journal, 34*(4), 351-366.

Almoshmosh, N. (2016). The role of war trauma survivors in managing their own mental conditions, Syria civil war as an example. *Avicenna Journal of Medicine, 6*, 54.

Aromataris, E., & Pearson, A. (2014). The systematic review: An overview. *The American Journal of Nursing, 114*(3), 53-58. http://doi.org/10.1097/01.NAJ. 0000444496.24228.2c

Baddoura, C., & Merhi, M. (2015). PTSD among children and adolescents in the Arab world. *Arab Journal of Psychiatry, 26*, 129-136.

Barrett, P.M., Sonerreger, R., & Xenos, S. (2003). Using FRIENDS to combat anxiety and adjustment problems among young migrants to Australia: A national trial. *Clinical Child Psychology and Psychiatry, 8*, 241-260.

Bernard, M.E., & Stephanou, A. (2018). Ecological levels of social and emotional wellbeing of young people. *Child Indicators Research, 11*, 661- 679.

Boydel, C. (2014). Music and Gestalt. *Gestalt Journal of Australia and New Zealand, 11,* 92.

Center for Educational Research and Development (CERD). *Annual report on education* (1980-2016). Lebanon, Beirut.

Bucciarelli, A. (2016). Art therapy: A transdisciplinary approach. *Art Therapy. 33,* 151-155.

Chalmers I, Hedges LV, Cooper H. A. (2002). Brief history of research synthesis. *Evaluation and the Health Professions, 25,* 12-37

Chesley, G. L., Gillet, D. A., & Wagner, W. G. (2008). Verbal and nonverbal metaphor with children in counseling. *Journal of Counseling and Development, 86*, 399-411.

Case, C., & Dalley, T. (2014). *The handbook of art therapy* (3rd ed.). Hove, East Sussex: Routledge.

Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. Guilford Press.

Colmen, V.D., & Farris-Dufrene, P.M. (2013:2014). *Art therapy and psychotherapy: Blending two therapeutic approaches.* New York: Routledge.

Cook, B., Buysse, V., Klingner, J., Landrum, T., McWilliam, R., Tankersley, M., & Test, D. (2014). Council for Exceptional Children: Standards for evidence based practices in special education. *Teaching Exceptional Children*, *46*(6), 206-212.

Corey, G. (2013). *Theory and practice of counseling and psychotherapy*. Canada: Brooks/ Cole, Cengage Learning.

Daud, A., Klinteberg, B., & Rydelius, P.A. (2008). Resilience and vulnerability among refugee children of traumatized and non-traumatized parents. *Child and*

Adolescent Psychiatry and Mental Health, *2*, 7. https://doi.org/10.1186/1753-2000-2-7

Gall, M. D., Gall, J. P., & Borg, W. R. (2014). *Applying educational research: How to read, do, and use research to solve problems of practice*. Hoboken, NJ: Pearson Higher Ed.

Gambrill, E.(2006). Evidence-based practice and policy: Choices ahead. *Research on Social Work Practice, 16*(3), 338-357. https://doi.org/10.1177/1049731505284205

Ghumman, U., McCord, C. E., & Chang, J.E. (2016). Posttraumatic stress disorder in Syrian refugees: A review. *Canadian Psychology/Psychologie Canadienne, 57*, 246-253.

Gil, E. (2006). *Helping abused and traumatized children: Integrating directive and nondirective approaches.* New York: Guilford Press.

Eaton, L. G., Doherty, K.L., & Widrick, R. M. (2007). A review of research and methods used to establish art therapy as an effective treatment method for traumatized children. *The Arts in Psychotherapy, 34*, 256 - 262.

Edwards, D. (2004). *Creative therapies in practice: Art therapy.* SAGE Publications

El Chammay, R., & Ammar, W. (2014). Syrian crisis and mental health system reform in Lebanon. *The Lancet, 384*, 494.

Clift, S. Fancourt, D. and Finn, S.(2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. *Nordic Journal of Arts, Culture and Health*, *2*(1), 77-83.

Fizpatrick, F. (2002). A search for home: The role of art therapy in understanding the experiences of Bosnian refugees in Western Australia. *Art Therapy, 19*, 151-158.

Hadfield, K., Ostrowki, A., & Ungar, M. (2017). What can we expect of the mental health and well-being of Syrian refugee children and adolescents in Canada? *Canadian Psychology/Psychologie Canadienne, 58*, 194-201.

Hafstad, G., Dyb, G., Jensen, T.; Steinberg, A., Pynoos, R. (2014). PTSD prevalence and symptom structure of DSM-5 criteria in adolescents and young adults surviving the 2011 shooting in Norway. *Journal of Affective Disorders, 129,* 40-46.

Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. J. (2016). Mental Health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences, 25*, 129-141.

Hopkins, S., Huici, V., & Bermudez, D. (2005). Therapeutic play with Hispanic clients. In E. Gil & A. A. Drewes (Eds.), *Cultural issues in play therapy* (pp. 148-179). New York: Guilford Press.

