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ATTACHMENT AND CREATIVITY FOCUSED COUNSELING INTERVENTION FOR
PARENTS AND ADOLESCENTS PRESENTING WITH A TRAUMA HISTORY

A Dissertation

Presented to the Faculty of
Antioch University Seattle

In partial fulfillment for the degree of

DOCTOR OF PHILOSOPHY

by

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December 2022

ATTACHMENT AND CREATIVITY FOCUSED INTERVENTION FOR PARENTS AND
ADOLESCENTS PRESENTING WITH A TRAUMA HISTORY

This dissertation, by Leah Batty-Hibbs, has
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in partial fulfillment of requirements for the degree of

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ABSTRACT

ATTACHMENT AND CREATIVITY FOCUSED COUNSELING INTERVENTION FOR PARENTS AND ADOLESCENTS PRESENTING WITH A TRAUMA HISTORY

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Antioch University Seattle

Seattle, WA

The central research question that informed this study asks: How do attachment and creativity focused counseling interventions encourage connection between an adolescent and their parent or caregiver? The research study centered on two mother and son dyads that participated in six weeks of a therapeutic intervention. The modality utilized an attachment and creativity focused approach created by the author. Data was collected through a post intervention semi-structured interview with the parent (adult). Data was transcribed and evaluated with an interpretive phenomenological approach. Six themes were identified by a team of researchers. The findings have implications for clinical practice with parents and adolescents presenting with a trauma history. In addition, the modality with an attachment and creativity focus could be further evaluated. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

Keywords: counseling, parents, youth, interventions

Dedication

To my children: I dedicate my doctoral dissertation to my three daughters: my children, my lights, my beacons of hope, and my reasons for living. This feat would not have been accomplished without your love, flexibility, and hope for me to succeed. I am one proud Mama. This is for you, girls. You can achieve anything you set your heart and mind to, even the impossible. My humble and working-class beginnings are what give me strength and perseverance when times are tough. Do not quit. Keep going. This is where you learn great lessons about yourself. You can prosper and accomplish your goals. Who would have thought a coal miner's daughter from the northeast of England would write a doctoral dissertation? Please know that I will support you in whatever endeavor you choose. You can dream big and know I will always be there for you. I love and adore you unconditionally and forever, in this life and the next.

This dissertation is also dedicated to those working and schooling mothers in my circle and beyond, specifically in my field of counselor education and mental health, and those who are disciplined and impassioned enough to reach for their dreams while parenting. This is no easy feat. I acknowledge the unconscious force that drives you forward. The late nights, the long days, the missed family events, the sacrifice, and the struggles are real. I hear you, sister. This work is not for the faint of heart. This is for the fighters, the survivors, the empaths, and the light souls who strive for social justice and liberation. We have this. This is our fight. Onwards, Mama. I see you!

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CHAPTER I: INTRODUCTION

According to the National Alliance on Mental Illness (NAMI; 2022), 7.7 million youth aged 6–17 in the United States have experienced a mental health issue, with one out of six youth experiencing a mental health issue each year. Moreover, suicide is a prevalent cause of death among youth aged 10 to 14 (NAMI, 2022). Research has shown that childhood trauma and substance use disorders directly correlate to the risk of dropping out of high school (Porche et al., 2011). Given the significant need for counseling services for adolescents, positive themes emerge when counseling professionals and parents collaborate with teens in seeking out therapeutic services. Adolescent's and parent's joint involvement in mental health services creates unity and connection between the two groups, fostering attachment between caregiver and adolescent (Juil & Husby, 2019).

The number of young clients with trauma histories is also rising, necessitating supervisors to determine whether the clinician has the specialized knowledge of lifespan development and theoretical comprehension of the origins and effects of trauma, including its consequences and potential symptomology (Warfield, 2013). An aptitude and understanding of evidence-based and multicultural inclusive techniques are essential to address the concerns and needs of today's adolescents.

One approach that seeks to address these concerns is *attachment and creativity-focused counseling*, which the author of this dissertation developed. Teaching parents and caregivers to co-regulate (interpersonally) with their adolescent, this approach encourages the teen to self-regulate (intrapersonally), which, in turn, could improve parental connection and awareness of the child's inner self. The ability to self-regulate allows an individual to control emotional

responses to their environment, thereby improving their sense of self-concept, which includes self-esteem, self-awareness, and self-worth. Through increasing connection with a teen's caregiver, they may naturally increase their sense of self, supporting resilience for negative life-events and ultimately preventing or reducing potential trauma symptomology in later life. Utilizing Van der Kolk's (2015) work is integral to attachment and creativity-focused counseling. His research on the brain examines how somatic-focused activities such as yoga, mindfulness, and intensive meditation can help clients who have experienced trauma connect their minds and body, allowing them to feel their bodies again. This writer's method encourages awareness of the inner self and increases self-regulation, encouraging renewed connection with their primary attachment figure. Furthermore, research has shown that mindfulness promotes physical and psychological health (Roberts & Danoff-Burg, 2010). In addition, mindfulness has been found to mediate the relationship between emotional regulation and creativity (Yousaf & Taylor, 2022).

Paying attention to the interactions between the parent and child benefits the mental health and attachment of the pair because working with youth can be more complex than working with adults depending on therapeutic rapport with the clinician (Jäderberg et al., 2019). Furthermore, research has demonstrated the importance of having multiple intervention options to help with the needs of families (Puffer & Ayuku, 2022). Therefore, this dissertation examined counseling interventions for parents and adolescents to help the adolescent control their emotional responses and increase their sense of self, thereby encouraging self-regulation and, in turn, enhancing the adolescent's communication skills and ability to connect with their primary parent.

Theoretical Framework

The early relationship between caregiver and infant acts as a barometer for the child's nervous system (Bowlby, 1985). Attachment is, in many ways, a measure of emotional regulation and provides theoretical insight for this dissertation. The growing infant starts their life solely reliant on the mother for comfort, care, and co-regulation capability, but eventually can regulate individually. As a developing infant, the client's primary biological needs, such as eating, drinking, sleeping, and soothing, were presumably inconsistently met if attachment issues arise (Bowlby, 1985). The only way an infant can thrive and find satisfaction is through the relationship with their parent or primary caregiver. Consequently, a child is born with the preconceived notion that they will be cared for, and a baby cannot survive without this nurturing (Winnicott, 2016).

Early attachment is created during infancy, and through these critical stages of human development, individuals learn how to balance their needs being met alongside feelings for those who interact with them (Bowlby, 1985). Self-esteem and confidence are built upon these formative interactions, and one's sense of gratification determines how one relates to others as one grows. Many clinicians posit that attachment-related behavior and styles most obvious in the pre-formative years and can also be seen throughout the human life cycle. Since all humans experience attachment, it is considered a fundamental component of human nature, one that is shared with animals. Young children experience their world and balance their internal sense of well-being through their relationships with caregivers. Without balance and nurturing, a child will decline rather than thrive (Bowlby, 1998). Attachment theory is integral to working with

parents and adolescents where trauma experiences are present. It is also the theoretical foundation for this study of attachment and creativity-focused counseling.

Statement of Purpose

This research aims to explore attachment and creativity-focused counseling interventions and the relational connection between adolescent clients and their parents or caregivers through a qualitative methodology.

Research Questions

The central research question is formulated as follows: how do attachment and creativity-focused counseling interventions encourage connection between an adolescent and their parent or caregiver? A secondary line of inquiry addresses how creativity-focused clinical interventions can be utilized for those with a trauma history.

Significance of the Study

An individual's core beliefs are internalized through the experience of trauma. Although these values may have been a previous element of one's life, they usually hinder one's adaptive functioning and ability to process trauma (Cohen et al., 2011). This breakdown causes connection issues within relationships, particularly when one's brain is not fully developed, as in adolescence. This important period in an emerging adult's life is critical to fostering appropriate development and attachment in the later years of life. Parental guidance and connection are critical to this development phase when the natural tendency is to push away from one's familial system. Parents who focus on self-awareness, understand attachment, and utilize their emotional regulation skills when communicating with their teenager are more likely to form and maintain

an adaptive relationship with their adolescent, even when life issues arise because of the potential severity of issues that can arise.

Research analyzing suicidal behavior in adolescents under 18 years old has acknowledged mental health issues are frequently found among younger individuals who engage in self-harming behaviors. Research on youth psychopathology has examined a broad selection of mental health diagnoses. For example, a diagnosis of post-traumatic stress disorder (PTSD) has been linked to suicidal ideation (Miller & Mazza, 2000). The symptomatology associated with PTSD distinguishes it from depression and other psychiatric disorders, such as re-experiencing the event through nightmares, recurrent images, flashbacks, and intrusive thoughts. Moreover, the impact of a traumatic event results in difficulties in many areas, such as psychological functioning, physical well-being, academic progress, social relations, family life, and relationships. PTSD can affect an individual's life overwhelmingly and destructively, making it difficult for the person to function at home, work, or school (Garbarino, 1995).

Furthermore, one does not have to have been diagnosed with PTSD to struggle with trauma symptomology. In younger populations, those who have experienced early adverse childhood experiences that manifest in cumulative trauma reactions are more likely to face mental health issues and educational drop out as they grow. Teens who belong to underserved populations are more likely to struggle with traumatic experiences and to lack the ability and resources to seek behavioral health services. Furthermore, data from eight empirical studies between 2003 and 2013 showed that poor performance in school was linked to childhood traumatic events, specifically those related to mental health issues (Larson et al., 2017). This is where the parental connection with a focus on attachment comes in as a resource. This element

within the counseling process can and does aid this important relationship during the adolescent's critical developmental period.

Read Johnson and Emunah (2009), two drama therapist researchers, discussed that many children who participated in their creative program struggle because of their socioeconomic status and the cultural environment in which they are raised. These younger adults persistently experience early adverse childhood experiences, increasing mental health issues and symptomology. A lack of support at home can manifest in education issues and an increased risk of dropping out of school. Frequently, this type of adolescent within a school system tends to be considered as "at risk" and, notably, describes themselves as "bad kids" (Read Johnson & Emunah, 2009).

