

EDITED BY  
EMER MCGOWAN,  
DJENANA JALOVICIC  
AND SARAH QUINN



**INTERPROFESSIONAL  
APPROACH TO  
REFUGEE HEALTH**

**A PRACTICAL GUIDE FOR  
INTERDISCIPLINARY  
HEALTH AND SOCIAL  
CARE TEAMS**



<https://www.openbookpublishers.com>

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Emer McGowan, Djenana Jalovcic and Sarah Quinn (eds), *Interprofessional Approach to Refugee Health: A Practical Guide for Interdisciplinary Health and Social Care Teams*. Cambridge, UK: Open Book Publishers, 2025, <https://doi.org/10.11647/OBP.0479>

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Information about any revised edition of this work will be provided at <https://doi.org/10.11647/OBP.0479>

ISBN Paperback: 978-1-80511-658-5

ISBN Hardback: 978-1-80511-659-2

ISBN PDF: 978-1-80511-660-8

ISBN HTML: 978-1-80511-662-2

ISBN EPUB: 978-1-80511-661-5

DOI: <https://doi.org/10.11647/OBP.0479>

Cover image: Photo by Annalisa Overgaard, a shadow of a tree on a wall, November 7, 2024, <https://unsplash.com/photos/a-shadow-of-a-tree-on-a-wall-CiymNBWclhE>

Cover design: Jeevanjot Kaur Nagpal

# 5. Pathways to Healing: Expressive Arts Practice with Adolescent Refugees

*Rachel Hoare*

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## Introduction

Adolescent refugees,<sup>1</sup> including both accompanied and unaccompanied minors,<sup>2</sup> face a unique set of challenges that make them particularly vulnerable. They bear the ‘double burden’ of forced displacement from their homeland and the transition from childhood to adulthood. Both experiences are characterized by profound losses, including home, family, friends, country, language, identity, trust, life as it was, and future dreams (Papadopoulos 2002; Tefferi 2007). Furthermore, these young refugees encounter significant barriers in accessing mental health and psychosocial support (MHPSS) services in their destination countries. Beyond the issue of poor appointment availability in overburdened systems, these barriers comprise culturally and socially diverse understandings of mental health, mental health stigma, and differing perceptions of traumatic experiences and loss within broader social and cultural contexts (Bartolomei et al. 2016; Namer et al. 2022).

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1 The term ‘refugee’ is used here to refer to both ‘refugee’ and ‘asylum seeker’ and ‘adolescent’ refers to 10-to-19-year-olds as per the World Health Organization’s definition.

2 Unaccompanied minors are children and adolescents who have been separated from both parents and other relatives and are not being cared for by an adult who by law or custom is responsible for doing so (UNHCR 2020).

Given these complex challenges, it is crucial for psychological therapy professionals and other health professionals<sup>3</sup> involved in the daily lives of adolescent refugees to adopt a trauma-informed therapeutic approach. This approach should be sensitive to the unique experiences and cultural backgrounds of these young individuals. Moreover, integrating expressive arts and visual tools into practice can significantly enhance therapeutic interventions, offering alternative means of expression and healing. These creative modalities can help bridge language barriers and cultural differences, and provide non-verbal outlets for processing trauma and emotions. By combining trauma-informed care with expressive arts, professionals can create a more inclusive and effective healing environment that addresses the multifaceted needs of adolescent refugees.

This chapter presents a structured yet flexible approach to therapeutic expressive arts work with adolescent refugees, drawing from Herman's (1992) trauma healing framework and Jalonen and Cilia La Corte's (2017) practical guide to therapeutic work with refugees as well as the author's expressive arts practice. The approach incorporates elements of safety, stabilisation, the processing and integration of traumatic experiences and identity development, into distinct yet permeable stages that align with the roles of different professionals. The stages reflect key principles from these frameworks, emphasizing cultural sensitivity, adaptability, and the non-linear nature of healing. Importantly, each intervention is carefully aligned with the cognitive, emotional, and social developmental stages of adolescence, ensuring effective age-appropriate support.

The following sections outline these stages, distinguishing between those that can be implemented by health professionals and those requiring the expertise of psychological therapy professionals. This distinction ensures that each professional group operates within its specific scope of practice. Throughout these stages, the integration of expressive arts plays a crucial role in facilitating healing and communication. To illustrate this approach in practice, the latter part of the chapter presents a case study of Axmed, an unaccompanied

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3 The term 'psychology therapy professionals' will be used to refer to psychologists and psychotherapists with a clinical role and all other clinicians will be referred to as 'health professionals'.

minor refugee from Somalia who claimed asylum in Ireland. This case study serves as a practical example, demonstrating how expressive arts techniques are applied within this therapeutic framework.

Health professionals should engage primarily in:

- stabilisation and relationship-building;
- psychoeducation;
- bearing witness.

Psychological therapy professionals can address all stages of the healing process encompassing the above and:

- trauma memory processing;
- integration of trauma memories;
- identity development.

As these stages are interconnected, health professionals may occasionally engage with elements typically addressed by psychological therapists. In such instances, health professionals can still provide valuable support by fostering a safe and supportive environment, recommending available resources such as self-help materials, and referring the adolescent refugee to community support groups or counselling services where possible.

