

Using Focusing-Oriented Art Therapy to Form Secure Attachments

A Grant Proposal
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Abstract

This grant proposal describes significant implications for the importance of creating a group using Focusing-oriented art therapy interventions that can be utilized when working with high-risk populations that have insecure attachments, and have recently become new mothers. This proposal also explores attachment theory along with different attachment styles and caregiver roles to provide an understanding for the importance of this grant. The existing research is presented and the need for additional research on this topic is explored and a brief qualitative method to expand on is stated. Lastly, the researcher hypothesizes that Focusing-oriented art therapy will increase the ability for high risk and low-income new mothers to develop healthy attachments with their infants.

Introduction of Sponsoring Agency

Mission Statement

To help children and families through the most difficult times of their lives.

History and Vision

Seneca Center for Children and Families was founded in 1985 because several caring, visionary people saw a tragedy unfolding: Far too many children were failing in group homes and foster family care. In response, Seneca set out to develop mental health treatment and support services on the principle that emotionally troubled youth do not themselves fail, but are instead failed by systems unable to address their complex and specialized needs.

Throughout the 1990s and into the 21st century, Seneca has dedicated itself to becoming a “system of care” agency providing a comprehensive continuum of community-based and family-focused treatment services for children and families.

Seneca’s continuum of care now includes in-home wraparound services; foster family-based treatment; mobile crisis response services; integrated day treatment and special education services; after-school therapeutic recreation services; public school-based mental health services, and residential treatment.

Service Philosophy

Seneca Center for Children and Families is a leading innovator in the field of community-based and family-focused treatment services for children and families. Seneca's success with the most challenging children rests upon the agency's commitment to five core service principles:

Unconditional Care

Once accepted into care, no child is ejected from Seneca due to challenging behaviors or service needs. Seneca tailors treatment and support services to address those behaviors and meet those needs, even as they change over time.

Parent-Driven, Strength-Based Service Planning

At Seneca, we form partnerships with parents and focus on families' strengths and competencies when planning and delivering services.

Individualized Care

To enable troubled children to succeed at home, at school and in the community, Seneca works with each child and family to design and provide an individualized package of services tailored to meet their unique needs and circumstances.

Cultural Competence

Seneca's culturally and ethnically diverse team of professionals respect client strengths, talents and cultural heritage, working with each child and family in the context of their histories and experience.

Interagency Collaboration

Seneca staff work closely with county agencies, school districts, and other community-based providers to ensure that children and families receive the supportive services they need to achieve lasting success.

Problem Statement

Vital to every human being is the need for connection and human relationships, to feel and be loved and taken care of by another. Babies are born with an innate need for human connection, protection, nurture, and love (Sprison & Berrick, 2010). In the 1940s observations of institutionalized infants that were well-nourished but were deprived of human contact physically declined and even died (Sprison & Berrick, 2010). The antiquated idea behind this deprivation was that it was better not to touch the infants to avoid risks of giving them infection from contact. However, it was documented and proven that even though basic needs such as feeding and bathing were met, the lack of human contact, nurture, affection, and engagement led to severe negative impacts and babies would literally give up and die, while those that survived had greater risk of infection and demonstrated an inability to regulate their own emotions along with other negative outcomes (Sprison & Berrick, 2010). Therefore, it is essential that infants receive affection and human connection in order to live and thrive.

Further, researchers have found that when parents have experienced severe trauma and are at high risk for low income, stressors related to mental health, substance abuse, and or domestic violence, there are serious consequences for their children such as lowered I.Q. and cognitive development; failure to master age-appropriate developmental tasks in early childhood, increasing evidence of maladaptive social and emotional

functioning in childhood and high-risk behaviors in adolescence, risk transmitted to the next generation, and high levels of mental health problems as adults (Knitzer & Lefkowitz, 2006). These affects are most often seen in children that have been abused and neglected as a result of a parent that is struggling with substance abuse, mental health issues, domestic violence, or other serious stressors (Sprinson & Berrick, 2010).

Additionally, according to Knitzer and Lefkowitz (2006), impaired parenting, which can be defined as harsh, inconsistent, or indifferent parenting, is known to correlate to poor developmental and emotional outcomes in young children. Some of the factors that put children at serious risk for such parenting include maternal depression, substance abuse, domestic violence, and the parents' own unaddressed childhood or current trauma (Knitzer & Lefkowitz, 2006). There is an estimated 10 percent of all young children who live with parental substance abuse or dependence and an estimated 1.4 million to 4.2 million young children who experience domestic violence (Knitzer & Lefkowitz, 2006). Further, another concerning issue that affects young children is the high rate of parents that are battling severe symptoms of depression.

Researchers have found that the most important factor to a child's healthy development is maternal attachment (Sprinson & Berrick, 2010). Therefore, the importance of human contact and caregiver relationships has a significant impact on the functioning and healthy development of an infant, and affects whom they become, as

they grow older. Additionally, current research related to internal states of mothers and their infants have shown that when a mother smiles at her infant, their heartbeats automatically synchronize to the same beat (Feldman, 2011). According to researchers at Bar-Ilan University in Israel, visible affection from their mothers had tangible physiological effects on three-month-old infants (Feldman, 2011). This study demonstrated that infants depend on their caregiver for internal regulation of physiological states and emotional reassurance.

Additionally, for children that grow up in high risk populations and in families with few resources or support, the largest contributing factors for their struggle with self regulation is related to attachment style and issues with caregiver relationships between birth to age three and are often ongoing (Sprinson & Berrick, 2010). Further, attachments have been shown to be transgenerational; therefore, early attachment styles that are learned affect future attachment styles between mothers and their infants. This indicates that mothers interact with their infants in much the same way as their mothers interacted with them; and therefore, they “pass on” the same type of attachment pattern (Snyder, Shapiro, & Treleaven 2012).

These concepts of attachment are well known and understood through the lens of attachment theory, developed by John Bowlby (1969). Bowlby postulated that infants are born with an innate desire and need to seek closeness or proximity and engagement to

their caregivers which is as important as their need for clothing, feeding, and shelter (Kaiser, 2009). Other researchers including Mary Ainsworth (1970), another pioneer of attachment theory, expanded on Bowlby's ideas. They both believed that through evolutionary concepts a child's social and emotional development requires "the presence of a loving, continuous relationship with a specific caregiver, to ensure safety in threatening circumstances and the reliability of care to increase survival" (Cunningham, & Page, 2001, p.55).

One of attachment theory's tenets is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally; this relationship is known as a "secure base" (Kerr, 2008, p.129). The most crucial years of this relationship are from birth to age three when a baby knows the world only through their senses. This relationship is continually reinforced through sensorial contact like touching, eye gazing, smelling, hearing, tasting, rocking, feeding, playing and vocalizing (Kerr, 2008). When an internally stable caregiver provides sensorial contact, it promotes the development of a healthy central nervous system in infants. Research is revealing evidence for a link between maternal attachment and brain development. For example, when babies and toddlers' earliest experiences, environments, and especially relationships create not a warm and nurturing atmosphere but what scientists have called "toxic stress" exposing them to such high and consistent levels of

stress, there are serious negative impacts on brain development. Consequently, the child's growing brain cannot integrate the experiences in ways that promote growth and learning (Knitzer & Lefkowitz, 2006).

Schore (2003) concluded that the mother-infant dyad is characterized by right-brain-to-right-brain communication, and that this unconscious, automatic interaction through gesture, facial expression and tone of voice is what enables the infant's right brain to develop and lays the groundwork for how the baby will process socio-emotional information throughout life. Therefore, infants depend on their caregivers for healthy internal development; which makes it important for adults that did not have the chance to develop a healthy attachment to learn how to form a healthy stable attachment with their new infants.

To expand on this further, Mary Ainsworth (1970) conducted a study that she called the strange situation, in which she measured attachment styles reflected in how an infant interacted with his or her caregiver. In this study, she observed children playing for 20 minutes while caregivers and strangers entered and left the room; the purpose was to recreate real life circumstances in which children are introduced to familiar and unfamiliar presences, and the situation varied in stressfulness while children's response were observed. Ainsworth described three different styles of attachment including: secure, avoidant insecure, and ambivalent resistant. Later she identified a fourth

category— disorganized disoriented attachment. Infants that were deemed as securely attached demonstrated confidence that their caregiver would be available and responsive to their needs (Kaiser, 2009). Avoidant insecure attachment is characterized by an avoidance of seeking comfort from the primary caregiver (Cohen-Hass, 2008). An infant or child that is preoccupied with the caregiver but unable to be comforted by their caregiver characterizes ambivalent resistant insecure attachment (Cohen- Hass, 2008). Lastly, a child or infant with a disorganized disoriented attachment demonstrates disorganized behaviors, including dissociation when under stress in the presence of the caregiver which occurs when a caregiver is unpredictable, abusive, neglectful, or suffers from severe clinical depression (Cohen-Hass, 2008).

Ainsworth found different factors that affect attachment style that are all related to the psychological well being of a caregiver and the relationship between a child and their caregiver. These include traumatic factors such as abuse, physical, sexual and emotional, neglect, and unpredictability. Another factor that affects attachment style is hierarchy— a caregiver’s ability to set limits and rules, such as a bedtime or to give praise for good behaviors and discipline non-compliance. Engagement is another factor, which is the caregiver’s capacity to demonstrate rewarding pleasure and interests in a child’s accomplishments, activities, and verbalizations. A barrier to this includes problems, such as depression in the caregiver (Sprinson & Berrick, 2010). Another important factor is the

mothers ability to self regulate because a mother provides her infant with a template for affect regulation through her ability to regulate her own affect in daily life (Schoore,1994).

Lastly, attunement of the caregiver, is when a caregiver is able to read an infant's emotional state accurately and coordinate their own expression of emotion with that of the infant; this enables the caregiver to down-regulate states of distress in the infant and amplify states of pleasure (Sprinson& Berrick, 2010).

All of these factors affect what Bowlby coined the "internal working model", which is an organized memory of experiences that a child or infant has with a caregiver (Bowlby, 1969.) This affects how the child comes to know the world and is essential to their own personal beliefs about themselves and others and affects who they become as they grow into adults and have their own children. Additionally, infants whose attempts at proximity or closeness are not met, may have an internal working model that they are not worthy of love or affection; this will affect who they become in the future, along with their relationships with others and the attachment that they form with their own child.

Some ways to improve the internal working model of a child or adult that has a negative internal working model is for a therapist or caregiver to help aid in changing this perspective of the child or adult by using a disconfirming stance, which in this case would be that the child is worthy of love and affection.

It is imperative that therapists work to find ways of improving the internal working models of adults that have been raised in foster care systems, high risk families, those who have experienced trauma, and are new parents. It is essential that new mothers find a sense of internal regulation and self-nurturing in order to form healthy attachments with their infants. By utilizing a Focusing-oriented art therapy group approach new mothers will be able to gain control of their internal regulation and form stronger attachments with their infants.

Art Therapy

Art therapy as a profession originated in the United States through pioneers Naumberg and Kramer (1930). However; the use of art has been used throughout centuries as a form of self-expression and healing in indigenous cultures. The National American Art Therapy Association's (1996) defines Art Therapy:

Art Therapy is a human service profession that utilizes art media, images, the creative process and patient client responses to the created products as reflections of an individual's development, abilities, personality, interest, concerns and conflicts. Art Therapy practice is based on a knowledge of human developmental and psychological theories which are implemented in the full spectrum of models of assessment and treatment including educational, psychodynamic, cognitive, transpersonal and other therapeutic means of reconciling emotional conflicts, fostering self awareness, developing social skills, managing behaviors, solving

problems, reducing anxiety, aiding reality orientation and increasing self esteem."
(p. 79)

Art Therapy and Attachment

Studies have been conducted using art therapy that offer insight on attachment style. One example of an art therapy assessment is a study by Kaiser (2009) in which participants were asked to draw a bird's nest to assess attachment security. Drawing a bird's nest was found in this study to indicate a possible assessment of attachment security, which can be a helpful tool in becoming aware of a client's attachment style. Common themes that were found in the drawings of the birds' nests that correlated with strong attachments included birds in the nest or entire bird families, baby birds being fed, the use of green as the predominant color, and more than 4 colors used. Themes that correlated with poor attachment were tilted nests, or nests that were viewed from above. Additionally, when participants were asked to tell a story about their bird's nest or give it a title, those with secure attachments told stories about nurture, family, and food while those with insecure attachments had themes related to hunger, and abandonment (Kaiser, 2009). Therefore, the birds' nest drawing could be helpful as a tool when assessing attachment in a group for new mothers.

Similar studies related to art therapy have also been utilized to assess attachment security, but there is a lack of research on the use of art therapy in helping new mothers with insecure attachments to develop healthy attachments with their infants. However, studies reveal that art therapy can be utilized for several different positive outcomes in therapy. Cunningham (2010) found through a case study that art therapy was beneficial

for a client with a disorganized attachment style. She also found that art therapy allowed her client to express himself and to gain an understanding of his emotional states and feelings. Another study on a parent-child art therapy group found that relationships between mothers and their infants or children improved, especially related to the way they communicated with one another by becoming more engaged and attentive to one another (Proulx, 2002). Another similar study done on an art therapy group for mothers and their infants had positive outcomes; findings showed that painting with each other drew the mother and child together emotionally and positively affected their relationship (Hosea, 2006). The study also revealed that art therapy fostered attunement and experiences of open, responsive and creative connection between mothers and their infants (2006).