Depression and anxiety in adolescents and children can lead to many issues and long-term problems, such as mood disorders, substance use, issues with the law, and suicidal ideation. Over 50% of mental health issues begin by the adolescent period and 75% by emerging adulthood (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2008). Miller and Mazza (2000) explained that suicidal ideation and its attendant behaviors are a major cause of concern for parents, teachers, and other children in the affected individual's peer group.

The critical components of treating clients within the framework of a safe therapeutic relationship include remembering memories without re-traumatization, identifying trauma-related emotions and somatic symptoms, and making the implicit explicit (Wallin, 2007). Recovery from trauma-related symptomology is a long-term process, and treatment tends to focus on skills that build coping strategies to improve adaptive functioning rather than defaulting to addictive tendencies or other harmful survival strategies (Wallin, 2007). Giving the client the

opportunity to talk about their childhood experiences and attachment wounds while expressing emotions and creating connections between past trauma and current symptoms is a useful treatment strategy (Cozolino, 2006). Empathetic understanding and immediate responsiveness to this client's projected emotions is essential. The ability to understand where their shame response is coming from and why it is triggered is also critical to the therapeutic relationship.

By improving an individual's self-concept earlier in life, the individual will experience lower levels of stress and have a more balanced level of mental health in the future (Bracken & Crain, 1994). Thus, this research aims to utilize this important information while contributing knowledge in the field to lead to more efficacious trauma treatment and modalities for this population.

Definition of Terms and Operationalized Constructs

Creative arts therapies have capacity to support adolescents in achieving developmental goals attain to enhance flexibility in times of stress (Lindsey et al., 2018). Present data expresses the understanding that the modality of creative arts therapies is helpful for adolescents specifically as it bypasses verbal interaction and uses somatic and non-verbal communication. Talking is not always necessary depict what is underneath emotions for the teen. Creative arts within the counseling field focuses on the utilization of expressive tools instead of talk therapy alone which frees the adolescent up to use their imagination. (Lindsey et al., 2018). These tools are often more appropriate for the level of cognition and emotional intelligence of the teen. This helps the creative counselor meet the client where they are at. Creativity within the modality of counseling has the tendency to inspire adolescents to be engaged in the therapeutic process which enables growth and transformation. Moreover, *mindful parenting*, another key aspect of

this study, looks at one's intention, attitude, attention, emotion, and attachment (Ahemaitijiang et al., 2021).

In identifying additional definitions for this study, the interim phase between middle childhood and emerging adulthood is known as the period of adolescence (Ayub, 2010). The World Health Organization (WHO, 2022) describes *adolescents* as individuals between the ages of 10 and 19. The terms *parent* and *caregiver* apply to the primary decision maker and the adult responsible for the adolescent's overall well-being. These two terms are used interchangeably. However, the term caregiver is considered more inclusive of families whose makeup does not adhere to pre-determined notions of families. The parent/adolescent dyads that were the central focus of study also have a history of trauma. *Trauma* is a reaction to a painful or frightening event that overpowers a person's emotional regulation ability and inhibits conscious decision-making capacity (American Psychiatric Association, 2013).

The attachment and creativity focused modality utilized creativity and mindfulness as part of a six-week intervention. Mindfulness is defined as the state of being mindful or the practice of maintaining a nonjudgmental or heightened awareness of one's thoughts, emotions, or experiences (Merriam-Webster, n.d.-a). Another relevant term is *connection*, which is defined as a set of persons associated with connecting or building a relationship (Merriam-Webster, n.d.-b), which will be examined as part of data collection following the intervention.

Assumptions and Limitations

It is assumed that more can be learned about different creative-focused interventions geared toward parents and adolescents with a trauma history. Furthermore, a specific modality with an attachment and creativity focus will be utilized. This attachment and creativity focused

modality will be further described in Chapter III. A foreseen limitation associated with this study includes participant data because it is self-reported by the participant. Participants can manage the extent of data shared, and their eagerness to be forthright with this information can be manipulated (Lancaster et al., 2011). Furthermore, the sample size was small, so the results were not generalizable. Nonetheless, this dissertation can draw attention to an important topic and further the conversation regarding creativity-focused interventions for parents and adolescents seeking mental health counseling.

CHAPTER II: LITERATURE REVIEW

A literature review was conducted by using the following online databases: Educational Resource Information Center (ERIC), Electronic Journal Center Ohio LINK (EJC), Google Scholar, The PsycINFO-American Psychology Association (PsycINFO), ProQuest Psychology Database, ProQuest Dissertations and Theses Global, and the Antioch University Library. The following keywords were utilized when searching journal publications: counseling, attachment, self-awareness, self-concept, self-concept and mental health, self-esteem, self-worth, trauma, trauma symptomology, somatic approaches, drama therapy, creativity, creative arts, creating increased self-concept, increasing connection with adolescents and their parents and/or caregivers, utilizing attachment and creativity-focused counseling, and the therapeutic relationship.

Theoretical Orientation

Attachment theory is the primary focus of this study. In a previous study, Ontai, and Thompson (2008) explored the interaction between attachment, the mother-child discourse, and the theory of mind. Their sample included 76 four-year-old children from the midwestern region of the United States of America. They collected data over two sessions during which the mothers were asked to complete theory-of-mind tasks as well as attachment q-set items. The results demonstrated that discussion and connection improved the child's comprehension of emotional regulation and cognitive capacity. This finding provided valuable insight into responsiveness as well as the shared affect and connection between parent and child. Furthermore, the study showed that parents of securely attached offspring can adopt a more complex communication approach with their children (Ontai & Thompson, 2008).

More recently, a large study investigated elements related to growth and differences in attachment during the early teenage years and emerging adulthood (Khan et al., 2020); 690 child participants, along with their parents, participated in the study over three years. The results showed that friendship quality was not associated with attachment. However, parental depression and stress were related to adolescent insecurity. This study looked at attachment as a developmental process. Moreover, it called attention to broadening the net when it comes to the various experiences relevant to attachment (Khan et al., 2020). Khan et al.'s (2020) research provided a useful perspective on adolescent and parent relationships for the present research since I also examine attachment in participants of the same age group.

Review of Research Literature and Synthesis of the Research Findings

I also examined research studies that more broadly focused on childhood and adolescence and that specifically looked at attachment and parenting. Finally, I incorporated literature on mindfulness and creative arts interventions to better understand previous work that is related to this study.

Childhood

The literature review of research pertaining to children began with a national study on early experiences, mental health symptomatology, diagnoses, and the correlation between high school dropout rates and school achievement (Porche et al., 2011). While much attention has been paid to the family system, far less has been focused on how mental health factors impact high school dropout rates. Therefore, Porch et al.'s (2011) study investigated the manifestation of toxic stress during the early years of growth and the effect of traumatic events on youth's brain development. The participants included 2,532 young adults aged 21–29 of mixed ethnicity,

primarily from minority populations, involving foreigners who fall into this minority category in the United States. The study utilized research from the Collaborative Psychiatric Epidemiology Surveys, which included three nationwide typical domestic evaluations. All participants completed core screening questions over approximately 150 minutes, and interviews were conducted in person or via telephone. Childhood trauma and substance use disorders were directly correlated to the risk of dropping out of high school. The dropout rates of African American children were twice that of Whites, and the dropout rates of Latinos were two times that of African Americans and African Caribbeans. The dropout rate for Asian Americans was fewer than their White counterparts (Porche et al., 2011). The authors concluded that further examination of self-regulation could shed light on the purpose of disruptive behavior.

A more recent study highlighted the benefits of collaboration between child welfare workers and families under investigation (Juul & Husby, 2019), as these cases are typically fraught with behavioral and mental health issues for the child. Data collection focused on 10 parents of vulnerable children in the Norwegian child welfare system. This qualitative study focused on gathering more information to aid the services provided to youngsters and their family system living within difficult conditions which have a significant impact. According to the results, the parents shared varying reasons for their child's involvement in this legal system, including mental health issues, substance use disorders, social issues, bullying behavior at school, and learning difficulties. The study emphasized the importance of viewing the child as a collaborative contributor in the investigation process, understanding the emotional context and purposes behind collaborative interactions with children and families, and valuing the child's perspective throughout the process. This improved the empathy of the child welfare worker,

helping them see the family as more than a case number on a piece of paper. Parents who had been part of the child welfare system posed for a longer period posed a potential challenge since they could hold biased perspectives that influenced the interpretation of their experiences compared to the parents connected to the system for a shorter amount of time (Juul & Husby, 2019). This study was helpful because it accounted for the child's lifespan development and emotional maturity; if the child is of age to comprehend one's circumstances, they can provide their beliefs and understanding. However, several obstacles can arise during this process. For instance, not taking a child's opinion seriously can cause complications and hinder positive communication within the collaborative process. Counselors are well-equipped to help foster communication between children and parents, and this is useful information for clinical practice.

Adolescence

Rolock et al.'s (2020) study examined strategies for improving the well-being and stability of at-risk and vulnerable children and teenagers in the foster care system (Rolock et al., 2020). Caregivers were educated on how to adopt empathic and attunement-based responses geared toward co-regulation rather than authoritarian and dysregulated responses. Participants were offered preventive intervention treatment before maladaptive symptoms arose within the family system. The experimental group was composed of parents of potential adoptive children between the ages of 10 and 18. This study used a random consent design and evaluated outcomes for families involved in the research group in comparison to the families who received services as usual in the control group. For the experimental group, the study implemented the intervention program called Tuning in to Teens. This model teaches parents how to interact with their adoptive teenager through connection, attunement, and a trauma-informed mindset. This

program is a manualized intervention that is taught in a group format with 6–10 participants per group. It consists of six (2-hour) sessions for the intervention group. The study's results identified certain risk factors associated with foster care reentry. For example, adoptive children who underwent multiple moves while in the program were more likely to experience negative results, such as maladaptive behavior patterns and reduced parent commitment and gratification. The study also took chronological age into account, as older adolescents were associated with lower levels of parental satisfaction and greater potential of reentry into the foster care system, which was most likely to happen in the older adolescent years. The authors also identified strategies that successfully supported children during this transitional time from foster care to adoption, such as focusing on the resilience, strengths, and current resources of the adolescent and caregiver. In addition, the study focused on equipping the adoptive family with the tools and skills necessary for partnering with an adolescent who has experienced trauma. This study was primarily based in New Jersey, USA, which has implemented positive reform and changes for adoptive and guardianship families. Therefore, these results may not be representative of adoptive families in other states (Rolock et al., 2020).