## Using the Expressive Arts with Adolescent Refugees

‘But I’m no good at art’: embracing the use of the expressive arts

Whether you are a social care worker supporting separated adolescent refugees in a residential setting as they navigate everyday life and strive for independence, a frontline humanitarian worker assisting families, a teacher supporting refugee adolescents, an occupational therapist helping them develop skills for daily living and work, or a therapist looking to introduce expressive arts and play into working with refugee adolescents, you may have reservations about incorporating expressive arts into your practice. Common concerns include: “I’m not good at art,

how can I use this approach”, “I’m worried that they just won’t engage with the materials”, or “how do I know which approach to adopt?”.

You are not alone in these concerns. Many professionals in this field have faced similar uncertainties when beginning their journey with the expressive arts. Research conducted by George Land, for NASA (National Aeronautics and Space Administration), found that rather than being indicative of a lack of innate talent, difficulties with artistic expression in professional settings are the result of educational systems that prioritize rationality and conformity over creative exploration: non-creative behaviour is learned. This systematic suppression of the natural creative instincts prevalent in early childhood is documented in his 1992 work with Beth Jarman (Land & Jarman 1992).

A good way to start on your creative journey is by introducing simple tools like fidget toys and playdough in the spaces where you engage with adolescent refugees. You may be surprised at how effectively these materials can help young people to alleviate their own anxiety, serving as an excellent introduction to the power of the expressive arts and play (Schaefer & Drewes 2014). The expressive arts techniques showcased in the case study presented here are intended to enhance, rather than replace, your current skill set. By incorporating these creative and innovative strategies, healthcare professionals can enrich their existing approaches and provide more comprehensive support to adolescent refugees.

### The Expressive Arts as a Path to Healing

Art and creativity define our humanity, allowing us to connect with and assist others, regardless of age, gender, or cultural background. The healing powers of the visual arts, storytelling, drama, comedy, dance, music, play, poetry, and communal rituals—collectively known as the expressive arts—have been integral to ancient civilizations and the cultures of indigenous peoples (Malchiodi 2020). These practices, which are instinctive responses to grief, loss, and trauma, continue to be used to celebrate and honour new life and life’s transitions (Linklater 2014). For example, Navajo healers still include sandpainting and music in their healing rituals (Degges-White 2011). Rites of passage such as coming-of-age initiations, marriages, and burial and mourning traditions all use forms of the expressive arts (Archibald & Dewar 2010).

In his powerful foreword to Cathy Malchiodi's (2021) book on creative interventions with traumatized children, Bruce Perry, child psychiatrist, researcher, and educator emphasizes the enduring nature of these ancient traditions. He views them as fundamental to healing from trauma and loss:

Amid the current pressure for 'evidence-based practice' parameters, we should remind ourselves that the most powerful evidence is that which comes from hundreds of separate cultures across the thousands of generations independently converging on rhythm, touch, storytelling and reconnection to community.

The increasing recognition of the therapeutic benefits of the arts is reflected in the World Health Organization (WHO) Arts and Health Program, which organizes events, supports research, and raises awareness of the potential value of the arts in promoting good health (World Health Organization 2019).

### The Expressive Arts for Healthcare Professionals Working with Adolescent Refugees

Expressive arts modalities are particularly valuable for healthcare professionals working with adolescent refugees. The universal and non-verbal nature of various forms of artistic expression make them ideal for transcending language barriers and cultural differences. Activities such as drawing, painting, music, and dance enable adolescent refugees to safely express emotions and experiences that may be difficult to articulate verbally, thereby fostering emotional healing, resilience, and a sense of agency. Moreover, expressive arts can be easily integrated into various healthcare settings, making them accessible and adaptable tools for professionals working with this population.

### Integration of the Expressive Arts into Psychotherapy Modalities

The expressive arts serve not only as a distinct psychotherapy modality but also significantly enhance the skill sets of psychological therapy professionals across various therapeutic approaches. By incorporating these techniques into existing psychotherapy practices, therapists and their clients can move beyond the constraints of verbal

communication. This advancement facilitates deeper therapeutic engagement and progression (Degges-White 2011). This is made possible through the integration of visual, tactile, synchronous, rhythmic, and other intuitive expressive processes which promote the integration of sensory-oriented and brain-focused aspects of arts-based expression into the therapeutic process (Rappaport 2014; Malchiodi 2023).

Activating these creative processes not only unlocks new pathways for individual self-expression, but also expands and enriches the therapeutic opportunities afforded by the therapy process. According to Degges-White (2011), the expressive arts are suitable for psychotherapists working with clients of all ages and have been effectively applied in various clinical settings including private practice, educational establishments, and residential treatment centres. This adaptability makes expressive arts a versatile tool across all psychotherapy modalities, capable of enhancing the therapeutic experience in diverse clinical environments.