One aspect of art therapy that could also be helpful is that it allows clients to express themselves in a way that may feel safe for them, and can help them to gain an awareness of their own internal states (Kerr, 2008) It is important for mothers to have control over their own internal states to help them successfully regulate the internal states of their infants. Therefore, an art therapy techniques group with new mothers that grew up in the foster care system, are at high risk, have experienced trauma, or have insecure attachments could be beneficial in helping them form healthier attachments with their infants by helping them to gain awareness and control of their own internal states.

Mindfulness

Mindfulness can be described as non-judgmental, present-moment awareness, and has recently been proven as a significant contributing factor in healthy mother-child

relationships (Kabbitt-Zinn, 2012). Some evidence to support mindfulness-based therapy has shown that mindful awareness promotes neural plasticity, implying that practicing meditation can actually change the structure of the brain positively (Siegel, 2007). Other evidence to support the benefits of mindfulness has shown that it can increase emotional regulation while decreasing stress and anxiety (Snyder, Shapiro, & Treleaven, 2012). Since mindfulness can help mothers learn to regulate their own internal states, it can be especially beneficial in helping them to regulate the internal states of their infants therefore increasing secure attachments. With this in mind, a group for mothers, who are at high risk, have been in the foster care system, have experienced trauma, and have secure attachments would benefit for a mindfulness based art therapy group such as Focusing-oriented art therapy.

Research on mindfulness-based therapy has demonstrated positive affects on helping new mothers to form healthy attachments with their infants (Snyder, Shapiro, & Treleaven 2012). Focusing-oriented Art Therapy (FOAT), which is a combination of mindfulness based therapy and art therapy could be used to provide support and help new mothers attach to their infants. Focusing-oriented art therapy (FOAT) is a very new field requiring the need for more research to show it's positive outcomes for mother child relationships.

Based on the research provided for the positive benefits of art therapy and mother child relationships and mindfulness-based therapies for mother and child relationships, the combination of these together through FOAT has promising benefits in improving attachment between mother and child. Some of the current research on Focusing-oriented therapy which is a mindfulness-based therapy has shown that being in the presence of a

therapist that is able to self regulate themselves, the nervous system of the client begins to be more regulated, which occurs in Focusing-oriented therapy (Levine, 2010). As previously mentioned, research has demonstrated a significant correlation between brain development and attachment (Ellis, 2012). In particular the right hemisphere is very much impacted by early attachment and is where emotional responses and regulation, autobiographical memory, emotional communication of all kinds, and interpersonal nonverbal communication are processed (Ellis, 2012).

Focusing-oriented art therapy allows the client to access the right hemisphere of the brain through guided imagery while the therapist is attuned to the client's emotions (Ellis, 2012). Focusing also facilitates the process of neural integration with its practice of inviting clients to sense inside and to articulate what is implicit (Ellis, 2012). Therefore by helping mothers who have poor attachments learn to self regulate their emotions through the use of FOAT; they will likely be able to form healthier attachments with their infants.

Conclusion

Research reveals evidence between healthy brain development and attachment, providing significant implications for the use of FOAT for women that have insecure attachments in order to help them form healthy and secure attachments to their infants. By teaching women with insecure attachments how to regulate their emotions they will be much more affective at regulating the emotions of their infants which will benefit the development of the infant. Studies reveal that children who are able to self regulate their emotions and have secure attachments are more likely to succeed in school, in

relationships, and are less likely to develop psychological pathologies. Therefore a FOAT group could be especially beneficial for new mothers who have insecure attachments, grew up in the foster care system, are at high risk, or have experienced trauma in order to help them improve their attachment with their infants.

Objectives

This study proposes that the use of Focusing-oriented Art Therapy, as an intervention with mothers and their children, will help improve attachment security between mothers and their children, by helping mothers learn self-care techniques along with emotional regulation skills. This will be done through Focusing-oriented Art Therapy directives, group sharing, and group rituals. During this time mothers will explore themes of nurture, compassion, and self-love. They will also be provided with parent child resources along with specific skills to aid in attachment security with their children.

The use of Focusing-oriented Art Therapy as a therapeutic tool with mothers will:

1. Help mothers to learn about attachments they have with their caregivers
2. Improve relationships between mothers and their infants
3. Help mothers to overcome any trauma they have experienced
4. Help get mothers comfortable with the artmaking process
5. Build self-esteem in parenting skills
6. Teach parenting skills
7. Overcome guilt or shame about parenting skills
8. Help mothers to regulate their emotions
9. Learn breathing techniques
10. Learn self-care techniques
11. Help mothers form more secure attachments with their children

Methodology

Primary Research Question

The primary question of my research is: Does using Focusing-oriented Art Therapy (FOAT) as an intervention for mothers that have poor attachments to their infants, help to improve mother and infant relationship and attachment style?

Hypothesis

It is hypothesized that implementing FOAT for mothers that have poor attachments with their infants will:

1. Improve the relationship and attachment style between mothers and their infants
2. Will teach mothers to affectively regulate their own emotions and in turn learn to regulate the emotions of their infants

Research Design

This will be a mixed methods study incorporating qualitative and art-based methods. These methods will be used to determine the attachment participants have with their own previous caregivers, show whether or not FOAT is helping to improve the attachment styles between mothers and their infants, and whether or not mothers have learned how to regulate their emotions affectively.

The art-based methods that will be used will be the Birds Nest Drawing (BND), which will be used in the beginning of the group to assess attachment between participants and their caregivers. The other art-based method will be the artwork from FOAT interventions, which will be assessed throughout sessions and themes will be

explored (all FOAT exercises are derived from Rappaport 2009). The qualitative methods that will be used will be the Maternal Attachment Inventory (MAI) questionnaire, which will be used as a pre test, posttest, and 60 day follow up. These methods will be utilized to determine the effectiveness of the FOAT interventions, recognize themes, and gain useful insight into the clients' attachment styles. The independent variables are the FOAT interventions and the dependent variable is the attachment style between mothers and their infants. Each FOAT session will be held for 50 minutes, once a week for 60 weeks: a total of 60 sessions. The participants will be ten new mothers that have poor attachments with their infants and their infants will also be participants.

Participants

The participants will be ten new mothers that are high risk, have experienced severe trauma, or have insecure attachments with their infants. Their infants will also be participants. Confidentiality will be explained to participants along with what is constituted for mandated reporting. The participants will be informed that there will be no adverse repercussions if they decide to leave the group at any time or withdraw from the study. Further, participants will be asked to sign an informed consent to agree to participate in the study along with permission to share their artwork. A debriefing statement (Appendix E) will be given to the participants and the end of the session that will contain the purpose of the research and the researchers contact information for any questions or concerns regarding the sessions.

Format of Sessions

- Each group will begin with a grounding ritual: Participants will be asked to take three deep breaths at the beginning of each group.

- Participants will then do a Focusing check-in: using the Focusing attitude and will be asked to find one word, phrase, gesture or sound to describe how they are feeling.
- A Focusing-oriented art therapy directive will then be used and participants will be asked to make art after they listen to a guided FOAT directive starting on week 7.
- Participants will be encouraged to share their art with the group and to discuss what came up for them in the Focusing activity.
- Participants will check-out (using the Focusing-Check in) using the Focusing attitude and finding one word, phrase, gesture, or sound to express with the group how they are feeling.
- Closing ritual grounding activity: participants will blow bubbles together and will be asked to focus on their breath as they blow the bubbles.

Week 1:

Explain confidentiality. Go over group rules and expectations. Introduce clients to art through art-based assessment, Birds Nest Drawing. Group discussion on the art. Next start a group discussion with clients about their experiences with their caregivers and their relationship with their babies. Use group format.

Week 2-6: Art Therapy Directives to Get Clients Comfortable with Artmaking

1. Exploring lines, shapes, and colors; the language of artmaking (Rappaport, 2009)

Materials needed: Paper, oil pastels, chalk pastels, and markers.

Time: 20 minutes

Set a sheet of paper in front of you. We're going to begin with exploring all the different possibilities of making lines and how they feel. Don't judge what the line looks like- just explore the making of lines. To begin, we're going to explore what it is like to make a wavy line. Let yourself be drawn to medium that you'd like to use first- the oil pastel, chalk pastel, or marker. When you're ready, begin making wavy lines with your nondominant hand. Make a few wavy lines with that hand. Notice how it feels to making wavy lines. Notice how it feels making it with the different hands.

Now make a jagged line-one that goes up and down and up and down. Keep exploring the jagged line. Feel free to change colors at any point. After a few moments, notice how it feels to make a jagged line.

Now make a dotted line. Explore dots. Hear the sound. Keep exploring the dots. Feel free to change colors. Vary the intensity-gentle dots... hard dots... then dashes. Notice how it feels to make dots... and dashes.

Now make a light line. Continue making light lines. Notice the difference between light and heavy. Take a moment to reflect on the experience. Which lines, shapes, and colors do you resonate most with? Which do you not? Create an art piece using the lines, shapes, and colors that resonate with you now (p. 81).

2. Art and Feeling: (Rappaport, 2009)

Materials needed: Paper, oil pastels, chalk pastels, and markers.

Time: 30-45 minutes.

We're going to explore the connection between feelings and artmaking. You will have one sheet of paper for each feeling. After you hear the feeling to be explored, you will have a few minutes to express that feeling using color, shape, line, texture, and or image.

Trust what comes to you after reading or hearing the word describing the feeling: Sad, Happy, Fear, Love, Trust, Hate. See if you can be accepting to your artistic expression and feelings. Feel free to substitute other feeling words that you would like to explore.

3. Conversation Drawing: (Rappaport, 2009)

This exercise takes place with a partner.

Materials needed: One large sheet of paper to be shared. Drawing materials such as oil pastels, pastels, or markers.

Time: 8-10 minutes.

You are going to have a conversation on paper using the art materials without talking. One person will begin, much the way a conversation begins; the only difference is that you will use the art materials to communicate. You can communicate through lines, shapes, colors and or images. Don't feel pressured to understand what your partner is trying to communicate. You may or may not understand their intention. Just enjoy the process and let the conversation unfold through the art materials. Have fun! Although there is no talking, it's ok if laughter comes up. After the drawing process is completed take a few moments to share how that was for each of you. It's interesting to hear what each person intended in their part of the conversation and what each imagined the other was trying to say (p).

- **Basic Focusing-Oriented Art Therapy Guided Instructions**

Week 7-8:

Clients will be introduced to the concept of clearing a space.

1. Clearing a space (Rappaport, 2009)

Take a few deep breaths down inside to your body. Feel the support of the chair that you are sitting on, the earth beneath your feet, and being here. Follow your breath inside of your body and notice how it is inside right now.. Is it jumpy, or calm, tight, warm... or something else? See if you can be friendly to whatever you find. Imagine you're sitting somewhere peaceful. It may be a place you already know or one that you make up in your imagination. Once you have it, ask, "what's between me and feeling 'All Fine' right now?" As each things comes up, imagine wrapping it up into a package, or using other imagery to set it at a distance from you. Some people image placing it on a boat and then letting the boat go a certain distance out on a lake. Others imagine placing it in a balloon and letting it go up in the sky.. (Pause.) When the list stops, check again, "Except for all of that, "I'm 'All Fine' right?" If something else comes up, set that a distance outside of your body.... (Pause.)

Background feeling: See if there's a background feeling, an always feeling, like always kind of tense, or always kind of anxious. (Pause.)... and set that a comfortable distance too.. Check again: "Except for all that, I'm 'All Fine,' right?"

All Fine Place: Take a moment and sense the "All Fine Place." See if there's an image (or word, phrase, gesture, or sound) that matches or acts like a handle for the inner felt sense.

(p. 105)

2. Choosing an issue and felt sense

As you look over at the things you sent down, see if there's something needing your attention right now. You can ask your body sense if something is wanting you attention- or you can choose something that you'd like to work on. Check with your body to see if you have its permission to Focus on it.

Felt sense: Take a moment to sense the whole issue freshly... notice how it feels in your body. (Pause.) Gently ask, "what's the whole feel of this?" (p. 105-106)

3. Finding a handle/symbol

See if there's an image (or word, phrase, gesture, or sound) that matches or acts like a handle for the inner felt sense. (p. 106)

4. Resonating with artistic expression

Check it against your body for a sense of rightness. If it doesn't fit, let it go and invite a new word, phrase, image, gesture, or sound to come. When you're ready, gently open your eyes, and create an artistic expression of your felt sense image. (p. 106)

5. Asking the felt sense

(After the client creates art.) We're going to ask the felt sense some questions. Some it will answer and some won't have relevance, so simply let those go. Feel free to close your eyes or to leave them open. Imagine sitting down next to the felt sense, keeping it company. In a gentle way, ask it:

- What makes it so _____? (Insert handle/symbol)
- What's the crux of it? Or what's the main thing about it?
- What's the worst of it?

Imagine for a moment that this issue were all resolved. This is like looking the answer up in the back of a book. Sense inside you body what it would look and feel like if this were all resolved. See if there's an image that matches or acts like a handle for the inner felt sense of this issue all resolved.

When you're ready ask:

- What's in the way (between the issue and resolution)?