Another study examined the link between difficult peer relationships and a teenager's ability to effectively manage and respond to emotional experiences (Herd & Kim-Spoon, 2021). Their method consisted of a systematic review of literature utilizing three electronic databases focused on measurement and methodology. According to the results, negative relational encounters between peers within adolescence were negatively associated with emotional regulation processes, behaviorally and neutrally. Moreover, the advancement period in adolescence brings with it unique transformations in brain development, emotional processing,

and social interactions with peers. As the authors noted, teenagers struggle to balance affect, which, in turn, can impart negative behaviors and influence peer interactions.

Herd and Kim-Spoon (2021) suggested that future research should consider interventions that target youth during earlier childhood stages. This study is useful because it provides insight into the emotional regulation of the adolescent and the caregiver which could be utilized in clinical practice.

Qu et al. (2021) took a different approach in their study of communication and friendship quality during early adolescence. They used a cluster sampling method as well as the Parent-Adolescent Communication Scale and the Friendship Quality Questionnaire. Their findings demonstrated that parent-child interaction improved at twelve than at thirteen. During this developmental phase, teens naturally distance themselves from their parents to focus on the importance of their friendships. Parent-child communication also predicted friendship quality early on. The study showed that trust between the parent and child is important for establishing quality friendships. While collecting data from two different time points provided useful insights, it could be beneficial to examine this dynamic over a longer period (Qu et al., 2021). Moreover, it might be productive to investigate how counseling interventions moderate adolescents' closeness with their parents and their relationships with friends.

Kliewer et al. (2017) studied the emotional regulation skills of 324 South African adolescents. Models of emotional regulation were explored with their parental figure in a counseling environment. Research from the past two decades has recognized the impact of varying cultural (e.g., hardship, lack of parental educational success, single-parent family system, or underserved ethnic populations), psychosocial (e.g., familial pressure, child separation

from a caregiver, or parental mental health issues), and environmental (e.g., early adverse childhood experience and observation of criminal activity) factors on adolescents' mental health and overall wellness. Emotional regulation is an important life skill that declines in reaction to ecological and familial pressures (Kliewer et al., 2017).

Parenting

Previous research has also demonstrated the negative effects of a parent-child relationship that is too close. Therefore, another important topic of study is helicopter parenting, which refers to parental overinvolvement that infantilizes the child or adolescent by limiting their ability to individuate on their own accord (Rote et al., 2020). A study by Rote et al. (2020) found higher levels of mental health symptomatology in these adolescents, in addition to lower self-concepts and greater struggles with psychological adjustment. The authors gathered information about the traits and similarities of adolescents whose parents were excessively involved in their lives and analyzed the demographics of this group, their relationships with their parents, and their level of adjustment during emergent adulthood. The study participants included 282 U.S. undergraduates from an arts university and were a mixed-race group, with the majority identifying as female. This quantitative study used a Likert scale focused on helicopter parenting, the network of relationships inventory and its intimate disclosure subscale, the perceived parental warmth subscale, the depression, anxiety, and stress scale, the motivation cluster of the academic adjustment subscale of the student adaptation to college questionnaire, and finally, academic grade point average. According to the results, helicopter parenting and overcontrol were somewhat correlated for both genders of parents. The internalization of mental health symptomatology was notably correlated. One limitation was the sample of undergraduate

students (Rote et al., 2020). It could be useful to explore helicopter parenting during adolescence and incorporate attachment.

Parenting challenges were compounded by the demands placed on parents during the coronavirus (COVID-19) pandemic, as shown by a recent study on the parent-child relationship during the COVID-19 crisis (Chung et al., 2020). Survey research data was collected from 258 parents residing in Singapore at the time of the study. The findings suggested that parents who experienced a greater impact from COVID-19 had higher levels of parental stress and more negative parenting behaviors. Furthermore, these parents were harsher and less close with their children. Thus, the study showed the importance of supporting parental psychological health for the benefit of both parents and children. While causation cannot be inferred from these findings, the results suggest further research is needed on how to support parents during times of excess stress. Moreover, telehealth could be a viable option for delivering such services (Chung et al., 2020). In addition, the current study utilized telehealth as part of data collection for this reason.

Many models and counseling interventions continue to show promise for assisting parents and children. Jäderberg et al. (2019) conducted a survey about the therapeutic choices of 110 clinicians who work with caregivers and teens in adolescent counseling. They used a mixed methods perspective and focused on the clinician's process and expertise. According to the results, clients spent a short amount of time in weekly therapy sessions compared to the greater amount of time they spent at home and school. Parents and caregivers had a significant amount of oversight and hierarchy over the child client, which needed to be considered and utilized within the therapeutic process to facilitate positive gains for the youth. The study also found that certain circumstances potentially harm the child client, and direct clinical work with the parent or

caregiver could be damaging and inadvisable. However, parent and child interactions benefit the pair's mental health and attachment because working with youth can be more complex than working with adults (Jäderberg et al., 2019). The results further indicate that more attention to different approaches for working with parents and children is needed.

Mindfulness Interventions

One approach for working with children and adolescents is incorporating mindfulness in a somatic manner. For instance, one study examined the relationship between mindfulness practices in older adolescents and how stress interferes with these components (Roberts & Danoff-Burg, 2010). It also examined the associations between mindfulness and health. The participants included 553 undergraduate students (385 females, 168 males) over 18 years at a university in the north of the USA. The study conducted questionnaires assessing mindfulness methods, well-being, sleep quality, stress, and well-being-related limitations. This study surmised that mindfulness methods could lower stress levels, increasing adaptive functioning in well-being understanding and promoting health-based practices for psychological well-being. The results from all five of the questionnaires were significant, supporting the hypothesis that mindfulness was related to positive therapeutic outcomes. As the participants were a relatively homogeneous collection of older adolescents from a primarily middle-class socioeconomic background, the authors recommended that future studies include participants from more diverse cultural backgrounds, geographical locations, and socioeconomic groups. Furthermore, future studies could benefit from vacillating elements of mindfulness practices in a clinical setting to gain more rigorous insight into the health benefits of mindfulness-based practices which focus on the soma (Roberts & Danoff-Burg, 2010).

Tan and Martin (2012) also examined the implementation of mindfulness practices among teenagers. This cross-sectional study included 106 teens between 13 and 18 recruited from after-school activity programs. The study found no significant differences between genders, and mindfulness was positively correlated with mental health in areas such as increased resilience and self-esteem. The results showed increased life happiness and adaptive affect across genders. This study was among the first of its kind to focus on positive mental health symptomatology and the flexibility of adolescents in connection with mindfulness (Tan & Martin, 2012).

Building off the previous study, McLachlan and Laletin (2015) collected data from a drama therapy group that used mindfulness practices as part of children and adolescent mental health services (CAMHS) in the United Kingdom. Utilizing Tan and Martin's (2012) treatment protocol for mindfulness groups, this study blended the dramatic metaphor of drama therapy with the presence and here-and-now methodology of mindfulness using ritualistic and attention-oriented tasks. The group consisted of 15 and 16-year-olds who had been using services from CAMHS for at least 12 months without any clear signs of improvement from physiotherapy and psychotropic intervention. This study utilized a five-week group protocol that was adapted for adolescent treatment. The participants were administered four pre-and post-tests questionnaires. Drama therapy and mindfulness-based techniques were a significant combination when working with adolescents who have experienced trauma and are managing mental health symptomatology. Furthermore, it was decided that this group would be used for an adjunctive treatment protocol at this location. A more comprehensive qualitative research methodology was

suggested for follow-up studies to capture the participants' experiences (McLachlan & Laletin, 2015).

Using another approach, Campbell et al. (2019) explored the effect of school-based mindfulness programs on adolescents in natural settings while including representative samples. This research was implemented in a high school with 1,007 adolescents, 423 in the control group and 584 in the intervention group. The sample was split evenly between males and females. The age of the participants was between 13 and 19. Pre and post-test measures focused on perceived stress, subjective well-being, and emotional regulation. The intervention group was a six-week large-scale mindfulness program, and a non-treatment control group was utilized. The results were significant for the implementation of mindfulness programs. This mindfulness-based study became a source of pride for this school and served as a pilot program for future initiatives. Staff, parents, administrators, and students collaborated to create a more mindfulness-focused culture. The curriculum utilized was based on widely known curricula for mindfulness, adapted for adolescent participants, and aimed to decrease participants' reactivity to trigger responses and negative cognition. Mindfulness activities included mindful eating, walking, mindful yoga, and body-based consciousness (Campbell et al., 2019).

A recent study explored the clinical implications of dispositional mindfulness and the correlation between emotion regulation and creativity (Yousaf & Taylor, 2022). The study included 147 participants (103 females, 44 males) from the United Kingdom. Most participants were White and of British descent. Participants completed the self-report study online that used several measures of self-esteem, mindfulness attention, domains of creativity, difficulties in emotional regulation, and flow experiences. The study found that an individual's ability to

regulate emotions and co-regulate with others benefited creativity. Moreover, emotional regulation, mindfulness, and self-esteem significantly predicted self-reported creativity. In addition, mindfulness significantly mediated the relationship between emotional regulation and self-reported creativity. The findings suggested that motivated and goal-oriented behavior can be implemented with regulated and conscious awareness. The authors recommended that future research examine the positive correlation of flow with creativity in different domains and the link between emotional regulation and multiple components of mindfulness (Yousaf & Taylor, 2022).

Since there has been a positive response to mindfulness interventions, the present study seeks to further incorporate mindfulness into therapy for parent/adolescent dyads. The modality used in this study also incorporates creative arts interventions.