Huet, V. (2015). Literature review of art therapy-based interventions for work-related stress, *International Journal of Art Therapy*, *20,* 66-76,

Huss, E. (2015*). A theory-based approach to art therapy: Implications for teaching, research, and practice* (1st ed.). Routledge.

Isfahani, S. N. (2008). Art therapy with a young refugee woman–survivor of war. *International Journal of Art Therapy*, *13*, 79-87.

Kalmanowitz, D., & Ho, R.T. (2016). Out of our mind: Art therapy and mindfulness with refugees, political violence and trauma. *The Arts in Psychotherapy, 49,* 57 -

Kazour, F., Zahreddine, N., Maragel, M., Almustafa, M., Soufia, M., Haddad, R., & Richa, S. (2017). Post-traumatic stress disorder in a sample of Syrian refugees in Lebanon. *Comprehensive Psychiatry, 72,* 41- 47.

Kern, M., Waters, L., Adler, A., & White, M. (2015). A multi-dimensional approach to measuring well-being in students: Application of the OERMA framework. *Journal of Positive Psychology, 10*, 262- 271.

Keyes, C. (2002). The Mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*, 207 – 222.

Khamis, V. (2005). Posttraumatic stress disorder among school-age Palestinian children. *Child Abuse & Neglect, 29*, 81 – 95.

Khamis, V. (2012). Impact of war, religiosity and ideology on PTSD and psychiatric disorders in adolescents from Gaza strip and south Lebanon. *Social Science & Medicine, 74*, 2005-2011.

Klassen T. P, Jadad A. R, Moher D. (1988). Guides for reading and interpreting systematic reviews.1.Getting Started. *Arch Pediatr Adolesc Med, 152,* 700-704.

Kubitary, A., & Alsaleh, M. (2018). War experiences, posttraumatic stress disorder, sleep disorders: Clinical effectiveness of treatment by repeating phrases of positive thoughts (TRPPT) of mental-war disorders in Syrian refugee children and adolescents war victims - A new therapeutic trial. *Sleep and Hypnosis, 20*, 210-226.

Kretlow, A. & Blatz, S. (2011). The ABCs off evidence-based practices for teachers. *Teaching Exceptional Children, 43*, 8-19.

Ledford, J. R., Zimmerman, K. N., Schwartz, I., & Odom, S. (2018). Guide for the use

of single case design research evidence. *Division for research of the council for exceptional children. https://higherlogicdownload.s3.amazonaws. com/SPED/b7acd4b4-bc4d-4c1f-a7d4-efab3d52da44/UploadedImages/Evidence %20Based%20Practice/CEC-DR_SCD_Guide. pdf*.

Malchiodi C. (2011). *Handbook of art therapy* (Ed.). New York, NY: Guilford Press.

Malchiodi, C. (2006). *What is art therapy? Art therapy sourcebook* (2nd ed.). New York, NY: McGraw-Hill Contemporary.

Malchiodi, C.A. (2012). Expressive therapies: History, theory, and practice. In C.A. Malchiodi (Eds.), *Handbook of expressive therapies* (pp. 16-45). New York: Guilford Press.

Malchiodi, C.A. (2001). Using drawings as interventions with traumatized children. *Trauma and Loss: Research and Interventions*, *1*, 21- 27.

McLaughlin, C., & Al-Hroub, A. (2016). Understanding and supporting vulnerable children in schools in Lebanon. *Education and Youth Policy Research*. retrieved from https://www.aub.edu.lb/ifi/Documents/publications/policy_briefs/2016-2017/20161011_vulnerable_children.pdf

McNeilly, G. (1983). Directive and non-directive approaches in art therapy. *The Arts in Psychotherapy, 10*, 211-219.

Moon, C. H. (2010). *Materials and media in art therapy*. New York: Routledge.

Morrell, M. (2011). Signs and symbols in art therapy. *Journal of Clinical Art Therapy, 1*, 25-32.

Naumburg, M. (1966). Dynamically oriented art therapy. *Current Psychiatric Therapies*, *7*, 61-68.

Oster G. D., & Crone, P.G. (2004). *Using drawings in assessment and therapy: A guide for mental health professionals.* New York, NY: Psychology Press.

Reese Masterson, A., Usta, J., Gupta, J., & Ettinger, A. S. (2014). Assessment of reproductive health and violence against women among displaced Syrians in Lebanon. *BMC Women's Health, 14,* 25.

Reynolds, M. W., Nabors, L., & Quinlan, A. (2000). The effectiveness of art therapy: Does it work? *Art Therapy, 17*, 207 – 213.

Mallett, R., Hagen-Zanker, J., Slater, R., & Duvendack, M. (2012). The benefits and challenges of using systematic reviews in international development research. Journal of development effectiveness, 4(3), 445-455. http:// doi: 10.1080/ 19439342.2012.7113

Rogers, N., Tudor, K., Tudor, L.E. & Keemar, K. (2012). Person-centered expressive arts therapy: A theoretical encounter. *Person-Centered & Experiential Psychotherapies, 11,* 31-47.