- What's needed (to achieve this resolution)?
- What's one small step in the right direction? (p. 106)

6. Receiving

Welcome what comes. Create an artistic expression that matches the colors, shapes, or images that you received during the Focusing. Include what was meaningful to you during the Focusing. (p.107)

Week 9-10:

Exercise: Clearing a Space with Art 1: Nondirective Imagery (Rappaport, 2009)

(First invite the client to find a comfortable position.) Take a few deep breaths, inviting your body to relax... If you feel like it you may close your eyes...or keep them open...whichever is more comfortable for you. When you're ready, ask, "How am I from the inside right now?"...Turn your attention like a search light inside to your body, just noticing whatever you find there, without judgment... Now imagine yourself in some peaceful place... It may be a place you already know, or it may be one you create in your imagination... When you're ready, ask, "What's between me and feeling 'All Fine' right now?" Let whatever comes up, come up... Don't go inside any particular thing right now... As each thing comes up, imagine placing it at some distance from you...perhaps out on a park bench...or in a box...or use imagery like relaxing on the beach and putting all of the things between you and feeling 'All Fine' on a boat... or wrapping each issue or concern up in a package... As each thing arises, place it at a comfortable distance from you while you stay in your peaceful place... (Pause). After you place each thing at a distance check inside again and ask in a friendly way, "What's between me and feeling 'All Fine' right now?" Again, with each thing that comes up, find a way to put it at a

comfortable distance from you. If the list stops, gently ask inside, "Except for all that, I'm 'All Fine' right?"...If more comes up, add that to the stack. Keep a comfortable distance from your stack. (p.118)

Background Feeling

Sometimes there's a background feeling that we're always carrying... It may be something like always a little anxious... or always a bit depressed, or some other always feeling... Check inside and see if there is a background feeling that's in the way of feeling "All fine"... if so, add it to your stack...Check again... (Pause.) "Except for all of that, I'm 'All Fine,' right?"

"All fine place": Keeping everything at a distance, now, I'd like to invite you to bring your attention to the "All Fine Place".... See if there is an image that matches or acts like a "handle" for the "All Fine Place"... Check it against your body to make sure it's right. If not, invite a new image that matches or acts like a "handle" for this "All Fine Place" to come... If what comes is a word or phrase, that's fine.. Be accepting of that.

Artistic Expression

When you're ready, use the art materials to create something expressing your felt sense of the "All Fine Place." Some people prefer to only create an expression of the "All Fine Place," while others like to create the things set aside. If you received a word or phrase, feel free to express them creatively. (p.119)

Week 11-12:

Exercise: Clearing a Space with Art II: Directive Imagery (eyes open or closed)

(Rappaport, 2009)

(First, invite the client to find a comfortable position.) Take a few deep breaths, inviting your body to relax... If you feel like it, you may close your eyes... Or keep them open... whichever is more comfortable for you. Take a few more deep breaths... and when you're ready, ask, "How am I from the inside right now?" Just listen... Give an answer any time to form in your body... Turn your attention like a search light in your body and greet whatever you find there, without judgment... Now imagine yourself in a peaceful place... The sky is crystal blue and the air is clear. In this peaceful place is a calm lake that you are sitting next to... Imagine sitting in a place carved out just for you.. When you're ready check inside and ask, "What's in the way between me and feeling 'All Fine' right now?" Let whatever comes up, come up... Don't go inside any particular thing right now... As each thing comes up, imagine putting it into a boat docked at the lake. Set the boat at the right distance from you... Some like it to be separated but fairly close. Others like to let the boat out quite a bit, halfway or more across the lake. Others like to eventually let the boat go. Sense the right distance for you... Continue the process of asking your body, "So what's between me and feeling 'All Fine' right now?" As each thing arises, imagine stacking it or placing it into the boat. When the list stops, you can check it by asking, "Except for all of that, I'm 'All Fine' right?"... If more comes up, add it to what's in the boat. Keep a comfortable distance from the boat holding the things. (p. 120)

Background Feeling

Sometimes there's a background feeling that we're always carrying... It may be something like always a little anxious... or always a bit depressed, or some other always feeling... Check inside and see if there is a background feeling that's in the way of

feeling "All fine"... if so, add it to your stack...Check again... (Pause.) "Except for all of that, I'm 'All Fine,' right?"

"All fine place": Keeping everything at a distance, now, I'd like to invite you to bring your attention to the "All Fine Place".... See if there is an image that matches or acts like a "handle" for the "All Fine Place"... Check it against your body to make sure it's right. If not, invite a new image that matches or acts like a "handle" for this "All Fine Place" to come... If what comes is a word or phrase, that's fine...Be accepting of that. (p.121)

Artistic Expression

When you're ready, use the art materials to create something expressing your felt sense of the "All Fine Place." Some people prefer to only create and expression of the "All Fine Place," while others like to create the things set aside. If you received a word or phrase, feel free to express them creatively. (p.121)

Week 12-18:

Exercise: Clearing a Space with Art III: Concrete Imagery (eyes open) (Rappaport, 2009)

The art journal will also be encouraged to be used at home. If clients want to share what they create at home they may bring journals with them everyday and discuss after check-ins. The following exercises will be repeated over 6 sessions.

1. Art Journal: (Provide clients with a blank art journal.) See if you can notice what's in the way of feeling "All Fine" or "okay" or "present" right now. Write a list of those things in your journal. Create a symbol for each issue or concern that you identified through writing, and draw it somewhere on the page as a way to get some distance from it. Then symbol can be a color, shape, texture, or image that matches your felt sense of the concern. Create a symbol for each of your

- concerns. Once you have written down and created symbols for each of your issues, created symbols for each of your issues, create something using art materials, to represents the place within you that is separate from those issues, the place that is "All Fine."
2. Containers, boxes, envelopes: Clients write the issues or concerns on pieces of paper (colored construction paper, white paper, index cards) and place them inside a container, box, or envelope that is then set aside at a distance. After placing the concerns inside the box, clients create something using art materials to represent the "All Fine Place" which the therapist explains is the part of the self that is separate from all concerns they places in the container. The client can also decorate the box, container, or envelope.
 3. Objects/sandplay: A variety of objects can be used to symbolize each issue or concern the client is aware of that is in the way of feeling "All Fine." For example, a client may choose a small figurine representing her brother or a chalkboard representing school. The client can place the object symbolically on a sheet of paper or as a part of sandplay. Once all the symbolic objects have been placed, the client can find something to represent the "All Fine Place" and put that where she would like it to be. The client rearranges the objects or miniatures until their configuration feels right to her. (p.122)

Focusing-Oriented Art Therapy Directives that will be Utilized Throughout Group Sessions

Week 19:

- Exercise: Acceptance and Compassion (Rappaport, 2009)

Art Materials: Drawing paper, oil pastels, chalk pastels, markers (Optional: watercolors, feathers, beads.)

Let yourself sit in a comfortable position. Take a few deep breaths, noticing the breath moving in and out of the body. Feel free to close your eyes or keep them open...

whichever is most comfortable to you. Feel the support of the chair, the floor where your feet touch, the ground, and being here. I'd like to invite you to become aware of someone or something that transmits the qualities of acceptance... gentleness... kindness...

compassion. It could be someone you know, or a place, something from nature, a spiritual presence... anything. Begin to sense these qualities... Bringing them right here in the

room. (Pause.) Now imagine that these qualities- of acceptance, kindness, and

compassion- are here for you... Sense in your body what it would feel like to have these qualities for you. (Pause.) Be friendly to what you receive. See if there's an image that

matches the inner felt sense... Check it against your body to see if it's right. If it's not, let

it go and invite another image to come. (If an image doesn't come, that's okay... it may come as a word, phrase, gesture, or sound.) When you have the image (handle/symbol)

for the felt sense, express it using the art materials. (p. 95)

Week 20:

- Exercise: Focusing Check-In: "How am I right now?" (Rappaport, 2009)

Let yourself sit in a comfortable position. Take a few deep breaths, noticing the breath moving in and out of the body. Feel free to close your eyes or keep them

open... whichever is most comfortable to you. Feel the support of the chair, the floor

where your feet touch, the ground, and being there. Gently follow your breath inside your body and just notice how it is right now. Ask, "how am I on the inside right now?" See if

you can be friendly to whatever you find. Notice if it's tight, or jumpy, or warm, or some other quality. (Pause.) See if there's an image (or word, phrase, gesture, or sound) that matches or acts like a handle for the inner felt sense... check it against your body for a sense of rightness. If it's not right, let it go and invite a new image (or word, phrase, gesture, or sound) to come. When you are ready, gently stretch your body and open your eyes. Notice which art materials you feel drawn to, and use them to create an artistic expression that matches your felt sense. (p. 97)

- Getting a felt sense of the art

Looking at the art, gently ask, "what's the whole feel of this?" See if there's a word, phrase, image, gesture, or sound that matches or acts like a handle for the inner felt sense in the art. Check against your body for a feeling of rightness. If it's not right, let it go and invite a new word, phrase, image, gesture, or sound to come. (p. 101)

Week 21:

- **Exercise: Protector** (Rappaport, 2009)

Goal: To help clients practice self-care, nurturance, and to find a safe nurturing protector.

For exercise refer to Rappaport (2009) (p.192)

Week 22:

- **Exercise: Safe Space** (Rappaport, 2009)

Goal: To establish inner safety and create a visual reminder of this safety for use in

current and future sessions. For exercise refer to Rappaport (2009) (p.228)

Week 23:

- **Exercise: Source of Strength** (Rappaport, 2009)

Goal: To identify a source of strength that can be experienced internally for support. For exercise refer to Rappaport (2009) (p.174)

Week 24:

- **Exercise: Focus on Spiritual inspiration**

Goal: To gain an understanding of ideas and or personal beliefs around spirituality. For exercise refer to Rappaport (2009) (p.206)

Week 25:

- **"Who am I?" Collage** (Rappaport, 2009)

Goal: Self-identity and sharing of self with others. For exercise refer to Rappaport (2009) (p.219)

Week 26:

- **Exercise: Collage of ten things I feel drawn to** (Rappaport, 2009)

Goal: Self-identity and sharing of self with others. For exercise refer to Rappaport (2009) (p.220)

Week 27:

- **Exercise: Resources Toolbox** (Rappaport, 2009)

Goal: To carry what was received and learned in therapy into one's daily life. For exercise refer to Rappaport (2009) (p.225)

Week 28:

- **Exercise 10.1 Name Drawings** (Rappaport, 2009)

Goal: Self-identity and sharing of self with others. For exercise refer to Rappaport (2009) (p.150)

Week 29:

- **Exercise: Relationship between the Critic and the Criticized Part** (Rappaport, 2009)

Goal: To bring friendliness and understanding and become aware of the Critic and criticized parts, especially related to mothering. For exercise refer to Rappaport (2009) (p.157)

Week 30:

- **Exercise: What I want to carry with me** (Rappaport, 2009)

Goal: To solidify the learning throughout the group and to identify tools that can be used outside of group. For exercise refer to Rappaport (2009) (p. 176).

Week 31:

- **Exercise Mindfulness sitting meditation: 10 minutes** (Rappaport)

Goal: To teach mindfulness practice, and create group interaction and cohesion. For exercise refer to Rappaport (2009) (p.207)

Week 32:

- **Exercise Pebble meditation** (Rappaport, 2009)

Goal: To teach mindfulness practice, and create group interaction and cohesion. For exercise refer to Rappaport (2009) (p. 208-209)

Week 33:

- **Exercise: Inside/ outside me** (Rappaport, 2009)

Goal: Self-awareness of what is kept inside and what is presented to others; clarification of desire for changes. For exercise refer to Rappaport (2009) (p. 220-221)

Week 34:

- **Exercise: How I see myself now/ how I would like to see myself** (Rappaport, 2009)

Goal: Self-image to define goals for positive change with concrete life steps. For exercise refer to Rappaport, 2009, pp.221-222)

Week 35:

- **Exercise: Social atoms** (Rappaport, 2009).

Goal: To explore self in relation to others; explore losses and unfinished business with others; explore support system. For exercise refer to Rappaport 2009, pp.222-223)

Week 36:

- **Exercise: How I feel in this group now/how I'd like it to be** (Rappaport, 2009)

Goal: To explore one's relationship to the group and to take responsibility for creating desired change. For exercise refer to Rappaport, 2009, pp. 223-224)

Weeks 37-58:

Repeat focusing steps from week 7 through week 28.

Note: It is imperative for those leading a group with FOAT exercises to be trained in FOAT.

Week 59:

Talk with clients about ending group and the skills they have developed through becoming aware of the felt sense. Ask clients to express what they have learned by creating an art piece of them and their baby. Ask clients to focus on ways in which their relationship with their baby has changed since the beginning of the group and ways in which they feel empowered about their relationship with their baby.

Week 60:

Party to celebrate all of the accomplishments the clients have made. There will be food provided and family is invited. Clients will be given the MAI, which they can fill out and return, in person or by mail.

Procedure

All participants will be required to sign an informed consent (Appendix C) to participate in the study. There will also be consent to share art (Appendix J) that will be signed by participants. The mothers will also be asked to sign consent (Appendix C) that they understand:

- I will be asked to fill out a questionnaire which will be approximately 20 questions long and should take about 35 minutes on the first day of the group, on the last day of group, and 60 days after the group has ended
- I will complete a drawing of a birds nest and write a story about it
- I will be asked to attend 50 minutes sessions once a week for 60 weeks but I will be able to leave or stop participating in the group at any time
- Digital photographs will be taken of the artwork completed in the sessions. Name and personal identity will not be released.
- Artwork may be reproduced for use in a research thesis and for possible presentations.
- All data will be kept confidential and will be used for research purposes only.
- All information including photographs, self-reports, and questionnaires will remain anonymous and remain the property of the researcher for three years.