Creative Arts Interventions

It is important to examine the efficacy of creative arts interventions (Morison et al., 2021). One study focused on the effectiveness of creative arts-based interventions in the treatment of children and adolescents in the wake of a traumatic event and who experienced symptomology PTSD and other mental health symptomatology. Participants were between 5 and 18 years old and had been exposed to one or more traumatic events. The method included a pre-registered protocol pooled using a random effects model. Eligible designs included randomized controlled trials, controlled trials, and pre- versus post-intervention studies (including pilot studies). Previous studies have highlighted the lack of rigorous research on the validity of creative arts-based modalities for children who have experienced a traumatic event(s). Trauma-focused cognitive behavioral therapy (TF-CBT) is the suggested mode for treating trauma symptomatology in youth and teens; if there is reduced connection and therapeutic

rapport with TF-CBT, then eye movement desensitization and reprocessing is utilized. This study allowed for heterogeneity in intervention type, practitioner, gender, and types of traumas the participants had experienced (Morison et al., 2021). This study was useful because the present research also focuses on adolescents with a trauma history.

Another research study integrated expressive arts and mindfulness in an intervention program for adolescents to examine how they perceive and handle stress (Lindsey et al., 2018). Six participants were adolescents in middle school striving to manage the burdens of living. This intervention program took place over six weeks for a total of 12 hours. The participants were given a pre- and post-test regarding depression, anxiety, and stress. The group intervention culminated in compelling participant data expressing a decline in anxiety and stress at the check-in with participants in the third week of the study. During this group process, the adolescent participants engaged in meaning-making to understand their experiences through mindfulness-based activities and creative arts counseling techniques (Lindsey et al., 2018). Somatic symptomatology and heightened emotionality are also common, specifically when coping skills are not commonplace. Mindfulness-based modalities are moving into a positive category in counseling with teens as corrective findings for mental health are being seen in the literature (Lindsey et al., 2018). Expressive and creative arts modalities do not rely on talk therapy. They bypass verbal interaction, and the focus tends to be more somatic. This therapeutic process tends to break down barriers of the subconscious and can aid adolescents in working through comorbid mental health issues, specifically focused on stress.

Rationale

This literature review has revealed the importance of identifying clinical modalities to support parent/adolescent dyads with trauma histories in counseling. Previous research has shown that when parents integrate attention, awareness, acceptance, compassion, and self-regulation into their interactions with children, they foster a more positive relationship with and atmosphere for their child (Ahemaitijiang et al., 2021). Furthermore, while some studies have indicated that mindful parenting could benefit both parents and children, this subject matter is a somewhat newer theme and practice that needs further exploration (Ahemaitijiang et al., 2021). Mindful parenting describes a way of being in a relationship and connecting with one's children as well as other family members. Utilizing a non-judgmental stance with presence and self-awareness, as well as employing responsiveness, increases the parent's ability to connect with their child without being combative or overbearing. This approach encourages adolescents to fully accept themselves and their emotional state instead of shutting down their emotions. The parent connects with their teen through a high level of self-focused emotional regulation that encourages balance and individual cognition for the child. This process aids attunement, autonomy, and individuation (Ahemaitijiang et al., 2021).

Several scholars have recommended that future research examine interventions that target youth during adolescence (Herd & Kim-Spoon, 2021; Porche et al., 2011). Others have also indicated that more interventions are needed to support parents during times of excess stress (Chung et al., 2020). Future research should also look further into attachment (Rote et al., 2020), which is the guiding theory for this study. This could be helpful because parents of securely attached offspring are able to take a more complex communication approach to their children

(Ontai & Thompson, 2008). Finally, the field of counseling could benefit from the vacillating elements of mindfulness practices in a clinical setting, which would provide more rigorous insight into the health benefits of mindfulness-based practices (Roberts & Danoff-Burg, 2010).

Adolescent exposure to traumatic events is widespread, specifically in countries with less privileged populations that are experiencing crises. Counseling interventions based on arts-focused modalities, such as drama, dance, music, and fine arts, are referred to as creative arts-based interventions because of their roots in this genre. They are based on a wider group of expressive modalities, including bibliotherapy, journaling, and sand play therapy. Creative arts-based interventions reduce PTSD symptomology and depression compared to the pre-intervention and control groups (Morison et al., 2021). Therefore, it is important to examine an attachment and creativity focused modality for parents and adolescents.

CHAPTER III: METHOD

This study focuses on qualitatively understanding the themes and connections of a modality termed “attachment and creativity-focused counseling,” which was developed by a counselor-educator in clinical work with clients (Batty-Hibbs, 2022; see Appendix A). Teaching parents and caregivers to co-regulate (interpersonally) with their adolescent, this approach encourages the teen to self-regulate (intrapersonally), which, in turn, could improve parental connection and awareness of the child’s inner self. The ability to self-regulate allows an individual to control emotional responses to their environment, thereby improving their sense of self-concept, which includes self-esteem, self-awareness, and self-worth. The researcher posits that by increasing the child’s attachment and connection with their caregiver, the child will naturally increase their sense of self, supporting resiliency to negative life-events and ultimately preventing or reducing potential trauma symptomatology. In addition, parent-mindfulness interventions were incorporated into clinical practice with parent/adolescent dyads. The central research question that informed this study is formulated as follows: how do attachment and creativity-focused counseling interventions encourage connection between an adolescent and their parent or caregiver? The second line of inquiry addresses how mindfulness interventions can be utilized for those with a trauma history.

Study Design

The study design focuses on Interpretive phenomenological analysis (IPA) which was designed to understand people’s lived experiences (Smith & Nizza, 2022). IPA aims to capture the lived experience of participants as accurately as is viable and to explore that with detailed organization. This approach has gained popularity over the past two decades within the research

field. This type of analysis provides a two-part interpretation method to better understand the participant experience and how they make sense of their involvement in the study, prioritizing their input and information as direct data from the post-intervention interviews (Pringle et al., 2011).

Study Context and Intervention

The study was conducted via remote counseling sessions over six weeks for both the parent and adolescent, which included a mix of joint dyadic and individually focused sessions. The study was held remotely via Zoom Pro in a HIPAA-compliant setting. The setting was a confidential office space with a locked door and a noise machine outside of the main door. This study implemented attachment and creativity-focused counseling (Appendix A) sessions for adolescents and one of their caregivers (6–8 sessions). This time-limited study used a brief therapeutic approach like other brief, dynamically oriented approaches (Lemma et al., 2011). Gender, socioeconomic status, early childhood trauma symptomatology, and intersectionality were considered in recruitment of participants.

The attachment and creativity-focused modality include an entry point into treatment, which focuses on therapeutic rapport building and basic counseling skills (1–2 sessions). Next, three phases of treatment blended as a sandwich approach (4 sessions; Batty-Hibbs, 2022), utilizing psychoeducation and mindfulness skills, attachment, and connection work, in addition to creativity-focused interventions were utilized. The final component of the treatment modality is an exit process, which prepares the dyad for closure while focusing on the implementation of newly acquired skills and referrals for further mental health support if deemed necessary (1–2 sessions).

Entry Point

Counselor education focuses on teaching new clinicians the importance of engaging their new clients in the treatment process. One study utilized IPA (the same method as this researcher in this particular study) to highlight the participants' difficulties with engaging their clients in the therapeutic process and fostering a positive therapeutic alliance (Lemma et al., 2011).

Emphasizing the sense that the alliance is a prognosticator of a positive counseling conclusion is essential (Muran & Safran, 1998). This takes skill by the clinician to manage the client's heightened anxieties coming into treatment and the potential ambiguity of the counseling process. This philosophy is at the forefront of this research intervention.

Three Phases of Treatment

The modality used in this study is organized into three high-level phases of treatment. The first phase focuses on psychoeducation and mindfulness skills, teaching the parent and adolescent client the skills necessary to manage multiple truths at the same time. In addition to being able to co-regulate interpersonally and within a relationship, one must allow the individual to manage their own affect and self-regulate intrapersonally in an effective manner. The second phase focuses on attachment work, highlighting the importance of parental connection and taking steps to improve this bond. This phase also brings awareness of the inner self to both parties in treatment through exercises and engagement opportunities. The third phase utilizes creativity-focused interventions to practice controlling one's emotional responses, thereby increasing one's self-esteem and sense of self, which creates connections within relationships (Batty-Hibbs, 2022).

Exit Process

During the exit process, the clients were prepared for the closure of the therapeutic relationship and were assessed by self-report if they needed further therapeutic services with a differing clinician and modality. Termination of the therapeutic relationship is inevitable and ideally organized. It is typically spoken about directly at the onset of treatment and positioned as an end goal throughout the entirety of the clinical work (Fragkiadaki & Strauss, 2011). Termination within counseling relationships allows clients to experience a successful ending to a relationship. This interpretation was to underscore to this brief treatment model (Batty-Hibbs, 2022). Upon conclusion of the six-week treatment modality, the parent participants were interviewed by themselves applying a semi-structured interview process. Zoom Pro was utilized to record the interviews and transcribe the data.

Participants

In IPA, participants are considered experiential experts on the topic of study (Smith & Nizza, 2022). Therefore, the focus was on their thoughts and feelings on the topic at hand. Participants joined the study once consent was given from the Institutional Review Board (IRB) at Antioch University Seattle. An informational flier (Appendix C) requesting research participants for this study was shared with parents and caregivers in the greater Seattle area of adolescents between the ages of 15–18, the same age range utilized in a related study (Khan et al., 2020). Interested participants contacted the principal researcher by email to complete the initial participation questionnaire to make sure they fulfilled the criteria and understood the expectations for this study.

Once the two dyadic participants were established, email correspondence was sent out with the informational flier (Appendix C), informed consent for the parent/caregiver (Appendix D), and informed consent for the adolescent (Appendix E). The demographic information questionnaire was completed via a Google drive link to confirm participation and eligibility (Appendix B). The informed consent documents explained the purpose of the research, the research intervention, participant selection information, the risks, and benefits of participation, zero reimbursements, and the confidentiality policy. Participants were made aware that their personal information would be de-identified and all materials would be kept safe within a password-protected computer. Participants were also given contact information for the IRB chair, dissertation chair, and researcher. Finally, participation in the study was completed with referrals to mental health counselors after the completion of the data collection.

Data Sources

The study processes applied in this descriptive phenomenological study incorporated a preliminary demographic questionnaire, a semi-structured interview, and observed reflections from the primary investigator. The demographic questionnaire inquired about the following items: age, gender, race/ethnicity, and if they were part of a parent and adolescent dyad.