Rubin, J. (2016). *Approaches to art therapy*. New York: Routledge

Rubin, J.A. (Ed.). (2015). *Approaches to art therapy: Theory and technique.* Routledge

Russo, J., Katon, W., & Zatzick, D. (2013). The development of a population-based automated screening procedure for PTSD in acutely injured hospitalized trauma survivors. *General Hospital Psychiatry, 35,* 485-491.

Schouten, K.A., Niet, G.J. D., Knipscheer, J. W., Kleber, R. J., & Hitschemaekers, G. J. M. (2015). The effectiveness of art therapy in the treatment of traumatized adults. A systematic review on art therapy and trauma. *Trauma, Violence & Abuse, 16*, 220-228.

Seligman, M. (2009). *Authentic happiness.* New York: Free Press.

Seligman, M. (2011). *Flourish: A visionary understanding of happiness and well-being.* New York: Free Press.

Sirin, S., & Rogers-Sirin, L. (2015). *The educational and mental health needs of Syrian refugee children. Young Children in Refugee Families.* Washington, DC: Migration Policy Institute.

Sommers-Flanagan, J. (2007). The development and evolution of person-centered expressive art therapy: A conversation with Natalie Rogers. *Journal of Counseling and Development, 85,* 120-125.

Smith, A. (2016). A literature review of the therapeutic mechanisms of art therapy for veterans with post-traumatic stress disorder. *International Journal of Art Therapy. 21*, 66-74.

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines.*Journal of Business Research, 104,* https://doi.org/10.1016/j.busres. 2019.07.039.

Spence, S. (1998). A measure of anxiety symptoms among children. *Behaviour Research and Therapy*, *36*, 545-566.

Spielberger, C. D. (1983). *Manual for the State-Trait Inventory: STAI (Form Y).* Pai Alto, CA: Consulting Psychologists Press

Steel, W. (2001). Using drawing in short-term trauma resolution, In C.A. Malchiodi, *The clinical handbook of art therapy.* New York: The Guilford Press.

Steinberg, A., Brymer, M., Kim, S., Briggs, E., Ippen, C., Ostrowski, S., Gully, K.; Pynoos, R. (2013). Psychometric properties of the UCLA PSD reaction index. Part II: Investigating factor structure findings in a national clinic referred youth sample. *Journal of Traumatic Stress, 26*, 10-18.

Steinberg, Alan (2004). The University of California at Los Angeles post-traumatic stress disorder reaction index. *Current Psychiatry Reports, 6,* 96-100.

Strech, D., & Sofaer, N. (2012). How to write a systematic review of reason. Journal of Medical Ethics, 38(2), 121-126.https:doin.org/10.1136/medethics-2011-100096

Stuckey, HL; Nobel, J. (2010). The connection between art, healing, and public health: A review of current literature. *American Journal of Public Health, 100*, 254-263.

Thabet, A. A. M., Abdulla, T., Elhelou, M. W. A & Vostanis, P. (2006). Effect of trauma on Palestinian children's mental health In the Gaza Strip and West Bank. In C. W. Greenbaum, P. Veerman & N. Bacon-Shnoor, (Eds.). *Protection of children during armed political conflict: A multidisciplinary perspective* (pp. 123-142). Antwerpen-Oxford: Intersentia.

Tokuda, Y. (2011). Chapter 1. In M. Limora, (Rd.): *Art therapy,* Nihon Hyoronsha, (pp.2-21), Tokyo, Japan.

MacDoughall, C. (2002). Rogers person-centered approach: Consideration for use in multicultural counseling. *Journal of Humanistic Psychology, 42,* 48 - 65.

Matson, J. L. (2017). *Handbook of social behavior and skills in children* (1st ed.). Cham: Springer Verlag.

UNHCR (2013). *Assessment of mental health needs and psychosocial support of Syrians*. Retrieved from: https://www.data.unhcr.org/syrianrefugees/download.php?id=5194

Ugurlu, N., Acka, L. & Acarturk, C. (2016). An art therapy intervention for symptoms of post-traumatic stress, depression and anxiety among Syrian refugee children. *Vulnerable Children and Youth Studies, 11*, 89-102.

Wee, B.V., & Banister, D. (2016). How to write a literature review paper? *Transport Reviews, 36*(2), 278-288. https://doi.org/10.1080/01441647.2015.1065456

Weinstein, N., Khabbaz, F., & Legate, N. (2016). Enhancing need satisfaction to reduce psychological distress in Syrian refugees. *Journal of Consulting and Clinical Psychology 84,* 645-650.

Weitzman, S. (2007). *Seven essential skills to teach children*. Belleville, ON: Self-published.

What Works Clearinghouse. (2011). *Procedures and standards handbook* (version 3.0). Institute of Educational Sciences Retrieved from https: // ies.ed.gov/ncee/wwc/ Refrences/idocviewer/doc.aspx? docid=19&tocid=1