Location

The location of the group will take place in a large conference room with a

rectangular table in the center. Ten chairs will surround the table for the participants along with one chair for the therapist. The room will be large enough for a section for the infants where they will be watched by two designated professional care providers there will also be an additional room where the infants will be cared for while the mothers participate in group sessions that do not require infant participation. Women in the group will be provided with art supplies that will remain on the table during group sessions.

Instruments

For the purpose of quantitative measures the questionnaire that will be used is the Maternal Attachment Inventory (MAI) (Appendix B). Further, the art-based method used to measure attachment will be the Birds Nest Drawing (BND) (Appendix A).

Maternal Attachment Inventory (MAI)

The MAI (Appendix B) will be used as a pre and posttest to measure attachment before, during, and after the group. The MAI was developed by Mary E. Muller, PhD, RN to assess attachment between mothers and their infants. It is a twenty-six questions questionnaire that takes less than 45 minutes to complete. It will be administered on the day of the first group, in the middle of the group, and once again sixty days after the group has ended. It is a self-report questionnaire with a 4-point scale, the higher the total score relates to the higher the maternal affectionate attachment to the infant. Attachment in regards to this questionnaire is defined as: the unique, affectionate relationship that develops between a woman and her infant and persists over time (Muller, 1994, p. 130).

Birds Nest Drawing (BND)

The Birds Nest Drawing (BND) (Appendix A) developed by Kaiser in 1996 is a projective art-based assessment used to assess attachment security. Participants will be asked on the first day of group to draw a picture of a bird's nest. The researcher will use the drawing to assess attachment security in participants and will ask participants to write a story about their bird's nest. Specific indicators such as the colors used in the drawing, the presence of birds in the nest, and the nests position will be observed.

Data Analysis

Quantitative data from the MAI questionnaire will be analyzed by identifying pretest and posttest scores and will be used to measure changes in attachment between participants and their infants. Scores of the participants that drop out will not be analyzed. The art-based assessment, BND, will be evaluated by a panel of art therapists and specific themes in stories and in the drawings will be observed to measure attachment security in participants. Further, art of participants that drop out will not be analyzed.

Risks and Benefits

Participants' risks include working through difficult emotional experiences, painful memories related to attachment to their caregivers, and or emotional discomfort and vulnerability in sharing with a group. Other potential risks include experiencing overwhelming emotions from creating artwork or accessing painful memories related to childhood or feelings of shame or guilt in relation to their own parenting skills. In order to decrease these risks, transgenerational attachment will be discussed and the focus will be on how each person's childhood experiences affect them differently. Also, parenting skills books and parenting resources will be available to participants. Participants will

also be reminded that they are not required to share personal stories or experiences unless they feel comfortable doing so. Further, participants will be reminded to utilize the group as a place for support and acceptance. If participants need further support after completion of the group individual art psychotherapy will be offered to them and will be given a list of referrals (Appendix C).

Potential benefits of participating in the group include gaining access to parenting resources, developing relationships and support networks along with friendships within the group, forming a secure attachment with their infant, gaining an understanding of emotional responses, developing coping skills, and working through painful experiences. Participants may also find benefits in creating artwork and may gain a higher self-esteem through the process of creating art they can feel proud of. Participants may also relinquish guilt they may have had around parenting and develop positive parenting skills.

Protection of Human Participants

This researcher will put forth every effort in order to protect the human participants involved by complying with the guidelines of the APA, ATCB, and Notre Dame de Namur University. Further, participants will be allowed to discontinue their participation in the group or withdrawal their data from the study at any time without consequences. Lastly, participants will be provided with the contact information (Appendix H) of this researcher if they have any questions regarding the research.

Evaluation

Results of this study should show that the use of Focusing-oriented Art Therapy in a group of mothers, as an intervention, will improve the relationship between mothers and their children and help them to form more secure attachments with them. The efficacy of this study would be demonstrated by quantitative results found in the Maternal Attachment Inventory (MAI) that will be given as a pre test, posttest, and 60 day follow up test. The results of the MAI should show improvement in mother child attachment security overall. The use of the art based method, Birds Nest Drawing (BND), should demonstrate maternal attachment styles. Further, the primary researcher will submit a report to the funding agency of the results of this study. The report will include data analysis comparing the results of the MAI pre test, posttest, and the 60-day follow up test.

Future Funding

Maternal and Infant Health Initiative Component A: Maternal and Infant Community Health Collaborative (MICHC) Grant: The focus of this grant is on helping vulnerable mothers and their infants form healthy secure attachments and to teach them effective parenting skills.

W.K. Kellogg Secure Families Grants: The mission of W.K. Kellogg is to provide grants to support vulnerable families and their children. They focus on helping families in poverty and on reducing disparities based on class gender and race.

The Far Fund: The Far Fund provides funding to programs that promote healthy social and emotional development in children and families. The Fund has a particular, but not exclusive, interest in developmental disabilities as an area of funding. Organizations that clearly demonstrate a psychological sensibility in their work, philosophy, and leadership are particularly attractive to us. We also strongly consider the sustainability of the projects we support after the grant period ends.

Budget

<u>Supplies</u>	<u>Cost Per Unit</u>	<u>Units</u>	<u>Total</u>
Art Therapy Intern	\$50/hour	60 hours	\$3,000
Licensed MFT (Supervision)	\$70/hour	15 hours	\$1,050
Co-Therapist	\$50/hour	60 hours	\$3,000
Crayola 10 ct Classic Fine Markers	\$3.95	5	\$19.75
Crayola 10 ct Classic Broad Line Markers	\$3.95	5	\$19.75
Crayola 24 ct Long Colored Pencils	\$3.92	5	\$19.60
Crayola 24 ct Crayons	\$2.95	3	\$8.85
Quartet Alpha Color Soft Pastels	\$8.18	5	\$40.75
Pentel Oil Pastels	\$6.16	5	\$30.80
Multi Color Construction Paper	\$3.51	10	\$35.10
Roselle Vibrant Construction Paper	\$4.31	3	\$12.93
Canson Universal Sketch Pad	\$6.75	10	\$67.50

TOTAL= \$7,324.78

Appendix A

Literature Review

Literature Review

Introduction

Current research suggests a strong correlation between attachment styles and psychological wellbeing. Attachment styles affect a wide range of potential outcomes for people, including their relationships, psychological health, coping mechanisms, and brain development—which can be positive or negative depending on the attachment style. This grant proposal explores information regarding forming secure attachments along with information on forming poor attachments— and what constitutes both a secure and insecure attachment.

Statistics of the risk factors that increase the chances of poor attachment between women and their children is staggering. Information on these statistics along with what constitutes a risk factor of poor attachment will be explored in depth in this paper. Additionally, there are four different attachment styles identified including secure, avoidant, ambivalent resistant, and disorganized. Literature reveals that disorganized attachment style is a major risk factor in the development of psychopathology and has been linked to difficulties in coping with stress, as well as later internalizing and externalizing problems, aggression, and dissociation (Lyons-Ruth, 1996; van IJzendoorn et al., 1999). This chapter will review each attachment style and then explore disorganized attachment in greater depth.

Further, studies reveal that mothers interact with their infants the same way that their mothers did with them. This indicates that attachment styles are transgenerational and can be passed down from one generation to the next; which will also be explored in

more depth in this paper (Snyder, Shapiro, & Treleaven 2012). Therefore, when it comes to high-risk mothers that have insecure attachment styles, it is pertinent to determine affective interventions to create positive benefits for them and their children and to guarantee healthier attachment, which will also be explored in this paper.

Additionally, increasing numbers of research studies reveal the positive benefits of mindfulness-based therapies and art therapy when working with a wide range of populations. However, to synthesize current research on these topics, this chapter will focus on the advantages of both therapies—primarily Focusing-oriented art therapy (FOAT) and the benefits it can have on populations that struggle with insecure attachment styles. This chapter begins with a broad review of attachment theory, how attachment affects development, different attachment styles, and information on disorganized attachment in depth, and then explores and reviews art therapy and mindfulness-based therapies. The positive outcomes of utilizing these therapies when working with populations with insecure attachment styles is also discussed.

An Understanding of Attachment

According to James (1994):

A secure attachment means that the mother is a protector, provider and guide; as a protector, she relays the message: "Everything is will be OK. I'll take care of you, set limits, and keep you safe.' As a provider she lets the infant know: "I am the source of food, love, shelter, excitement, soothing, and play. As a guide, she creates an environment that lets the infant know: "This is who you are and who I am. This is how the world works." (p. 68)

Further, researchers define attachment as the process through which people develop positive emotional bonds with others and can be shown in children by their seeking closeness to their caregiver and showing distress when separated (Meyers, 2000). According to Bowlby (1969), the attachment behavior system is an organized pattern of infant signals and adult responses that lead to a protective, trusting relationship during the very earliest stage of development. Further, there are specific interactions between infants and their caregivers that contribute to the formation of attachment, for example, synchrony, which is interactions that are positive and are rhythmic, well timed, and mutually rewarding. These interactions often lead to secure attachment, however, when a caregiver is unresponsive to their infant's signals of distress, overly intrusive when the infant is calm, or not involved, a less secure attachment is formed ((Newman & Newman, 2008).

Another impact on attachment is the quantity of involvement and interactions between caregivers and their infants— the more a caregiver interacts with their infant, the more confident and secure the infant will feel that their caregiver can protect and comfort them (Newman & Newman, 2008). According to Ainsworth (1973), there are three determinants in attachment: first, if an infant tries to maintain contact with the object of attachment; second, the infant will show distress when the object of attachment is absent, and third, the infant is more relaxed and comfortable with the object of attachment and more fearful or fretful with others.

Additionally, in a study conducted several years ago by Schaffer and Emerson (1964) specific phases were found in the development of attachment. In their study they followed a group of Scottish infants from early infancy to 18 months and used specific

measures to determine attachment between caregivers and their infants. What they found was that at each stage of development, infants demonstrated specific interactions with their caregivers. At zero to six weeks infants were in what was termed the asocial phase— in which infants experience favorable reactions to several different stimuli, and by the end of this phase they begin to show preferences for social stimuli such as a smiling face. The next phase, indiscriminant attachment, occurs when the infant is between six weeks and seven months. During this phase infants come to prefer human company and contact and enjoy the attention they receive from most people—but enjoy being soothed or smiled at by their caregiver in particular. Lastly is the specific attachment phase that is perhaps the most crucial in recognizing attachments between caregiver and infant. This phase occurs when the infant is between seven and nine months, and also when the infant has formed an attachment with their caregiver. During this stage infants cry when their caregivers leave and they become wary of strangers (Schaffer and Emerson, 1964). These are the stages that are found in securely attached infants according to Schaffer and Emerson, however, it is important to take in consideration the date and cultural implications of this study.

Synchrony and Secure Attachment

As previously mentioned, synchrony is an important interaction between infants and their caregivers, as well as a significant factor in forming and developing secure attachments. According to Papousek & Papouseck, (1997) communication between infants and their caregivers through synchrony—and learning how to communicate—represents the most important developmental process to take place during infancy. In a study done by Isabella, Belsky and von Eye (1989), evidence for an association between

synchrony and attachment quality at one and three months was revealed and showed that positive synchrony interactions played a major role in the development of secure attachments. Additionally, in another study conducted by Cradle, Fitzgerald, & Whipple (1997), similar results were found—showing that the quality of maternal depictions of attachment relationships was related to the amount of dyadic synchrony, as well as maternal affect and style of relating. Secure mothers and their children engaged in a more fluid, synchronous process of give-and-take than insecure mothers and their children (Cradle, Fitzgerald, & Whipple, 1997). In addition, secure mothers expressed more warmth and affection, and their style of relating was less intrusive and more encouraging of child autonomy than insecure mothers (Cradle, Fitzgerald, & Whipple, 1997). Children of secure mothers sought closer contact and were more compliant than children of insecure mothers (Cradle, Fitzgerald, & Whipple, 1997). Stern (1997) suggests that in normal circumstances synchronized exchanges between three month olds and their caregivers happen several times a day and are an important element in developing secure attachments. However, it should also be noted that parents might have a difficult time establishing synchrony with temperamentally irritable or unresponsive infants (Feldman, 2006). In a study done by Van den Boom (1990), caregivers that got support in caring for their temperamental infants had a 68% rate of developing secure attachments while only 28% percentage of caregivers who did not receive support in caring for their temperamental infants developed secure attachments. Therefore, it is important to provide support for caregivers in helping them to create synchronous relationships with their infants to aid in forming secure attachments.