This study explored phenomena that provided meaningful and contextual thematic descriptions of adolescents and their parent or caregiver's subjective experience during the difficult and, at times, painful middle teenage years. It took a phenomenological approach to explore adolescents and their subjective, personal, and intrapersonal understandings within the framework of their relationship with and connection to their parent or primary caregiver. The groups participated in a six-week therapeutic style curriculum that focused on the integration of

attachment parenting, creative arts, and mindfulness. Using this phenomenological approach, the data collected provided to illustrate and understanding to highlight the distinctive opinions of adolescents while allowing for themes of difference and continuity in the primary caregiver's experience with their teenager. The interview questions explored narratives and worldviews that affected the individual and their sense of self, in addition to their personal regulation strategies.

Data Collection

A key component of qualitative research is smaller sample sizes that are homogenous in nature. As a result, the study was able to segment the participants by similar groups of parent/child dyads instead of focusing on a wider audience pool to ensure that themes and ideas from a specific subset of the population. Data saturation was apparent after the second dyad, which enabled the completion of this research study.

The IPA protocols were followed to elicit a close and detailed understanding of everyone's experience and how they make sense of it (Smith & Nizza, 2022). In-depth semi-structured qualitative interviews were completed with the two parent participants, and the transcriptions were exposed to an IPA protocol. This happened after the completion of the six-week intervention program. The researcher utilized IPA to identify subjective insights and individual values of the attachment and creativity-focused counseling process (Shpigelman et al., 2018). The interviews were recorded using Zoom Pro and then dictated into a Google document, where the language became a script. The scripts were added to a single document, and line numbers were added for ease of analysis.

The researcher designed five key questions, including analytical questions, to respond to the main research questions in a way that captured the implications the members of the study

assigned to their involvement with the investigation of this modality. The questions were organized in a consistent and chronological sequence. The first question was simplified to promote the participants in talking openly (e.g., “Tell me about this process for you?”). Then, the questions became more particular as the interview progressed and centered on the participant’s subjective experience (e.g., “We explored attachment within the relationship. What was this like for you and your adolescent?”). The interviewer asked about the parent interviewee’s feelings, thoughts, and behaviors (e.g., “A creativity-focused counseling approach was implemented. What was this experience like for you both?”). Afterward, the parental and adolescent relationship was explored in more detail (e.g., “What happened for you and your adolescent over the period of this exploration process?”). Finally, the lived experience of the six-week intervention program was explored (e.g., “What was meaningful for you and your adolescent?”).

As part of data collection, the primary investigator conducted the interviews individually via Zoom Pro; each interview was conducted for 1.5 to 2 hours. All interviews were audio recorded and transcribed using Google software.

Data Analysis

This study used an IPA to focus on the individuality of each participant and the patterned significance across the research study members (Smith & Nizza, 2022). Data analysis was conducted as a team to improve its objectivity. First, each member of the analysis team participated in a bracketing process. Next, the analysts individually read and re-read the transcripts before the initial note-taking process, which included the script notations. The next step was tracking and documenting emergent themes by analyzing each member’s notes.

Afterward, the team searched for connections across emergent themes as part of an integration process. This process was conducted with all participants' manuscripts, and bracketing was again used to avoid any biases. One researcher described the bracketing process, whereby the data analysts deferred their biases, morals, and beliefs to describe the phenomenon under research in a balanced and unbiased manner (Dörfler & Stierand, 2020). The following step was to identify similarities in themes across participant transcripts, noting distinguished examples. Finally, the analysis was taken to a deeper level by combining theories and discussing outcomes with all members of the analysis team (Tindall, 2009).

Following the IPA, the investigators endeavored to make sense of the participant's experience, while parent participants concurrently made sense of their own experience during the interview (Smith & Nizza, 2022). In the initial phase of the analysis, three analysts separately read the transcripts to identify themes from a psychological perspective and with an emphasis on the modality being evaluated. The left part of the transcript was utilized to reference the aim of the research, offering analyses. The alternate portion of the transcription was used to organize the text into appropriate codes. The focus being on each transcription individually, permitted the researcher team to maintain an open mind to newer ideas and themes rather than blending with previous analyses. Developing themes were documented based on the codes that were transcribed and relationships were recorded. The final stage consisted of all themes across participants which were collated and then the final themes were arranged and documented (Yardley, 2016).

Ethical Considerations

This research study involved human subjects consequently was submitted and approved by the Antioch University Seattle Institutional Review Board (IRB). The American Counseling Association Code of Ethics (2014) was referred to frequently throughout this research and data analysis process. It is crucial to carry out research in an ethical manner. Consequently, this analysis was developed, created, and described in such a way that is coherent with the recognized code (G.1.a.). Moreover, protected health information and demographics were deleted to protect privacy (G.1.b.).

CHAPTER IV: RESULTS

This chapter reports the data from the IPA, including the demographics of the research analysts. One analyst identifies as a 43-year-old White cisgender female with advanced clinical experience and counseling experience with somatic and attachment-oriented modalities. Another analyst identifies as a 38-year-old White cisgender female with clinical experience and extensive experience with the methodology. The third analyst identifies as a 52-year-old White cisgender female with advanced clinical experience and social work background. Two of the analysts paid special attention to biases that could be experienced as part of being parents when analyzing this data.

Demographic Information

Data was collected from two dyadic mother and son participants. Each dyad consisted of a cisgender female mother and cisgender male children. Both women were biological mothers, and both sons lived in the homes of their mothers at the time of the study. Both dyads were given a packet that contained an overview of the research study, a demographic questionnaire, and informed consent documentation. Upon agreeing to participate in the study, the participants were asked to review and sign an informed consent document and a demographic questionnaire and were assigned pseudonyms to preserve confidentiality.

Dyad 1 (D1 Parent & D1 Adolescent)

During the study period, D1 Parent identified as a White, heterosexual, cisgender woman and mother between 35 and 45 years old. D1 Adolescent identified as a mixed-race, questioning, cisgender male, aged 17. Additionally, Dyad 1 was not receiving any counseling at the time but

reported utilizing services in the past. They also indicated that they would engage in support services if needed.

Dyad 2 (D2 Parent & D2 Adolescent)

At the time of the study, D2 Parent identified as a White, heterosexual, cisgender woman and mother between 35 and 45 years old. D1 Adolescent identified as a White, heterosexual, cisgender male, aged 17. Additionally, Dyad 2 was not receiving any counseling at the time but reported utilizing services in the past. They also indicated that they would engage in support services if needed.

Factual Reporting of the Project Results

As a result of the data analysis, six themes were identified. The themes are displayed in Table 4.1.

Table 4.1*Six Themes Identified from the Data*

Theme	Finding
Theme 1	The clinical approach encouraged a closer connection between parent and adolescent.
Theme 2	Attachment work helped increase consciousness to understand the self and relationships with others.
Theme 3	The integrative somatic approach was helpful.
Theme 4	Feeling safe mattered for sharing to occur.
Theme 5	Parent and adolescent felt seen and heard.
Theme 6	More time was needed to provide additional direction and intervention.

Theme One: The Clinical Approach Encouraged a Closer Connection Between Parent and Adolescent

The first theme indicated that the clinical approach encouraged a closer connection between the parent and adolescent. For instance, one parent participant shared, “He heard new things, and I think they were at the front of his consciousness for the first time.” It was also suggested that

He heard the deep, deep love that I have for him, as his mom. I do not think he understood the depth of that before. He would previously brush it off, and I think this has allowed him to really process this with me.

Additionally, “We grew closer. Our communication got better. We have a better understanding of each other. More connection with each other and our family members.”

Another parent participant expressed that “this process was valuable for me and my son. It was enlightening for us both.” In addition, a parent participant described, “I don’t know if it is because he and I have a stronger connection now.” She also stated, “The work we did together helped me see my son as an individual. Him as an individual, me as an individual, having a relationship. That is the connection.” Furthermore, a parent expressed, “This may be what has allowed us to connect in a more authentic, real, true way, which is why he is able to see me.”

One parent shared what they shared with their son:

Above all, I need you to understand that our relationship is the most important thing to me, so if there are things that get in the way, then I want to know. I need you to know you are safe to tell me that.

Lastly, one parent explained that “My son’s communication style has improved in the way he shares his needs in communication with me.”

Theme Two: Attachment Work Helped Increase Consciousness to Understand the Self and Relationships with Others

The second theme identified that attachment work helped increase consciousness to understand the self and relationships with others. One parent participant shared that

Although I think I have a pretty good attachment with my son, I was more aware of it throughout my day to day. Not just with my son but with others, co-workers, and my mother. It brought it to the surface. It put a flashlight on how I parent and how I interact with my kids.

Another parent described this process as follows:

We had heard of attachment styles before, but he specifically had never thought about it from the perspective of interaction with friends, siblings, and romantic relationships. He had never made that connection before. He opened his eyes to this and its impact.

In addition, she found that

The concept of attachment styles is an absolute web. How I attach to my mom, or how I did not attach to my dad. And then how I may or may not have attached to my siblings growing up and in the present day. How my attachment with my mom plays into my attachment with my kids and how I parent them. And, how I attach to my partner.

Moreover, “The concept of attachment and the way I look at myself now, I do not feel stuck. The concept of myself is in a more nuanced way. It is like walking through a door. You cannot go back.”

As another parent expressed:

It is mind-blowing. My sister and I connected about some of this attachment learning and how this helped me work with the researcher. You helped me put into words what fits me. I often have a hard time finding words, and I was able to talk with her about my experience with her. Now, I am only going to talk about my emotions from my experience and about what I am feeling. The whole thing of being aware of my attachment style from my childhood and how that may impact my relationships now. This helped me realize that I would like to improve my attachment with my mother and my sister. That is so awesome. It has been a shift because now I get to take ownership.

Another parent explained that,

When we talked about attachment and how that relates, that is what really stands out for me and for him, too. The attachment, psychoeducation, and reflection helped him understand what work he still needs to do on himself and brought awareness to that. How this affects him in relationship with others, romantic relationships, friends, and family members. He was able to gain insight into that.

Finally, a parent expressed that

After the introspection, I started thinking about why I do not share what I am really feeling. That led to a conversation with my sister and mother. I explained that I am unable to share because, in those moments, I do not want to honestly answer because I am not safe with what you are going to say back to me in those moments. I need you to tell me you love me, that I am strong, and what does help look like right now. I do not need you to tell me what you think I should do right now unless I ask you.