Further, researchers suggest that a critical factor of synchrony is timing; both

caregiver and infant respond to one another almost instantly, in a chain of mutual communication, which can have several positive benefits (Berger, 2006). Some of these benefits include that it can help infants begin to learn to read other people's emotions and to develop skills for social interaction; for example taking turns and paying attention (Berger, 2006). Other positive benefits are that it helps infants express their own feelings because when caregivers interact in synchrony with their infants, they generally meet the need of the infant (Berger, 2006). In particular, breast-feeding is a synchrony interaction in which the mother responds to her infant's emotions and aids in forming secure attachment through nourishment, close contact, and meeting the need of hunger (Berger, 2006). Further, according to Rochart (2001), parental imitation of an infant's emotion is the foundation of the infant's self-understanding; for example, when an infant expresses an emotion and the caregiver detects the emotion from the infant's expression and the caregiver expresses the emotion back, the infant learns to connect an internal state with an external expression (Berger, 2006). Additionally, although infants imitate adults, synchrony usually begins with parents imitating infants— and a significant factor of synchrony is reciprocal imitation (Berger, 2006). Therefore since the caregiver is the initiator or synchrony their well-being plays an important role in the infant's emotions. For example, when an infant is surrounded by happy adults, they feel happiness and when an infant is surrounded by depressed adults an infant becomes sad (Tronick & Weinberg, 1997). Other research reveals that in order for a caregiver to regulate their infant's arousal they must be able to regulate their own arousal (Pryce, 1992).

Further, as infants get older, synchrony becomes more elaborate and more frequent. For example, a six month old is much more responsive socially than a three

month old (Berger, 2006). Further, by five months an infant has learned to adjust their style of synchrony to their social experiences and is largely determined by their caregiver's responses (Berger, 2006). Therefore, according to Bigelow (1999), infants respond better to a stranger whose behavior is similar to their own caregiver's, providing evidence that emotions are learned from social interaction and are not just a matter of maturation. However, other researchers suggest that social interactions are largely related to a combination of genetics and inborn temperament (Meyers, 2001). In addition, Isabelle and Belsky, (1991) suggest that as babies continue to interact with responsive caregivers, they will learn to regulate the attention of the caregiver and the caregiver will become better at understanding the baby's signals. As the caregiver and infant practice this routine together they will establish a fulfilling relationship that will become a strong reciprocal attachment. Therefore synchrony helps to aid in the process of forming a secure attachment.

Forming Secure Attachments

The attachments that infants form with their caregivers have a tremendous impact on their future relationship (Berger, 2006). At the earliest stages of life infants depend on and need caregivers to help them with sustaining and resuming a contented series of emotional experiences (Sprinson & Berrick, 2010). It should also be mentioned that not only does the mother play a significant role in attachment, but also other family members that interact with an infant play a major role in helping infants develop positive social interaction skills (Baron, Byrne, & Branscome, 2006). For example, when an infant's mother is avoidant or unresponsive to their infant, these negative effects can be offset by the presence of a caring, responsive, and attuned father (Berger, 2006). According to Kerr

(2008), an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally; this relationship is known as a secure base. One way that infants show their attachment is through proximity seeking in which they demonstrate behaviors such as following their caregivers, and contact-maintaining behaviors like touching, cuddling, and holding (Berger, 2006). Further, caregivers show attachment also, which can be seen through their behaviors, such as keeping a watchful eye on their baby, responding sensitively to vocalizations, expressions, and gestures of their babies (Berger, 2006). Attachment intensifies the parent-child relationship and is an evolutionary necessity for the survival of humanity; for example innate drives for proximity seeking and contact maintaining behaviors kept infants near their caregivers, which in turn kept them alive and perpetuated the survival of the human specie (Berger, 2006).

Further, by the time an infant is one year old, they have an undeniably strong fondness for their caregivers and prefer them to other adults (Newman & Newman, 2006). Also, at this age infants are able to move around and walk and are no longer satisfied with staying in one spot and following an adults facial expressions and vocalizations (Berger, 2006). It is at this stage that they form a complex attachment schema, or internal maternal representation, also known as an internal working model in which they have organized specific characteristics of their caregivers along with expectations about how their caregiver will respond to their actions (Newman & Newman, 2006). During this stage they are also likely to use a variety of behaviors in order to satisfy their need for closeness to their attachment figures (Berger, 2006). These behaviors occur when secure attachments are formed; however when there is a

deprivation of attachment, negative effects can occur and may have negative consequences for development in other areas (Deklyn & Greenber. 2008).

In addition, other implications for forming a secure attachment include some basic behaviors of caregivers towards their infants. These different factors that affect attachment style are all related to the psychological well being of a caregiver and the relationship between a child and their caregiver. These include traumatic factors such as physical abuse, sexual and emotional abuse, neglect, and unpredictability. Another factor that affects attachment style is hierarchy, a caregiver's ability to set limits and rules, such as a bedtime or give praise for good behaviors and discipline non-compliance (Sprinson & Berrick, 2010). Engagement—the caregiver's capacity to demonstrate rewarding pleasure and interests in a child's accomplishments, activities, and verbalizations—is another factor. A barrier to this could be struggles with depression (Sprinson, Berrick, 2010). Another important factor is the mother's ability to self regulate because a mother provides her infant with a template for affect regulation through her ability to regulate her own affect in daily life (Schore,1994). Lastly, attunement of the caregiver, which is when a caregiver is able to read an infant's emotional state accurately and coordinate their own expression of emotion with that of the infant. This enables the caregiver to down-regulate states of distress in the infant and amplify states of pleasure (Sprinson & Berrick, 2010). Each of these factors impacts the process of forming a secure attachment.

Another consideration is that no parent or caregiver will ever be perfect at reading and attuning to their infants. According to Sprinson & Berrick (2010):

Common sense would suggest that no parent or caregiver does a perfect job; there

are regular moments of misattunement in the unfolding relationship with the child in which he enters or is pushed into a state of distress or negative arousal. Such disruptions are not of great importance in and of themselves, but how a caregiver manages them and what happens after them, though, do seem to be of importance. (p. 46).

Therefore, when helping caregivers form healthy attachments with their infants, reminding them that repair is significant can help them with overcoming guilt regarding misattunements in the past and help to relieve some pressure to be a perfect parent.

Deprivation of Attachment

When infants are neglected, abused, or traumatized there are serious negative implications that can be detrimental to them. Some of these detrimental effects can include lowered I.Q. and cognitive development; failure to master age-appropriate developmental tasks in early childhood; maladaptive social and emotional functioning in childhood and high-risk behaviors in adolescence; risk transmitted to the next generation; and high levels of mental health problems as adults (Knitzer & Lefkowitz 2006). Further, babies that are not given love and attention or lack emotional availability from their caregivers are often withdrawn, frightened, and even speechless, much like Harlow's monkeys (Meyers, 2001). Harlow (1985) conducted a study with monkeys that revealed similar negative implications in which monkeys that were reared in total isolation struggled tremendously. When these monkeys were placed with other monkeys their age, they either cowered in fright or lashed out in aggression (Harlow, 1985). Additionally, they were unable to mate once they reached sexual maturity, and those that were

artificially impregnated were neglectful, abusive, and even murderous toward their first-born infants (Harlow, 1985). Harlow (1985) also found that gentle touch was an important factor in the development of the monkeys. He found that physical comfort and touch was more significant and took precedence over food for the monkeys, and that when presented a fake cloth mother, the monkeys clung to it and also desired it over food (Harlow, 1985).

Further, humans that are unloved or deprived of forming an attachment may have similar scars. As mentioned in Chapter I, in the 1940s observations of institutionalized infants that were well-nourished but were deprived of human contact physically declined and even died (Sprinson & Berrick, 2010.) The idea behind this deprivation was that it was better not to touch the infants to avoid risks of giving them infection from contact. However, it was documented and proven that even though basic needs such as feeding and bathing were met, the lack of human contact, nurture, affection, and engagement led to severe negative impacts and babies would literally give up and die, while those that survived had greater risk of infection and demonstrated an inability to regulate their own emotions along with other negative outcomes (Sprinson & Berrick, 2010). In addition, Larson, Hertsgaard, Harris, & Brodersen (1992) found that when infants, nine months or older, were separated from their caregivers for periods of 30 minutes or more, neurological and biochemical evidence of stress was measured in increases in adrenocortical activity and concentrations of cortisol in saliva— both stress hormones. Other studies have shown abuse and neglect can also increase the risk of a decline in a child's immune system and can create greater physical and developmental vulnerability (Sprinson & Berrick, 2010). Therefore not only can neglect, abuse, and trauma affect an

infant emotionally, but also physiologically and neurologically.

Brain Development and Attachment

Literature on the brain development of infants is consistently focused on the interactions, communication, and the development of attachment between caregivers and their infants and reveals a strong correlation between brain development and attachment. According to Perry (2001), in order for proper neurodevelopment to occur in infants and for a secure and healthy attachment to form an infant must be in a relationship with a caregiver that is able to interact in an expressively meaningful manner on a consistent basis. As stated by Cohen (2008) in reference to Schore (1997):

Essential to human development, the neurobiological mechanisms and consequences of attachment allow for the regulation of negative affective states, resilient negotiation of stressful experiences, enhanced capacity for joy and excitement and positive social interactions (p.132).

As can be seen, healthy attachment is essential to not only wellbeing and the ability to regulate internal states but also to brain development. Cohen (2008) also suggests that non-verbal communications between mothers and infants organize neurobiological systems. Perry (2006) expresses that the most rapid and significant brain growth occurs from birth to age 4 and is the time of great malleability and vulnerability. During this time safe, predictable, nurturing, and repetitive experiences can help express several inherent potentials in children; however it is also the stage in which the brain is most susceptible to the destructive impacts of threat, neglect, and trauma (Perry, 2006). In order to develop properly, each area of the brain requires appropriately timed, patterned,

and repetitive experience; therefore when children are abused or traumatized, serious negative outcomes can occur (Cohen-Hass, 2008). However, by determining what regions and functions of the brain are underdeveloped, therapists, doctors, psychiatrist, social workers, and psychologists can work to provide the missing stimulation to the brain in order to help the child resume a more ordinary development (Perry, 2006). Literature also reveals that there are different stages related to brain development and attachment.

At two months extremely critical brain development occurs with the maturation of the primary visual cortex (Yamada et al., 2000). This is the stage where exchanges of intense gaze occur between caregivers and their infants and plays a positive role in developing secure attachments (Yamada et al., 2008). The mutual face-to-face gazing creates positive feedback loops that produce new social-emotional passageways of neural activation within the infant's brain (Schoore, 2002). Further, this mutual gaze is an emotionally intense experience in which infants and their caregivers synchronize affective states while they also learn to regulate the intensity of the gaze (Yamada et al., 2008). While they are learning to regulate this intensity it is important for caregivers to be able to read when an infant is signaling, usually by averting their eyes for a period of time, over stimulation and when they are in need of quieting their internal states (Tronick, Cohn & Shea, 1986). This is important because when caregivers fail to recognize these signals and fail to allow their infants this period of withdrawal and instead continue to pursue interaction and eye contact, it can contribute to an escalating and intense affective experience while negatively reinforcing earlier reciprocal sharing (Yamada et al., 2008). This in turn can contribute to the dysregulation of the infant's internal emotions causing

them to struggle with finding their own capacities to control or regulate what is going on for them internally (Yamada et al., 2008). Therefore, it is of paramount importance that caregivers are able to regulate their own emotions in order to help their infants learn to regulate their emotions and internal states.

Lastly, the stage between 7 months and 3 years is a sensitive period for the development of the limbic structures and cortical associations (Yamada et al., 2008). The limbic structure is an area of the brain related to emotional regulation and internal experiences. Nurturance and affective regulation provided by the caregiver continues to be a crucial factor in the healthy development of limbic structures and cortical associations (Schoore, 2000). Further, during this period caregivers and their infants begin to move from the primary inter-subjectivity provided through the eye-gaze into secondary inter-subjectivity; which is sharing mutual states through common interests and purposes (Yamada et al., 2008). This in turn helps the infant to communicate vocally and through gestures. It is at this stage that the infant begins to form tools that they need in order to self-regulate their states of arousal (Yamada et al., 2008). Further, it is also at this stage that infants develop a new capacity, which Bowlby (1969) termed as goal-corrected partnership— in which infants begin to recognize that other people have their own separate points of view and begin to include the other person's needs and goals into their own plans (Newman & Newman, 2006). Lastly, from birth to age 3, infants develop the most critical stages related to attachment and brain development, at which point they become less dependent on their caregivers for internal emotional regulation.

Transgeneration of Attachment

In studies done using the Adult Attachment Interview (AAI) in which parents are asked to reflect on or describe their own attachment with their caregivers, results determined the attachment they would have with their children (Sprinson & Berrick, 2010). One interesting finding was that when mothers with negative attachments were able to reflect on their negative attachments accurately, it correlated with a higher probability that they would raise a securely attached child than those who were not able to reflect on their negative attachments (Sprinson & Berrick, 2010). Kerr, (2008) suggests that mothers who have insecure attachments or that have suffered from trauma are capable of being good mothers, but they may need to work on new sensitive approaches to responding to their children. Also, outside services and interventions could be useful in helping them with attaching to their children and learning new positive parenting skills. Kerr (2008) also states in reference to Bowlby (1988): "Studies confirm that mothers who had a positive past tend to engage their own infants on a greater variety of levels than mothers with disturbed pasts" (p. 74).

Further, researchers suggest that attachment styles are transgenerational; therefore early attachment styles that are learned affect future attachment styles between mothers and their infants meaning that mothers interact with their infants in much the same way as their mothers interacted with them, and “pass on” the same type of attachment pattern (Snyder, Shapiro, & Treleaven 2012). Other researchers suggest that all relationships are influenced by the earliest relationship through attachment with ones caregiver (Thompson & Raikes, 2003). According to Berger (2006) an adults' attachment to their own parents, although was formed many years before, affects the relationship that they have with their own children. Berger (2006) states, "Humans learn in childhood how

to relate to people, and that lesson echoes lifelong" (p. 206).