Theme Three: The Integrative Somatic Approach Was Helpful

The third theme indicated that the integrative somatic approach was helpful. One parent participant expressed, “He enjoyed the process, the engagement, and hands-on learning. We both did. To be educated and find out where we are at.” In another statement, the parent explained that “We could talk with each other about what was happening in our bodies, and our heads, with someone who not only understood it but could actually sympathize, and there was no judgment. I think this helped us.” Another participant expressed that, “The exercises we practiced helped me to recall that I need to be cognizant of my body because it gives me clues that I am used to ignoring, and that is important to my mental health.” Also, “The creative approach was helpful for him using exercises and having conversations about the process afterward. He would like to do more of this moving forward.”

Theme Four: Feeling Safe Mattered for Sharing to Occur

The fourth theme found that feeling safe mattered for sharing to occur. A parent expressed that “We have had a shared space, a shared experience, and it was safe,” and then added, “Now he has more skills and is more aware than I was before he started on this journey making decisions that can change the whole trajectory of his life. This is safety and awareness.”

Another parent stated that

There were so many things that were meaningful. The more self-aware I am, the more compassionate I can be to others. I did not think that was going to be the consequence of it, but the more empathetic I can be, the more self-aware I am, and the more boundaries I can have, even with just myself. This process with safety helped me see my son as an individual and separate from me.

Another statement was, “My son has strong defense mechanisms, but because he is a deep feeler like I am, I think this space allowed some vulnerability in a safe way that perhaps he has not allowed himself before.”

Theme Five: Parent and Adolescent Felt Seen and Heard

The fifth theme noted that the parent and adolescent felt seen and heard. For instance, “A famous person talks about the marble jar and how it is the little everyday experiences, these little things, sharing them with my son, talking about them, even the hard ones, and not having any judgment, so many marbles came out into both of our marble jars, and we got close. So, he can come to me with anything now.”

Another parent participant shared that “It was great. I think my son learned much more about me. It brought us a space to share things with him.” Finally, she stated

He had heard the words before, but he had not “heard” them before if that makes sense. He had the words, but because he was paying attention and there were no other distractions, these things were at the front of his consciousness for the first time.

Additionally, a parent expressed that

I feel that this experience has allowed me to know how to say hey, I need you to know you are at least hearing me right now. Whatever you decide to do, I need to know that we have communicated.

Theme Six: More Time Was Needed to Provide Additional Direction and Intervention

The final theme suggested more time was needed to provide additional direction and intervention. One participant shared, “So, overall, it was helpful. Most of the tools I use often, but it takes a long time for me as I am neurodiverse, so it was not enough time to put everything into play.” Another parent stated, “I would have liked more time to implement all of the great tools we learned.” Additionally, one participant expressed that, “The only feedback I have is that I wish it was longer to have the repetition of instructions and directions with the exercises.”

CHAPTER V: CONCLUSIONS

This chapter provides an overview and interpretation of the data. In addition, it incorporates theory and research to further examine the findings. Moreover, it identifies the limitations of this study and offers recommendations. Finally, this chapter discusses the implications of this research for the field of counseling.

The data analysis identified six different themes. The findings suggested the clinical approach encouraged a closer connection between parent and adolescent. Moreover, attachment work helped increase consciousness to understand the self and relationships with others. The integrative somatic approach was also helpful. The fourth theme found that feeling safe mattered for sharing to occur. The fifth theme noted that the parent and adolescent felt seen and heard. The final theme suggested more time was needed to provide additional direction and intervention.

Theory and Research

As previously stated, the attachment and creativity-focused counseling approach is an emerging modality and foundational within this study. When creativity, such as mindfulness and emotional regulation skills, are utilized in counseling, it can lead to more adaptive behavioral health outcomes (Yousaf & Taylor, 2022). Within this modality, the initial focus on the counseling relationship allows the client to focus on mindfulness and awareness of the present moment through expert guidance and support. This is a re-attachment opportunity between parent and adolescent, allowing them to repair potential ruptures that may have occurred in the past. Moving through this together (both adolescent and caregiver, supported by the clinician) aids in the healing of the relationship and therefore fosters the teen's awareness of self-concept

and, ultimately, a renewed connection with the caregiver. The emphasis of this therapeutic interaction is centered on connection to the other and awareness of the self. Self-regulation and co-regulation with the other are what create secure attachment. Within the working process, it is imperative to build cohesion and bonding between adolescents and their caregivers. Emotional regulation enhances creativity. Prior research points toward higher emotional intelligence as a positive factor of creativity-oriented thinking that enhances behavior as cognitive capacity and control (Yousaf & Taylor, 2022).

Varying theoretical orientations have different belief systems, especially clinical work paradigms. The intentionality that theories bring to the therapeutic relationship enables therapeutic rapport to further clinical work. Focusing on improving communication and nurturing connection with others is of paramount importance to the longevity and productivity of the healing process. Facilitating change with the client and working toward personal goals is crucial as well as determining the client's access to community networks and social support systems. Additionally, when counseling adolescents, focusing on their belief system, and highlighting their connection with their parents, which nurtures understanding that change can occur, could renew the client's sense of hope. Paying attention to developmental markers and milestones is of paramount importance when working with children and adolescents.

The intentional utilization of embodied techniques and creative arts interventions are also implemented in this modality. This style tends to focus on understanding intra and interpersonal subtleties as well as processing transference reactions. This type of counseling helps develop a trustful and collaborative relationship through compassion, empathy, and authenticity, creating an epitome setting for both personal and professional development. Making sure that the

clinician is present and focused before building rapport or implementing techniques is essential to becoming grounded when with a client. This awareness is critical to this approach. It is imperative to offer clients and participants complete attention and focus all energy on them during the session, as well as make the best effort to show them that the counselor is trying hard to understand.

Theme One: The Clinical Approach Encouraged a Closer Connection Between Parent and Adolescent

In examining the first theme, which asserts that the clinical approach encouraged a closer connection between parent and adolescent, and there is a call to action from this researcher. More attention should be paid to the younger generation and how counselors can aid this population. Adolescents who are overwhelmed with responsibilities are sometimes anxiety-ridden and depressed, in addition to managing mental health issues and trauma-related symptomatology. This affects all areas of their life. They struggle with intense stress over deadlines and relationships and tend to buckle under the pressure of expectations as well as acceptance, which causes withdrawal from their support systems. Furthermore, this lack of exploration and scientific research leaves a gap in the field that is wide open to exploration and investigation. More specifically, an inappropriate response to an infant can cause relational issues as an adolescent, a particularly important brain development and growth period. Therefore, it is essential to repair ruptured attachments with primary caregivers before the teen becomes an emerging adult (Hazan & Shaver, 1994).

The counseling relationship and, more specifically, the affirmative therapeutic relationship can substantially impact adolescents who are struggling with schooling and/or

intrapersonal issues, as well as interpersonal relationships, specifically with their parents or caregivers. Turning toward the parent and adolescent within the therapeutic process and guiding them through stressors together help them traverse the path of growth together rather than individually, which could aid in understanding and encouraging connection (Hazan & Shaver, 1994).

Theme Two: Attachment Work Helped Increase Consciousness to Understand the Self and Relationships with Others

The second theme emphasized that attachment work helped increase consciousness to understand the self and relationships with others. The intervention drew from an attachment-focused, creativity-based therapeutic approach while incorporating mindfulness. The intentional utilization of embodied techniques and creative arts interventions was implemented in this study. Based on experience and development with varying populations, this style focuses on understanding intra and interpersonal subtleties as well as processing transference reactions that either progress or restrict the therapeutic relationship. This orientation of counseling offers the growth of a trustful and collaborative relationship by presenting authenticity and empathy which is an ideal natural environment for fostering individual development and enhancing relational connection. This presence is known as a secure base, which is a solid space where one can explore, learn, and discover boundaries within a supportive relationship, encouraging exploration (Levine & Heller, 2010, p. 30). Drawing on Bowlby's (1978, 1985, 1998, 2008, 2012) attachment theory as a secure base and intimate connection could transcend religion, ethnicity, and race. Moreover, previous research studies indicate the influence of early attachment

relationships with caregivers and the effect of these non-verbal infant events on the developing brain and close adult relationships (Waters & Cummings, 2000).

Theme Three: The Integrative Somatic Approach Was Helpful

The third theme highlighted the helpfulness of the integrative somatic approach and can be understood in relation to the previous literature. For instance, one important study focused on mindfulness as an underrepresented intervention, specifically when working with adolescents (Horesh & Gordon, 2018). Mindfulness focuses on one's ability to remain present in the here and now and practices taking each moment as it comes rather than ruminating on negative self-talk and unproductive thought cycles. It is a somatic-focused orientation that encourages self-regulation through physical activity, walking meditation, and awareness of self-perception. This modality benefits adolescents, especially those who have been traumatized and are struggling with PTSD symptomology by incorporating mindfulness. This was directly related to the adolescent participants in this study. Furthermore, in a nationally represented meta-analysis, the conclusions focused on adapting modalities utilizing mindfulness and medication to focus on cognitive capacity, developmental level, physical abilities, attention span, and ability to self-regulate (Horesh & Gordon, 2018).

Although the use of the mindfulness modality with adults has been thoroughly investigated, research on its use with traumatized adolescents is limited. It can significantly benefit adolescents who are transitioning into emergent adulthood. This element was a key component of this research study. The data indicates that mindfulness modalities are more effective when used with clinical populations rather than non-clinical samples of participants (Horesh & Gordon, 2018). Future studies should therefore focus on clinical populations of

adolescents using this suggested modality compared to nonclinical participants and an adaptive makeup of participants.

Mindfulness activities and exercises were used throughout all six sessions of this research study because these techniques are developmentally appropriate for adolescents (Tan & Martin, 2012). Drama therapy was also utilized, improving the global applicability of this research data. The use of metaphor and aesthetic distance in drama therapy principles also complements mindfulness as it aids narrative movement to the surface of cognition, which in turn encourages deeper self-reflection and enhanced self-awareness. This component was built into all sessions of this modality.