Revealing the impact that caregivers have on their infants throughout their lives. Further, early attachments have such a significant impact on the development of an infant all the way into their adulthood and on their relationships with others and the way they view themselves. According to a study conducted by Shaver & Brennan (1995), evidence supported the idea that infants carry their attachment style throughout their lives, consequently, affecting their behaviors in their romantic relationships.

Additionally, according to Belsky, Jaffee, Sligo, Woodward, & Silva (2005) parenting behavior and attachment styles are transmitted across generations— an idea that is accepted by many. Further, child abuse and harsh discipline are often related to parents' childhood experiences, and childhood abuse or harsh parenting is considered to be a risk factor for engaging in similar parenting (Dixon, Browne, & Hamilton-Giachritsis, 2005). Less research has observed the continuousness of constructive parenting but current evidence has shown that it is also passed from one generation to the next (Chen & Kaplan, 2001). It should also be noted that a significant proportion of abused or harshly parented individuals grow up to be non-abusing parents (Egeland, Jacobvitz, & Sroufe, 1988). Further, Milner (1992) also reported that having a supportive relationship with a partner predicted breaking the cycle of abuse and that parents who had been abused as children but did not abuse their own children had different parenting attitudes than those who continued the pattern of abusive parenting. Also, according to Kempe & Kempe (1978) adults that abuse their children often report having been abused or neglected as children. Other studies suggest that when parents report insecure attachment styles and are under severe stress they are more likely to have insecure

attachments with their own children (Phelps, Belsky, & Crnic, 1998). Therefore, helping mothers with insecure attachments, that have been abused, neglected, or experienced trauma and are currently under severe stress is necessary in order to ensure that they are able to form secure attachments with their infants and children.

Attachment Styles

As mentioned in Chapter I, Mary Ainsworth conducted a study that she called the “strange situation,” in which she measured attachment styles of how infant interacted with their caregiver. In this study, she observed children playing for 20 minutes while caregivers and strangers entered and left the room, to recreate real life circumstances in which children are introduced to familiar and unfamiliar presences; the situation varied in stressfulness while children’s response were observed. She described three different styles of attachment, including: secure, avoidant insecure, and ambivalent resistant. Later, Main and Hess (1990) identified disorganized attachment style. Infants that were deemed as securely attached demonstrated confidence that their caregiver would be available and responsive to their needs (Kaiser, 2009). Avoidant insecure attachment is characterized by an avoidance of seeking comfort from the primary caregiver (Cohen-Hass, 2008). An infant or child that is preoccupied with the caregiver but unable to be comforted by their caregiver characterizes ambivalent resistant attachment (Cohen-Hass, 2008). Lastly, a child or infant with a disorganized disoriented attachment demonstrates disorganized behaviors including dissociation when under stress in the presence of the caregiver which occurs when a caregiver is unpredictable, abusive, neglectful, or suffers from severe clinical depression (Cohen-Hass, 2008). Each of these styles affect future relationships—but perhaps the most clinically significant attachment style is disorganized.

An Overview of Disorganized Attachment

Research regarding disorganized attachment style has shown serious implications for negative outcomes for infants, children, adolescence, and adults. A meta-analysis of 80 studies revealed that the rate of disorganization in low-risk families is around 15% and for high-risk families it was up to 80% (van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). According to Main and Solomon (1990), they also found similar results showing that 77% of high-risk families are in disorganized relationships while only 15% of high-risk families are comparatively. Literature reveals that disorganized attachment can impact a person's life tremendously in negative ways. According to Seigel, (2001), disorganized attachment styles are associated with severe disturbances in the ability to regulate emotions, cope effectively, and relate to others. Further, adults with this attachment style are prone to dissociation and may often feel a loss of coherent experience of self and other (Carlson, 1998). Those with disorganized attachment styles also constitute a significant number of the hospitalized and psychiatric and criminal populations (Hesse & Main, 2000).

Therefore, since disorganized attachment can have such a negative impact on the development and psychological health of people, it is important to help high-risk families—who experience disorganized attachment at such a high percentage. Further, according to Juffer, Bakermans-Kranenburg, & van IJzendoorn (2005), their empirical evidence confirms that frightening parental behavior predicts children's attachment disorganization and that the frightening nature of severe parental insensitivity; in addition, enduring unresponsiveness may also trigger children's disorganization. Other literature shows that abuse and neglect are predictors of disorganized attachment,

according to Main and Solomon (1990), infants who have disorganized attachments are often drawn to their caregivers but are also fearful of them due to frightening experiences such as abuse and neglect. This can confuse an infant leading them to not know whether they will get comfort from their caregiver or if they should retreat for their own safety. Also, although disorganized attachments can be observed in any research sample, they are most prevalently found in abused infants (Carlson, 1998). According to Breckwith, Rozag, & Sigman (2002), disorganized attachment is also found when infants' mothers are severely depressed, or abuse drugs or alcohol. As a result of this, they mistreat or neglect their babies. Another conflict that could lead to a disorganized attachment style is if a caregiver has experienced and suffered severely from a major loss or trauma that they have not overcome and are displaying an unresolved or disoriented mental representation of attachment relationships (Green & Goldwyn, 2002). Further, another consideration for the cause of disorganized attachment is biological vulnerabilities in children that could potentially predispose them to this style of attachment (Lakatos et al., 2000).

Disorganized attachment has such negative impacts on the development of an infant and on who they become as they grow older. Therefore, this emphasizes the clinical magnitude of this pattern of attachment, as well as the need to search for causes of attachment disorganization with the ultimate goal focused on determining effective interventions for caregivers and their infants.

Risk Factors of Poor Attachment and Statistics

There is an estimated ten percent of all young children who live with parental substance abuse or dependence and an estimated 1.4 million to 4.2 million young children who experience domestic violence (Knitzer & Lefkowitz, 2006). Further,

another concerning issue that affects young children is the high rate of parents that are battling severe symptoms of depression. Additionally, for children that grow up in high-risk populations and in families with few resources or support, the largest contributing factors for their struggle with self-regulation are related to attachment style and issues with caregiver relationships between birth to age three, and are often ongoing (Sprinson, Berrick 2010). The struggle to have basic needs met such as predictable and secure relationships with caregivers is an ongoing issue for people who do not receive adequate attunement, affection, and nurture.

Art Therapy

History

Art therapy was originated in the United States by pioneers Naumberg (1966) and Kramer (1958), although art has been used throughout centuries as a form of self-expression and healing in indigenous cultures. The National American Art Therapy Association's (1996) definition of Art Therapy is:

Art Therapy is a human service profession that utilizes art media, images, the creative process and patient client responses to the created products as reflections of an individual's development, abilities, personality, interest, concerns and conflicts. Art Therapy practice is based on a knowledge of human developmental and psychological theories which are implemented in the full spectrum of models of assessment and treatment including educational, psychodynamic, cognitive, transpersonal and other therapeutic means of reconciling emotional conflicts, fostering self awareness, developing social skills, managing behaviors, solving

problems, reducing anxiety, aiding reality orientation and increasing self esteem (p. 79).

According to Hass-Cohen (2002) modern art therapists are utilizing diverse approaches to art therapy that can best meet their clients' needs, stating:

Of recent interest are mind body approaches to art therapy, neuro-art therapy, which facilitate an explanation of art therapy treatment effectiveness and expand the boundaries of the field to include contemporary information from neuropsychobiology, attachment theory, trauma approaches and non-linear dynamic systems theory (p.1).

Revealing that art therapy can be useful in regards to helping people with attachment issues on a neuropsychobiological level. Cohen also recommends that art therapists who are working with mothers on helping them form secure attachments with their infants should share how somatosensory regulatory experiences of holding, touching, and eye gazing help organize their child's nervous system (p.29).

Art Therapy and Attachment

As mentioned in Chapter I, studies offering insight on attachment styles have been utilized through the use of art therapy. One example is an art therapy assessment, Bird's Nest Drawing, is a study conducted by Kaiser (2008) in which participants were asked to draw a bird's nest to assess attachment security. Drawing a bird's nest was found to be an accurate assessment of attachment security, which can be a helpful tool in becoming aware of a client's attachment style. Common themes that were found in the

drawings of the birds' nests that correlated with strong attachments included birds in the nest or entire bird families, baby birds being fed, the use of green as the predominant color, and more than 4 colors used (Kaiser 2008). Themes that correlated with poor attachment were tilted nests, or nests that were viewed from above (Kaiser, 2008). Additionally, when participants were asked to tell a story about their bird's nest or give it a title, those with secure attachments told stories about nurture, family, and food while those with insecure attachments had themes related to hunger and abandonment (Kaiser, 2008). Therefore, the bird's nest drawing could be helpful as a tool when assessing attachment in a group for new mothers that have insecure attachments.

Similar studies related to art therapy have also been utilized to assess attachment security but there is a lack of research on the use of art therapy in helping new mothers with insecure attachments to develop healthy attachments with their infants. However studies reveal that art therapy can be utilized for several different positive outcomes in therapy. A case study by Cunningham (2001) found that art therapy was beneficial for a client with a disorganized attachment style. She also found that art therapy allowed her client to express himself and to gain an understanding of his emotional states and feelings. Another study that was done on a parent-child art therapy group found that relationships between mothers and their infants or children improved especially related to the way they communicated with one another by becoming more engaged and attentive to one another (Proulx, 2002). Another similar study on an art therapy group for mothers and their infants had positive outcomes. Findings showed that mother and child painting with each other drew them together emotionally and positively affected their relationship (Hosea, 2006). The study also revealed that art therapy fostered attunement and

experiences of open, responsive and creative connection between mothers and their infants (2006). Rubin (1978) also conducted a study in which she found mother-child art therapy groups offered assessment and therapeutic rewards and that by using the art, mothers and their children were able to find a new form of communication. Further, Kerr (2008) states:

Change in the nature of attachment occurs by listening to and working with the narrative created by the mother. The mother's narrative may be a prediction of the story she is now creating with her own child. However, sometimes those with troubled pasts do not have adequate words to express their story because of their developmental level or the use of repression as a defense. The therapy itself need not rely on words; the expressive therapies [art therapy] are particularly suited for those who cannot find their narratives exclusively through verbal expression (p. 76).

Showing that art therapy can be a useful outlet for mothers who may not be able to find the words to express their own personal stories of attachment, or those who become deregulated when speaking about their own attachments. Additionally, one aspect of art therapy that could also be helpful is that it allows clients to express themselves in a way that may feel safe for them, and can help them to gain an awareness of their own internal states (Kerr, 2008).

Another imperative study that utilized art therapy to help foster a stronger bond between infants and their mothers was developed by Head Start and was used for the Art Therapy Counseling Program at Southern Illinois University at Edwardsville (Kerr,

2008). The purpose of the group was to help mothers form stronger attachments with their infants and to also learn about infant care. The group was specifically for teen moms who went to a school program that allowed them to get a high school education while also letting them spend time with their infants (Kerr, 2008). Different creative activities were used to help mothers experience stimulating sensations and joy with their infants while also learning affective parenting skills. Joy was found to be an essential factor in creating and fostering stronger healthier attachments between mothers and their infants (Kerr, 2008). In regards to the study, Ker (2008) states:

Mutual engagement, mirroring, close body contact, soothing music and joyful play encouraged mothers to engage with their children in a pleasurable manner.

There was an observed increase in attachment behaviors among several children in the group through additional exploration of the environment (p.89).

This indicates that art therapy was effective in helping mothers form stronger attachments with their infants by inspiring them through creative joyful experiences.

Mindfulness and Focusing-Oriented Art Therapy (FOAT)

As mentioned in Chapter I, mindfulness can be described as non-judgmental, present-moment awareness and has recently been proven as a significant contributing factor in healthy mother–child relationships (Snyder, Shapiro, & Treleaven 2012). Some evidence to support mindfulness-based therapy has shown that mindful awareness promotes neural plasticity, implying that practicing meditation can actually change the structure of the brain positively (Siegel, 2007). Other evidence to support the benefits of mindfulness has shown that it can increase emotional regulation while decreasing stress

and anxiety (Snyder, Shapiro, & Treleaven 2012). Since mindfulness can help mothers learn to regulate their own internal states, it can be especially beneficial in helping them to regulate the internal states of their infants therefore increasing secure attachments. Research on mindfulness-based therapy has demonstrated positive affects on helping new mothers to form healthy attachments with their infants (Snyder, Shapiro, & Treleaven, 2012).

Further, Focusing-oriented art therapy (FOAT) (Rappaport, 2009) a mindfulness-based approach helps to cultivate self-compassion, compassion toward others, stress reduction and emotion regulation. FOAT is a newer mind-body approach to art therapy requiring the need for additional research to demonstrate it's positive outcomes for mother child relationships.

Based on the research provided for the positive benefits of art therapy for mother-child relationships (Kerr, 2008), and mindfulness based-therapies for mother and child relationships (Ellis, 2012), FOAT—a mindfulness-based art therapy approach— has promising benefits in improving attachment between mother and child. Current research on Focusing-oriented psychotherapy has shown that being in the presence of a therapist who is able to self- regulate themselves has a positive impact on the nervous system of the client, who then begins to be more regulated (Levine, 2010). As previously mentioned, research has demonstrated a significant correlation between brain development and attachment (Cohen-Hass, 2008). In particular the right hemisphere is very much impacted by early attachment and is where emotional responses and regulation, autobiographical memory, emotional communication of all kinds, and interpersonal nonverbal communication are processed (Ellis, 2012). Focusing-oriented art

therapy allows the client to access the right hemisphere of the brain through artmaking while the therapist is attuned to the client's emotions (Ellis, 2012). Focusing also facilitates the process of neural integration with its practice of inviting clients to sense inside and to articulate what is implicit (Ellis, 2012).

Focusing-oriented Psychotherapy

Focusing is a practice related to mind body feelings or ones own felt sense of an issue, situation, or experience and instills a positive kind attitude towards it through 6 steps known as Focusing-oriented Psychotherapy FOT (Rappaport, 2009). Eugene Gendlin (1981) developed the practice of Focusing in therapy in the 1960s (Rappaport, 2009). He found that one key aspect of success in therapy was that clients who were able to listen to their inner experience and to understand how they were feeling inside beyond the cognitive mind were more successful in overcoming and resolving issues (Rappaport, 2009). The main concepts of FOT include, Focusing attitude, felt sense, handle (symbol), shift, and life-forward direction. The Focusing attitude is a view that whatever is felt inside the body is welcome whether it's sadness, joy, or peace, all feelings are all right to have (Rappaport, 2009). The felt sense is a direct awareness of what's going on inside the body and is a physical understanding that has more depth than just knowing an emotion and is more of what surrounds that emotion and why (Rappaport, 2009). The symbol/handle is used to describe what that inner felt sense is— an image,, sound, gesture, word or phrase that represents the felt sense (Rappaport, 2009). The shift is a change of the felt sense and when it occurs, it is an actual change in the mind/body (Rappaport, 2009). Lastly, the life- forward direction is the path towards healing and the forward movement of the felt-sense opening up body wisdom (Rappaport, 2009).

The Six Steps of Focusing

In order to teach people the Focusing process, Gendlin (1981) devised six steps. The steps serve as a guide in learning but are not to impose onto a client's process. The six steps include: clearing a space; choosing an issue and a felt sense; handle/ symbol: image, word, phrase, gesture or sound; resonating; asking; and receiving. In 'Clearing a Space,' the client is invited to identify stressors or issues that are in the way of feeling "all fine" (Ilkemi, 2010; Rappaport, 2009). The "All Fine" place is defined as within each person and is a sense of wellbeing (Rappaport, 2009). In 'choosing an issue,' the client picks something to work on that was blocking them from feeling "all fine"—and gets a felt sense of it (Rappaport, 2009). Next, is the handle/ symbol—in which the therapist asks the client to check and see if there is a word, a phrase, an image, a gesture, or a sound to represent the felt sense (Rappaport, 2009). During 'resonating' the therapist asks the client to check to see if the handle/symbol feels right in the body—an internal sense of whether or not what the client has come up with matches the bodily sense (Rappaport, 2009). In the 'asking' step the therapist invites the client to ask the felt sense questions to become aware and to heal and to open up the life-forward direction or the body's inner sense of knowing (Rappaport, 2009). Lastly, the client 'receives' what the felt sense offers from the question it was asked—welcoming whatever comes up. (Rappaport, 2009). The Focusing six-step method is used in non-therapy and therapy applications. However, in Focusing-Oriented Psychotherapy, the steps are interspersed in various moments, in "bits and pieces" (Gendlin, 1996)—following the client's experiential process. With each of these steps clients work towards personal growth and healing.

An Understanding of Focusing-oriented Art Therapy (FOAT)

FOAT is an integration of Gendlin's six-step Focusing method (Gendlin, 1981) and the principles of Focusing-oriented Psychotherapy (Gendlin, 1996; Rappaport, 2009). FOAT includes foundational principles—making sure that the client feels a sense of safety, building rapport, and integrating empathic reflections through a variety of methods including experiential listening, artistic reflection, and mirroring (2009) (p.91).

Rappaport (2009) describes a basic FOAT step—getting a felt sense and expressing it in art; and three main approaches: Clearing a Space with Art; Theme Directed FOAT; and Focusing-Oriented Art Psychotherapy.

Rappaport (2009), the pioneer of FOAT, explains that one thing that art therapy and Focusing have in common is that they both engage the bodily felt sense. She also expresses that clients can access the bodily felt sense through mindful attention and welcoming acceptance of what is found in the body. Rappaport (2009) states:

In art therapy, the felt sense is engaged through the experiential nature and role of the body in art making. The hand, arm, shoulder, and torso move while drawing, painting, and sculpting. The breath changes in response to different amounts of physical pressure on the art instrument. Often the client will be engrossed in the artistic process, not conscious of the felt sense. The felt sense however, is implicit in creative activity- informing choice of colors, selecting materials, developing and image, engaging in dialogue, accessing meaning, and knowing when an artwork is complete (p.87).

FOAT can help clients overcome trauma and begin to learn to accept and overcome the pain they have experienced, while also guiding them in learning to find the

right relationship to their emotions— that helps to regulate them (Rappaport, 2009). This can be useful when working with mothers who are unable to view their own attachments and struggle with the attachments they have with their own children. As previously mentioned, when mothers are able to view their own attachment history and remain emotionally regulated, then they can change the course of the attachment they form with their own infants (Sprinson & Berrick, 2010). Therefore, by helping mothers who have insecure attachments to be able to sense inside by finding a safe place and connecting to the body through FOAT, they will be able to view their attachments while also remaining emotionally regulated—and therefore, be able to form more secure attachments with their own infants. Since evidence reveals that groups that work to teach mothers how to interact with their infants in a creative space while also instilling joy, have positive impacts on helping mothers to form healthy attachment, it could be helpful if utilized in a FOAT group for new mothers.

Conclusion

Research reveals evidence between healthy brain development and attachment, providing significant implications for the need for interventions for women that have insecure attachments in order to help them form healthy and secure attachments to their infants. Additionally, for children that grow up in high-risk populations and in families with few resources or support, the largest contributing factors for their struggles with self-regulation are related to attachment style and issues with caregiver relationships, between birth to age three and are often ongoing (Sprinson, Berrick 2010). Further, researchers have found that when parents have experienced severe trauma and are at high risk, there are serious consequences for their children— such as lowered I.Q. and

cognitive development; failure to master age-appropriate developmental tasks in early childhood, increasing evidence of maladaptive social and emotional functioning in childhood and high-risk behaviors in adolescence, risk transmitted to the next generation, and high levels of mental health problems as adults (Knitzer & Lefkowitz 2006). Studies reveal that children who are able to self-regulate their emotions and have secure attachments are more likely to succeed in school and in relationships, and are less likely to develop psychological pathologies. Since FOAT is a newer mind-body art therapy approach, more research is needed in regard to mother-child attachment styles and its affect on attachment. However, research supports mindfulness-based art therapy interventions and shows that it has positive affects on attachment between mothers and their infants. Therefore, since FOAT is a mindfulness-based approach to art therapy, it is hypothesized that FOAT will have positive impacts on mothers and their infants and increase mothers' abilities to form healthy secure attachments with their infants.

Appendix C

Informed Consent to Participate in a Research Study
Notre Dame de Namur University
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Belmont, CA 94002

Title of Research: Using Focusing-Oriented Art Therapy to Form Secure Attachments

Name of Investigator: Skylar Colle

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Research Committee Chair: Amy Backos Ph.D., ATR-BC

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Research Purpose and Background

The purpose of this study is to determine the effectiveness of using Focusing-oriented Art Therapy to help mothers form secure attachments with their children. This research will explore the efficacy of using Focusing-oriented Art Therapy to aid in the process of forming secure attachments between mothers and their children. The research will be conducted by Skylar Colle, a graduate student at Notre Dame de Namur University, under the supervision of Amy Backos Associate Professor of Art Therapy at Notre Dame de Namur University.

A. Procedures

As a participant of this research study I understand that:

- I will be asked to fill out a questionnaire which will be approximately 20 questions long and should take about 35 minutes on the first day of the group, on the last day of group, and 60 days after the group has ended
- I will complete a drawing of a birds nest and write a story about it
- I will be asked to attend 60 minutes sessions once a week for 60 weeks but I will be able to leave or stop participating in the group at any time
- Digital photographs will be taken of the artwork completed in the sessions. Name and personal identity will not be released.
- Artwork may be reproduced for use in a research thesis and for possible presentations.
- All data will be kept confidential and will be used for research purposes only.
- All information including photographs, self-reports, and questionnaires will remain anonymous and remain the property of the researcher for three years.

C. Risks

By participating in this study, potential risks may occur. Participants' risks include working through difficult emotional experiences, painful memories related to attachment to their caregivers, and or emotional discomfort and vulnerability in sharing with a group. Other potential risks include experiencing overwhelming emotions from creating artwork or accessing painful memories related to childhood or feelings of shame or guilt in relation to

their own parenting skills. In order to decrease these risks, trans-generational attachment will be discussed and the focus will be on how each person's childhood experiences affect them differently. Also, parenting skills books and parenting resources will be available to participants. Participants will also be reminded that they are not required to share personal stories or experiences unless they feel comfortable doing so. Further, participants will be reminded to utilize the group as a place for support and acceptance. If participants need further support after completion of the group individual art psychotherapy will be offered to them and will be given a list of referrals.

D. Benefits

Potential benefits of participating in the group include gaining access to parenting resources, developing relationships and support networks along with friendships within the group, forming a secure attachment with their infant, gaining an understanding of emotional responses, developing coping skills, and working through painful experiences. Participants may also find benefits in creating artwork and may gain a higher self-esteem through the process of creating art they can feel proud of. Participants may also relinquish guilt they may have had around parenting and develop positive parenting skills.

E. Confidentiality

Confidentiality will be guaranteed. No individual will be identified in any reports or publications resulting from the research. All data collected from participants will be coded and the codes will be corresponding to each individual participant. The codes and all data will be stored in a safe place to assure that no one the researcher will be able to identify the participants. All data will be stored for 3 years after the research has been completed, at which time it will be destroyed.

F. Alternatives

As a participant, I am free to decline participation in this research study.

G. Costs

There will be no costs or compensation as a result of taking part in this research study by the participants.

H. Compensation

There will be no compensation for participating in this research study.

I. Questions

For any questions, please feel free to contact Skylar Colle through email or written mail through the Art Therapy Department at Notre Dame de Namur University at 1500 Ralston Avenue Belmont, CA 94002.

Participation in this research study is voluntary; I am free to withdraw from this research study at any time without penalty.

Print Name: _____ Date: _____

Participant

Signature: _____ Date: _____

Participant

Print Name: _____ Date: _____

Principal Researcher

Signature: _____ Date: _____

Principal Researcher



Appendix C

Agreement to Participate in Research

RESPONSIBLE INVESTIGATOR: Skylar Colle

TITLE OF RESEARCH PROJECT: Using Focusing-Oriented Art Therapy to Form Secure Attachments

I have been asked to participate in a survey-based research study that is investigating the use of Focusing-oriented Art Therapy in relation to forming secure attachments. The results of this study should further our understanding of the effectiveness of Focusing-oriented Art Therapy to help mothers form secure attachments with their children.

I understand that:

I will be asked to take a survey at home that should take approximately 20 minutes to complete.

The possible psychological risks may be some discomfort based on reaction to the survey questions. Should any feelings be elicited based on my participation in this study, I may contact Kari Sundstrom for free services. No physiological risks are anticipated.

There are no discernible benefits to me personally, although the results of this study will help expand our knowledge of Focusing-oriented Art Therapy to aid in forming secure attachments.

Although alternative procedures may be used, the present procedure is the most advantageous and economical.

The results of this study may be published, but any information from this study that can be identified with me will remain confidential and the data will be pooled to maintain anonymity.

Skylar Colle will answer any questions about my participation in this study at (214) 763-0305. Complaints or concerns about this study may be addressed to Dr. Laury Rappaport, (Chair, Institutional Review Board, NDNU) at (650) 508-3674.

My consent is given voluntarily without being coerced. I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without prejudice to my relation with Seneca Center or with any future contact with NDNU.

I have received a copy of this consent form for my record.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED AND THAT I HAVE DECIDED TO PARTICIPATE.

Print Participant's Name

Participant's Signature

Appendix C

Assent to Participate in a Research Study

Title of Research: Using Focusing-Oriented Art Therapy to Form Secure Attachments

Name of Researcher: Skylar Colle
Phone Number: (214) 763-0305
Email: Skylarwinnubst@gmail.com

I _____, hereby give my assent to participate in a research study conducted by Skylar Colle, a graduate student at Notre Dame de Namur University, under the supervision of Amy Backos, PhD, ATR-BC.

I have the permission of my parents/guardians to participate in this research study. I have been informed of the purpose, procedures and steps for confidentiality of this research study.

I understand that participation is Voluntary and that I am free to decline participation in the study or with draw from participation in the study at any time.

Print Name: _____ Date: _____
Participant

Signature: _____ Date: _____
Participant

Print Name: _____ Date: _____
Principal Researcher

Signature: _____ Date: _____
Principal Researcher

Appendix D

Evaluation Form

Maternal Attachment Inventory (MAI)

The following sentences describe thoughts, feelings, and situations new mothers may experience. Circle the letter under the word that applies to you.