Theme Four: Feeling Safe Mattered for Sharing to Occur

The fourth theme revealed that feeling safe mattered for sharing to occur. Specifically, a safe enough space to share one's personal experiences, emotions, and potential trauma history is important. Furthermore, the therapeutic relationship has been described as an agreement on the content of sessions, as well as the emotional connection between the client and counselor, which is linked with positive results in the treatment of adults. However, research on the relationship between the clinician and children and adolescent clients remains limited. As a result, little is known about the impact of the therapeutic relationship on the results of child and adolescent therapies (Zorzella et al., 2015). Within the field of child therapy, the therapeutic relationship entails treatment consistency, engagement in therapeutic tasks, and positive outcomes. It may also serve as a predictor of successful treatment outcomes and recovery from symptoms (Chu et al., 2004). However, there is a limited body of research that addresses the connection between the association and positive consequences in therapies for children and adolescents

(Eltz et al., 1995; Ormaugh et al., 2013). This study explored the gaps in the literature between these populations.

Theme Five: Parent and Adolescent Felt Seen and Heard

The fifth theme indicated that parents and adolescents felt seen and heard. One parent participant shared that her son “sees me in a more grown-up way, as an emerging adult. He sees me through a different set of eyes. I do not think that he has slowed down and thought about that.” Another parent expressed that

I know that at his age, he does not really understand the impact of his choices, some of his decisions because his brain cannot understand developmentally. I feel that this experience allowed him to at least hear me, as in stopping and being present and listening.

Additionally, a parent participant described their experience as “The experience of what we have both been through is what we have revisited here. We have not completely healed from it, but we are traversing side by side, hiking that mountain, and working through those contradictory emotions together.”

Focusing on attachment and the dyad within the family system has its roots in previous research. A brief empirically based treatment called the “attachment-based family therapy” model’s main therapeutic goal is to ameliorate the connection within the attachment structure for primary parents and their adolescents. Additionally, this literature points toward the importance of this dyadic relationship to an emerging adolescent’s overall well-being (Diamond, 2014).

Theme Six: More Time Was Needed to Provide Additional Direction and Intervention

The sixth theme noted that more time was needed to provide additional direction and intervention. As an initial research study, there was a limited amount of time to implement this

emerging modality and collect data from the participants. All participants were positive about their experience but would have liked to have experienced this approach for a longer period (beyond six weeks) to facilitate a more corrective attachment experience between the primary parent and their adolescent.

Limitations and Recommendations

As explained earlier, a constraint related within this study was the compilation of participants personal information through self-reporting. Participants were able to restrict their data if needed, and their ability to disclose this information could have been affected by several factors (Lancaster et al., 2011). Furthermore, the sample size of participants was small and from a specific population, which restricts simplifying the findings of this research study.

Another limitation of this study was the demographically homogeneous sample with cisgender male adolescents and cisgender female biological mothers as participants. One potential strength is that it may be useful for comparison with a homogenous sample in a further study; however, future research should use a more diverse sample and compare outcomes. In addition, this was a small sample with rich information, yet room for further exploration. While this study provided a qualitative and in-depth intervention, no numerical representation of change occurred.

Also, with Institutional Review Board limitations and concerns with minors being recorded, the semi-structured interview was with the caregiver individually vs the dyad which included the adolescent. Future research should include the adolescent participant to represent the voice and perspective of the teen throughout the research experience. Finally, the data made clear that further studies will need more time to explore the intervention more thoroughly.

Implications and Conclusions

In a constantly changing cultural landscape, as society heals from the remnants of a global pandemic, among other modern-day atrocities, the crucial attachment between the primary caregiver and their child has never seemed more important. This research study has made clear the importance of repairing early childhood ruptures within a parental and adolescent relationship. The connection between an adolescent and their caregiver significantly benefits from an attachment and creativity-focused approach in counseling and therapeutic treatment. Further investigation of the attachment and creativity focused counseling intervention is necessary to advance research within the field and support the integration of creativity into the field of counseling. This allows clinicians to hold a dual professional identity, by amalgamating both in an integrative manner.

Additionally, somatic oriented and mindfulness activities could be of use for therapeutic interventions with parents and adolescents. Furthermore, counselors should consider incorporating aspects of the intervention shared in Chapter III while also taking timing into consideration, as identified in the results. Counselors play a unique role in helping parent and adolescent clients foster resilience and healthy relationships.

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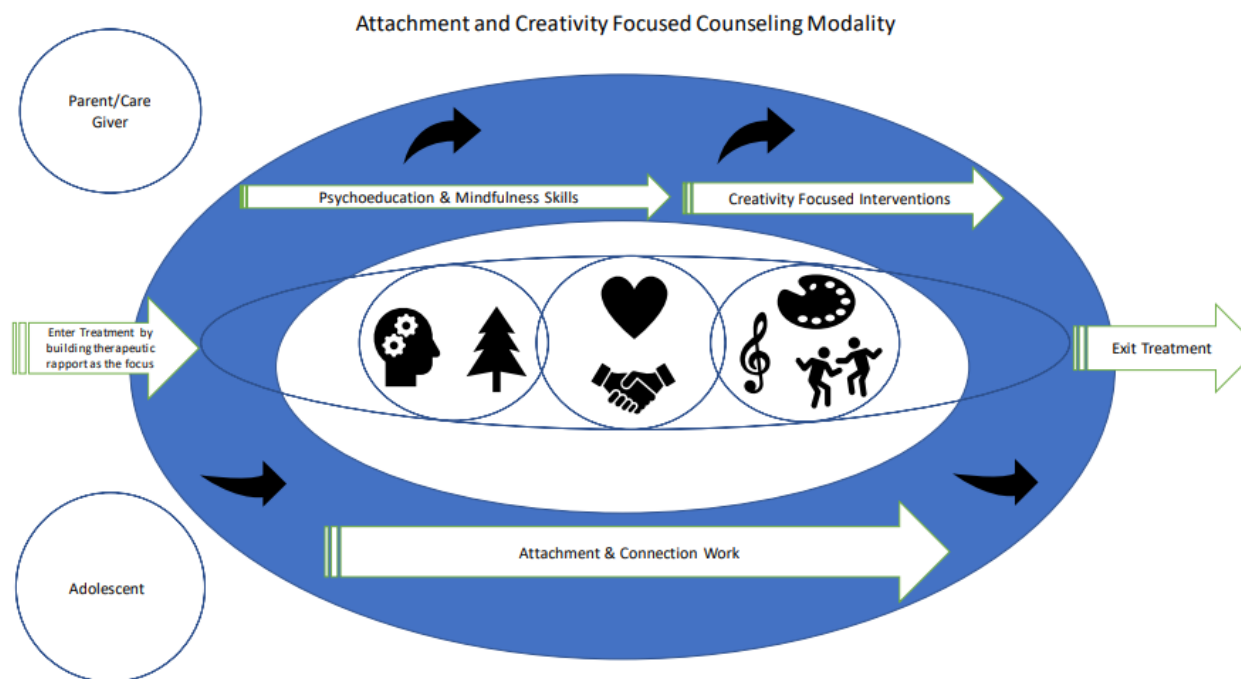
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APPENDIX A: INTERVENTION FIGURE



APPENDIX B: PRELIMINARY RECRUITMENT QUESTIONNAIRE

Dear Primary-Caregiver,

This is a survey about adolescents, their self-concept and how that affects their connection with you as their primary caregiver. This survey will give you an opportunity to participate in an experiential experience for six weeks, with your adolescent. Your responses will be recorded after this experiential experience utilizing a semi-structured interview process. There are minimal, if any, risks from participating. Your identity will be anonymous. You will not be asked for your name and all demographic data being collected will be reported as aggregated information. No personally identifiable information will be associated with your responses to any reports of these data. The survey will take approximately 10 minutes to complete.

This survey is part of my dissertation research at Antioch University in the PhD in Counseling, Education and Supervision program. The information may be used for future research without additional consent. Your participation is voluntary, and you may elect to discontinue your participation at any time. If you have any questions about the survey or the research study....

This project has been approved by the Institutional Review Board at Antioch University. If you have any questions about your rights as a research participant, please contact....

I have read and understood the above information. By clicking the icons below and answering the questions, I am indicating that I have read and understood this consent form and agree to participate in this research study. Please print a copy of this page for your records.

Thank you for your participation!

Sincerely,

Leah M Batty-Hibbs

Email

Your email

Name

Your answer

Email

Your answer

Phone Number

Your answer

Are you a primary parent of a 15–18-year-old?

Yes

No

Other:

Do you and your adolescent (15-18) want to participate in this research?

Yes

No

Other:

Please share the best days/times beginning in March 2022, to begin 6 x 2 hr. sessions (over 6 weeks). Once per week for 6 weeks.

Your answer

Do you have access to Zoom?

Yes

No

Other:

Next Step

If you answered Yes to the above questions, the primary researcher will, reach out to you and set up six x 2 hr. sessions beginning in March 2022.

Please let the researcher know best times/dates for you and your adolescent to attend ALL SIX SESSIONS TOGETHER. Contact: Leah Batty-Hibbs at....

After the six 2 hr. sessions are complete, a semi-structured interview will be scheduled with just you (the primary parent) and the primary researcher.

The interview will be recorded via Zoom Pro and the 6 x 2hr sessions will not.

Thank you for your time!

APPENDIX C: RECRUITMENT FLYER

“As a clinician, I draw from an attachment-focused, person-centered, and creativity-based therapeutic approach while incorporating a post-modern stance. The intentional utilization of body focused techniques and creative arts interventions are also implemented”

“Creating increased connection and attachment between the caregiver and the adolescent, will increase resilience and coping skills, therefore increasing the adolescent’s ability to manage their self regulation when moving through potential loss and trauma within their future lives”

JOIN THIS ANONYMOUS RESEARCH STUDY

“An Attachment and Creativity Focused Counseling Approach”

To Join the Study Contact: Leah Batty-Hibbs

Antioch University Seattle

We may not be able to prepare the future for our children, but we can at least prepare our children for the future.
—FRANKLIN D. ROOSEVELT

The experimental dyads will participate in a six-week experiential experience that will focus on the integration of the researcher’s modality. The target population consists of **adolescents between the ages of 15 and 17 and their primary caregiver.**

The **purpose of this project** is to explore and highlight the notion that increasing an adolescent’s sense of self-concept by encouraging attachment and connection with their primary caregiver will teach these individuals how to **emotionally regulate their own emotions**, especially through difficult teenage years, and moving into early adulthood.