	Almost Always	Often	Some- times	Almost Never
1. I feel love for my baby	a.	b.	c.	d.
2. I feel warm and happy with my baby	a.	b.	c.	d.
3. I want to spend special time with my baby	a.	b.	c.	d.
4. I look forward to being with my baby	a.	b.	c.	d.
5. Just seeing my baby makes me feel good	a.	b.	c.	d.
6. I know my baby needs me	a.	b.	c.	d.
7. I think my baby is cute	a.	b.	c.	d.
8. I'm glad this baby is mine	a.	b.	c.	d.
9. I feel special when my baby smiles	a.	b.	c.	d.
10. I like to look into my baby's eyes	a.	b.	c.	d.
11. I enjoy holding my baby	a.	b.	c.	d.
12. I watch my baby sleep	a.	b.	c.	d.
13. I want my baby near me	a.	b.	c.	d.
14. I tell others about my baby	a.	b.	c.	d.
15. It's fun being with my baby	a.	b.	c.	d.
16. I enjoy having my baby cuddle with me	a.	b.	c.	d.
17. I'm proud of my baby	a.	b.	c.	d.
18. I like to see my baby do new things	a.	b.	c.	d.
19. My thoughts are full of my baby	a.	b.	c.	d.
20. I know my baby's personality	a.	b.	c.	d.
21. I want my baby to trust me	a.	b.	c.	d.
22. I know I am important to my baby	a.	b.	c.	d.
23. I understand my baby's signals	a.	b.	c.	d.
24. I give my baby special attention	a.	b.	c.	d.
25. I comfort my baby when he/she is crying	a.	b.	c.	d.
26. Loving my baby is easy	a.	b.	c.	d.

Scoring: A = 4, B = 3, C = 2, D = 1. All items are summed for a single score.

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Appendix E

Debriefing Statement

Thank you for your participation in this research study. The purpose of this research is to determine the efficacy of Focusing-oriented Art Therapy as an intervention to promote secure attachments between mothers and their children. Your participation is a valuable contribution to the field of Art Therapy along with the field of Marriage and Family Therapy. The data that is collected is for research purposes only and the information will be kept confidential. If you have any questions please contact the principal investigator, Skylar Colle by or phone: (214) 763-0305 or through email: skylarwinnubst@gmail.com, or the research supervisor, Dr. Amy Backos, Art Therapy Psychology Department, Nore Dame de Namur University, 1500 Ralston Avenue, Belmont, CA 94002, Phone: (415) 652-2440, Email: Abackos@NDNU.edu.

Thank you for your participation in this study.

Appendix F

Curriculum Vitae

Skylar Winnubst
Skylarwinnubst@gmail.com

876 Valencia St.
 San Francisco, CA 94110

EDUCATION:

St. Edward's University Austin, TX
 Bachelor of Arts in Psychology; Minor in Art
 GPA 3.5

Related Courses: Community Service in Psychology, General Psychology, Child Development, Learning and Cognition, Adolescent Psychology, Marriage and Family Psychology, Watercolor I, Watercolor II, Advanced Watercolor, Sculpture, Drawing I, Beginning Design, Color and Design, Printmaking: Relief

Notre Dame De Namur University Belmont, CA
 MA in Art Therapy and MFT
 Current GPA 3.9

Masters Courses: Principles of Marriage and Family Therapy, Methods of Group and Family Therapy, Communication and Counseling Skills, Advanced Human Development, Psychological Assessment I & II, Psychopharmacology, Psychopathology, Ethics & Law, Principles of Marriage and Family Therapy, Methods of Group and Family Therapy, Communication and Counseling Skills, Advanced Human Development, Focus Oriented Art Therapy, Practicum I & II, Seminar I & II, Domestic Violence

Masters Summer Courses: Cross-Cultural Issues, Mandala Weekend, Child Abuse, Art Techniques: Group Experience, Metaphors in Psychopathology: Adolescent, Metaphors In Psychopathology: Children, Art Techniques: Integrating Creative Arts, Art Techniques: Special Populations

HONORS AND AFFILIATIONS:

- ◆ St. Edward's University Dean List ◆ St. Edward's Amnesty International- Urgent Action Coordinator ◆ National Honor Psychology Society ◆ Hart Global Leaders Forum
- ◆ Gatsa
- ◆ NorCata

Statement of Experience
Total Hours: 2,820

WORK EXPERIENCE:

Seneca Center 2011-2012: 800 hrs

During the fall of 2011 and spring of 2012 I completed my practicum as a trainee clinician at Seneca Center and completed 800 hours. Seneca Center is a non-profit organization whose mission is to sustain children and families through the most difficult times of their lives. My supervisors were John Sprinson and Kari Sundstrom.

- Worked as a clinician and utilized art psychotherapy with individual clients and their families, ran six groups a week, worked in a milieu setting seven days a week, attended IEPs, wrote comprehensive assessments, treatment plans, and intervention plans. Increased my clinical experience along with my knowledge and understanding of working with families and children.

Arc of the Capital Area 2009: 150 hrs

During the spring of 2009 I interned at Arc of the Capital Area as a case-manager and completed 150 hours. Arc of the Capital Area is a non-profit organization committed to improving the lives of those with intellectual and development disabilities, and children affected by trauma. My supervisors were John Norton and Elizabeth Klebart.

- Met with clients, assessed their needs, ensured that needs were met. Painted with clients at The Arc of the Arts and used art to help them express emotions. Increased my knowledge on effective solutions to helping empower individuals with intellectual disabilities and those affected by trauma.

Americorps Summer Vista 2009: 350 hrs

During the summer of 2009 I worked as a Vista for Americorps; which entailed working with Austin Community College (ACC) Youth Programs, where I completed 350 hours. The mission of ACC Youth Programs is to create a college-going culture for underserved youth by engaging them in academically challenging work to stimulate and prepare them for college. My supervisors were Matt Lashlee, Jennifer Payanda, and Katherine Bennet.

- Taught and engaged underprivileged fourth grade students through interactive activities that emphasized setting attainable goals while also taking care of their needs, emotionally and mentally. Listened empathetically, and used compassion to help children express themselves. Increased affective leadership skills, incorporated the use of art as a tool for self-expression. Provided a safe environment for children to learn and have fun.

Kids Campus Learning Center 2007: 350 hrs

During the summer of 2007 I worked as a preschool teacher and Kids Campus Learning Center where I completed 350 hours. Kids Campus Learning Center focuses on creating an environment for children that is loving and safe for children while they are away from their parents. My boss was Debbi Parker.

- Taught children ages four and five. Discovered how truly important an adult's role is in the emotional, intellectual, and physical development of a child. Formed positive

relationships with students through warm, sensitive, and responsive care to help them feel valued and gain more from their learning experiences.

Camp Bette Perot 2005: 960 hrs

During the summer of 2005, I worked as camp counselor at Camp Bette Perot, where I completed 960 hours of work. The mission of Camp Better Perot is to encourage young girls to enjoy outdoor activities, and to better themselves and the community. My boss went by the name Mud-Bug.

- Was the head counselor for girls ages 10-12. Lead them to different activities, engaged them in activities, chaperoned them overnight. Used compassion and empathy to help establish relationships of trust.

VOLUNTEER EXPERIENCE:

Respite Care 2010: 10 hrs

I volunteered at Easter Seals for the Respite Care program offered to children there for one day, and completed 10 hours. The mission of the Respite Care that I volunteered for is to give children with disabilities the opportunity for collaborative interactions among their peers and to give their families support in caring for them. My supervisor was Genessee Klem.

- While volunteering with this program I worked to create a safe place for children with developmental disabilities, and gained knowledge and experience on how to connect and bond with children in need.

Mainsprings Day Care 2007: 150 hrs

During the fall of 2007 I volunteered at Mainsprings Day Care and completed 150 hours of service there. The mission of Mainsprings is create an environment where children can thrive with the value of diversity emphasized. My supervisor was Rudi Andrus.

- As a volunteer I worked with infants. In order to qualify I had to take several different tests regarding infant care. I learned how fragile infants are, and the significance nurture plays in their lives.

Catholic Charities Refugee Empowerment 2006: 50 hrs

During the summer of 2006 I worked as a volunteer at Catholic Charities of Dallas Refugee Empowerment Services, where I completed 50 hours of volunteer work. Catholic Charities Refugee Empowerment's mission is to enhance the lives of families in need and empower them to become active members of society. My supervisor was Mike Autman.

- As a volunteer I taught refugee a children; while also providing stimulating activities, not only to help them adjust to American culture, but also to help them thrive at such an

important stage in their lives. I saw the real importance of fostering trust and using my intuition in helping them after the devastating events that brought them to America.

Appendix F

Letter of Support

Appendix F

Letter of Support

Appendix G

Funding Source Identification Page

MISSION STATEMENT

The Florence Tyson Fund for Creative Arts Therapies was established in 2004, to continue the work of Florence Tyson, a world-renowned music therapist and a pioneer in the field of community-based creative arts therapy.

The mission of the Fund is:

(1) To support therapists and clinical programs that provide creative arts therapies—music, dance, drama, art and poetry therapy, to people in the community who suffer from, or are at risk for psychiatric problems, such as depression, anxiety, or severe mental illnesses. (2) To inform health care professionals, social workers, teachers, and others about the benefits of community-based creative arts therapies for their clients. (3) To promote the utilization of these therapies in community settings. (4) To encourage and support research on the clinical efficacy of creative arts therapies in the treatment of depression, anxiety, and related psychiatric problems in community settings.

Background

Florence Tyson (1919 -2001) was a true pioneer of music therapy. When she began practicing, the profession was in its infancy; and music therapy was found primarily

in institutions, or hospitals, where it provided little more than recreation. Drawing on the advances in psychiatry and psychology, encouraged by the political climate of her time, and propelled by her own fierce will and desire, Tyson helped take music therapy in new directions. In 1963, she established the first community-based music therapy organization in the nation, the Creative Arts Rehabilitation Center (CARC) in New York City. First conceived as a part of the Musician's Emergency Fund in the 1950's, this first-of-its-kind creative arts therapy center grew in the 1960's, and continued to grow so that by 1995 it served more than 100 clients a week, using music, dance, art, drama and poetry therapies to help clients with severe and debilitating mental illnesses.

The Center not only served clients; it trained therapists from all over the world in the use of creative arts therapies to treat people outside of hospitals--in a community setting. CARC closed in 1995 due to financial problems that affected nonprofit organizations generally at this time. Still, to this day, Tyson's creation of the Center is a standard against which developments in the music therapy/mental health field are measured. And Tyson's trainees and disciples have, each in his or her own way, set a standard for the practice of creative arts therapies in the community.

Creation of the Florence Tyson Fund for Creative Arts Therapies

Upon the death of Florence Tyson, in 2001, her devoted life companion, Saul Lishinsky, joined with Florence's friends, colleagues and students to establish the Florence Tyson Fund for Creative Arts Therapies. The purpose of the Fund is to continue and build upon Tyson's important work, by supporting, modestly at first, and more fully as the fund develops, those projects that advance Tyson's vision and the work of those who would carry that vision forward.

Who we are

The Fund is overseen by a Board of Directors consisting of Joan Winer Brown, Christopher Bandini, Denis Jordan, Alice Brandwein, and Shale Brownstein. The Fund consults with colleagues of Florence Tyson, including, Pierre Boenig, Kenneth Aigen, David Ramsey, Michael G. McGuire, Gary Hara, Andrea Frisch, Benedikte Scheiby, and others.

Saul Lishinsky 1922-2012

Appendix H

RFP From Funding Source

<http://www.tysonfund.org/who.html>

Appendix I

Copy of Proposal Forwarded to Funding Source

Skylar Colle'

Email: Skylarwinnubst@gmail.com

Phone: (214) 763-0305

Grant Proposal, Seneca Center, April 7, 2013

The purpose of this grant is to utilize Focusing-Oriented Art Therapy to help mothers at risk of poverty, substance abuse, and trauma to form secure attachments with their infants and children. The focus is on both attachment theory and art therapy to help mothers learn self-regulation techniques, parenting skills, mindfulness, and self-love in order to help them form healthy ongoing secure attachments with their infants and children.

Brief Bio: Skylar Colle' acquired her Masters Degree in Art Therapy and Marriage and Family Therapy From Notre Dame de Name University. She has experience working with diverse populations including, children, families, mothers and their infants, along with adults and children with developmental disabilities. She feels most confident and passionate in her work with mothers and their infants and believes strongly in the power of art therapy and attachment theory in order to help mothers form secure attachments. Attached is a copy of her curriculum vitae and two letters of support.

Financial Information: The total cost of this grant is \$7,328.78.

Appendix J

Permission to Use Artwork

Title of Research: Using Focusing-Oriented Art Therapy to Form Secure Attachments

Name of Researcher: Skylar Colle
Phone Number: (214) 763-0305
Email: Skylarwinnubst@gmail.com

I _____, hereby give my permission to use my artwork for research purposes. Digital photographs will be taken of the artwork completed in the sessions. Name and personal identity will not be released. Artwork may be reproduced for use in a research thesis and for possible presentations. All photographs of my artwork will be destroyed after 3 years.

Print Name: _____ Date: _____
Participant

Signature: _____ Date: _____
Participant

Print Name: _____ Date: _____
Principal Researcher

Signature: _____ Date: _____
Principal Researcher

Appendix K

Referrals

Laury Rappaport ATR-BC, LPC

Email: Focusingarts@gmail.com

Amy Backos Ph.D., ATR-BC

Email: abackos@ndnu.edu

Kari Sundstrom LCSW

Email: kari_bailey@senecacenter.org

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