There is a hope that this process instills **confidence in the adolescent** in addition to raising the adolescent’s awareness of their intrapersonal self-concept, in addition to an **increased sense of attachment and connection between the primary caregiver and the adolescent.** By increasing an adolescent’s self-concept earlier in their teenage years (with support from the primary caregiver), the individual will hopefully **experience lower levels of stress and have a more balanced level of mental health in their future lifespan.**

APPENDIX D: PARENT/CAREGIVER INFORMED CONSENT

ADULT CONSENT FORM

This informed consent form is for the primary caregiver of the adolescent participant (15-18), who we are inviting to participate in a research project titled: **An Attachment and Creativity Focused Counseling Approach.**

Name of Principal Investigator: Leah M Batty-Hibbs

Name of Organization: Antioch University, PhD in Counseling Education, and Supervision

You will be given a copy of the full Informed Consent Form

Introduction

I am Leah M Batty-Hibbs, a student in the PhD Counseling Education and Supervision program at Antioch University, in Seattle, WA. As part of this degree, I am completing a project to research adolescents, their attachment and how that affects their connection with you as their primary caregiver. This study will give you an opportunity to participate in an experiential experience for six weeks, with your adolescent. I am going to give you information about the study and invite you to be part of this research. You may talk to anyone you feel comfortable talking with about the research and take time to reflect on whether you want to participate or not. You may ask questions at any time!

Purpose of the Research

The purpose of this project is to explore and highlight the notion that increasing an adolescent's attachment style by encouraging connection with their primary caregiver will teach these individuals how to emotionally regulate their own emotions, especially through difficult teenage years, and moving into early adulthood. This information will may us to better understand by using a creativity and attachment focused experience for the primary caregiver and their adolescent, there is a hope that this process instills confidence in the adolescent in addition to raising the adolescent's awareness of their intrapersonal self-concept, in addition to an increased sense of connection and attachment between the primary caregiver and the adolescent. Therefore, this internal expansion will support the adolescent in times of trauma, loss, overwhelm, and dysfunction. By increasing an adolescent's self-concept earlier in their teenage years (with support from the primary caregiver), the individual will hopefully experience lower levels of stress and have a more balanced level of mental health in their future lifespan.

Type of Research Intervention

This research will involve your participation in a research study which will give you the opportunity to participate in an experiential experience for six weeks, with your adolescent. This study will employ a creativity focused counseling stance, combined with a mindfulness modality. After the six experiential experience sessions, you (only the primary caregiver) will be

asked to participate in a semi-structured interview. This interview will be tape recorded using Zoom Pro software solely for research purposes, but all the participants' contributions will be de-identified prior to publication or the sharing of the research results. These recordings, and any other information that may connect you to the study, will be kept in a locked, secure location.

Participant Selection

You are being invited to take part in this research because you are the caregiver of an adolescent between the ages of 15-18. You should not consider participation in this research if you are not the primary caregiver of an adolescent between the ages of 15-18.

Voluntary Participation

Your participation in this study is completely voluntary. You may choose not to participate. You will not be penalized for your decision not to participate or for anything of your contributions during the study. You may withdraw from this study at any time. If an interview has already taken place, the information you provided will not be used in the research study.

Risks

No study is completely risk free. However, I do not anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable. If you experience any discomfort because of your participation, referral mental health sources will be available to you if needed.

Benefits

There will be no direct benefit to you, but your participation may help others in the future.

Reimbursements

You will not be provided any monetary incentive to take part in this research project.

Confidentiality

All information will be de-identified, so that it cannot be connected back to you. Your real name will be replaced with a pseudonym in the write-up of this project, and only the primary researcher will have access to the list connecting your name to the pseudonym. This list, along

with tape recordings of the discussion sessions, will be kept in a secure, locked location.

Personal

identifiers will be removed and the de-identified information [or biospecimens] may be used for future research without additional consent.

Limits of Privacy Confidentiality

I can assure you that I will keep everything you tell me or do for the study private. Yet there are times where I cannot keep things private (confidential). The researcher cannot keep things private (confidential) when:

- The researcher finds out that a child or vulnerable adult has been abused
- The researcher finds out that that a person plans to hurt him or herself, such as suicide

- The researcher finds out that a person plans to hurt someone else,

There are laws that require many professionals to act if they think a person is at risk for self-harm or are self-harming, harming another or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is being abused or plans to self-harm or harm another person.

Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

Future Publication

The primary researcher, Leah M Batty-Hibbs, reserves the right to include any results of this study in future scholarly presentations and/or publications. All information will be de-identified prior to publication.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so, and you may withdraw from the study at any time without your job being affected. Who to Contact If you have any questions, you may ask them now or later. If you have questions later, you may contact Leah M Batty-Hibbs at....

If you have any questions about your rights as a research participant, you may contact Mark Russell at....or Ben Pryor at....

This proposal has been reviewed and approved by the Antioch International Review Board (IRB), which is a committee whose task it is to make sure that research participants are protected. If you wish to find out more about the IRB, please contact Mark Russell at....

DO YOU WISH TO BE IN THIS STUDY?

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked to answer to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant _____

Signature of Participant _____

Date _____ Day/month/year

DO YOU WISH TO BE AUDIOTAPED IN THIS STUDY?

I voluntarily agree to let the researcher Leah M Batty-Hibbs audiotape me for this study. I agree to allow the use of my recordings as described in this form.

Print Name of Participant _____

Signature of Participant _____

Date _____ Day/month/year

To be filled out by the researcher or the person taking consent:

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this Informed Consent Form has been provided to the participant.

Print Name of Participant _____

Signature of Participant _____

Date _____ Day/month/year

APPENDIX E: ADOLESCENT INFORMED CONSENT

ADOLESCENT (15-18) CONSENT FORM

Study Title: An Attachment and Creativity Focused Counseling Approach.

Researcher: Leah M Batty-Hibbs....

Research Supervisor: Dr. Ned Farley....

You are invited to be part of a research study. The researcher is a doctoral student at Antioch University, in Seattle, WA. The information in this form is provided to help you decide if you want to participate. The form describes what you will have to do during the study and the risks and benefits of the study. If you have any questions about or do not understand something in this form, you should ask the researcher. Do not sign this form unless the researcher has answered your questions and you decide that you want to be part of this study.

WHAT IS THIS STUDY ABOUT?

The researcher wants to learn about attachment in adolescents and connection with their primary caregiver.

WHY AM I BEING ASKED TO BE IN THE STUDY?

You are invited to be in the study because you are an adolescent between the ages of 15-18. You should not consider participation in this research if you are not between the ages of 15-18. If you do not meet the description above, you are not able to be in the study.

HOW MANY PEOPLE WILL BE IN THIS STUDY?

Approximately 6 participants will be in this study.

WHO IS PAYING FOR THIS STUDY?

The researcher is not receiving funds to conduct this study. The researcher will not be paid for conducting the study. You will not be charged to participate in this study.

WHAT WILL HAPPEN DURING THIS STUDY?

If you decide to be in this study and if you sign this form, you will be asked to participate in an experiential experience with your primary caregiver for six consecutive weeks, for 2 hrs. at a time. You will allow a researcher to facilitate activities with your caregiver and observe you while you interact with them.

While you are in the study, you will be expected to:

- Follow the instructions you are given.
- Tell the researcher if you want to stop being in the study at any time.

WILL I BE RECORDED?

The researcher will not record your experiential experience sessions with your caregiver.

WILL BEING IN THIS STUDY HELP ME?

Being in this study will not help you. Information from this study might help researchers help others in the future.

ARE THERE RISKS TO ME IF I AM IN THIS STUDY?

No study is completely risk-free. However, we don't anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable.

WILL I GET PAID?

You will not receive any payment for being in the study.

DO I HAVE TO BE IN THIS STUDY?

Your participation in this study is voluntary. You can decide not to be in the study, and you can change your mind about being in the study at any time. There will be no penalty to you. If you want to stop being in the study, tell the researcher. Your primary caregiver has also said that you may participate in this study.

The researcher can remove you from the study at any time. This could happen if:

- The researcher believes it is best for you to stop being in the study.
- You do not follow directions about the study.
- You no longer meet the inclusion criteria to participate

WHO WILL USE AND SHARE INFORMATION ABOUT MY BEING IN THIS STUDY?

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. In any written reports or publications, no one will be able to identify you. The de-identified information may be used for future research without additional consent. The researcher will keep the information you provide in a password protected computer and only the researcher, research supervisor will be able to review this information. Even if you leave the study early, the researcher may still be able to use your data.

Limits of Privacy Confidentiality

I can assure you that I will keep everything you tell me or do for the study private. Yet there are times where I cannot keep things private (confidential).

The researcher cannot keep things private (confidential) when:

- The researcher finds out that a child or vulnerable adult has been abused
- The researcher finds out that that a person plans to hurt him or herself, such as suicide
- The researcher finds out that a person plans to hurt someone else,

There are laws that require many professionals to act if they think a person is at risk for self-harm or are self-harming, harming another or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is being abused or plans to self-harm or harm another person.

Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

Future Publication

The primary researcher, Leah M Batty-Hibbs reserves the right to include any results of this study in future scholarly presentations and/or publications. All information will be de-identified prior to publication.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so, and you may withdraw from the study at any time. Who to Contact If you have any questions, you may ask them now or later.

If you have questions later, you may contact Leah M Batty-Hibbs at.... If you have any questions about your rights as a research participant, you may contact Mark Russell at....or Ben Pryor at....

DO YOU WANT TO BE IN THIS STUDY?

I have read this form, and I have been able to ask questions about this study. The researcher has talked with me about this study. The researcher has answered all my questions. I voluntarily agree to be in this study. I agree to allow the use and sharing of my study-related records as described above. By signing this form, I have not given up any of my legal rights as a research participant.

I will get a signed copy of this consent form for my records.

Print Name of Participant _____
Signature of Participant _____
Date _____ Day/month/year

I attest that the participant named above had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

Print Name of Researcher _____
Signature of Researcher _____
Date _____ Day/month/year