## Interconnected Phases of Healing for Health Professionals

### Stabilisation and Relationship-Building

Many adolescent refugees have experienced or witnessed conflict and extreme violence in their home countries (pre-flight) and during their escape to safety (flight). Some may never have known the feeling of safety. Therefore, the focus during the stabilisation stage is on helping the adolescent refugee feel safe in the world, within their body, and in their relationships, while exploring ways to calm their nervous system. Establishing a sense of security during this crucial initial stage lays the groundwork for the development of a trusting relationship within a supportive environment. This foundation enables deeper emotional healing to occur in subsequent phases of healing.

### Psychoeducation

Following the initial stabilisation phase, psychoeducation serves as a crucial step in empowering adolescent refugees. At this stage we may

only have a “thin” version of their story and an understanding of some of their main concerns (Kohli 2006). Based on this limited information and our knowledge of common challenges faced by refugee adolescents, we can begin to provide valuable psychoeducation support.

Psychoeducation involves delivering information through therapeutic collaboration and wellbeing activities, helping to build choices and understanding. This information can be divided into practical and psychological support. Practical supports help in the navigation of areas such as education, primary care, and leisure pursuits in their new environment. Psychological support focuses on normalizing their experiences and providing general information about stress responses and coping strategies.

Age-appropriate psychoeducation about trauma responses can help refugee adolescents to understand that experiences such as flashbacks and the inability to sleep are normal reactions to abnormal events. By explaining that difficulties with sleep, concentration, and feelings of overwhelm are common for those who have experienced traumatic events, we reassure them that their responses are valid and that they are not alone. This understanding forms the basis for introducing coping strategies such as specific techniques to improve sleep quality, enhance concentration, and manage emotional responses, thereby empowering adolescents with both knowledge and tools to support their wellbeing.

It is important to deliver this information in an age-appropriate manner, using visual formats where possible to support different learning preferences, enhance comprehension and improve memory retention. This approach can be particularly beneficial for those who have experienced trauma or are communicating in a non-native language. By providing this initial psychoeducation, we lay the groundwork for the next phase of bearing witness, where adolescents may feel more comfortable sharing their “thicker” stories and experiences (Kohli 2006).

### Bearing Witness

Building upon the foundation of safety and psychoeducation, the next critical step is bearing witness to the stories of adolescent refugees (Kohli 2006). This process deepens the developing trusting relationship, allowing these young people to feel secure enough to share fuller versions

of their experiences. The expressive arts, introduced in the stabilisation and relationship-building phase, provide a safe medium for expression, especially when trauma has impacted their linguistic abilities or when communication occurs in a non-native language. Health professionals play a vital role in this process by authentically bearing witness to these narratives and validating diverse means of expression.

The act of bearing witness is crucial, as it acknowledges refugee adolescent experiences, promotes healing, and reinforces their sense of identity and belonging. Jalonen and Cilia La Corte (2017) emphasize the importance of understanding the psychosocial context that shapes these interactions. This aligns with Bronfenbrenner's socio-ecological framework, highlighting the dynamic interplay between individuals and their multiple environmental systems, and underscoring the importance of a supportive, coordinated approach (Bronfenbrenner & Morris 2006). Health professionals, therefore, need to be well-informed about refugee adolescent entitlements, and able to signpost them to organisations providing essential services.

Bearing witness extends beyond recognizing the traumatic impacts of loss, separation, acculturation, and identity development. It also nurtures the resilience that enables these adolescents to overcome their challenges (Shakya et al. 2014). This approach builds on coping strategies introduced during psychoeducation, reinforcing and expanding upon them in the context of each individual's unique experiences.

Blackwell (2005) advises practitioners to maintain a balanced approach, avoiding both detachment and over-involvement, to prevent alienating or disempowering refugees. He stresses the importance of allowing them to express overwhelming experiences rather than focusing solely on consoling them. Recent neuroscience research (e.g., Schore 2012; Van der Kolk 2015) validates and builds upon Winnicott's (1965) concept of "holding" through emotional understanding, and Bion's (1984) principle of "containing" often unbearable projected feelings. Applying these concepts, Jalonen and Cilia La Corte (2017) use the metaphor of a practitioner as a sea-going ship with a stabilizing keel and strong hull providing safety even in the worst emotional weather. This image reinforces the idea of the practitioner as a stable, containing presence throughout the healing process.

## Phases of Healing for Psychological Therapy Professionals

### Trauma Memory Processing

Trauma memory processing is a fundamental aspect of healing that addresses the psychological, emotional, and physiological impact of trauma, thereby fostering recovery and well-being (Levine 2010; Van der Kolk 2015). It enables adolescent refugees to express their emotions and to start the process of grieving their losses and integrating their memories. Expressive arts activities such as drawing (Annous, Al-Hroub, and Zein 2022) or creating and listening to music (Bensimon, Amir, and Wolf 2008) can facilitate the externalisation and processing of traumatic memories and provide a non-verbal outlet for difficult emotions and experiences.

For example, an adolescent refugee might start to process trauma by drawing or painting scenes of fear or sadness, or by sculpting them from clay. In a safe and supportive environment, they can be guided to add symbols of safety and hope, helping them to reframe their traumatic memories into a coherent personal narrative (Malchiodi 2021).

This process also reinforces the development of self-soothing techniques (stabilisation) and the normalisation of their experiences (psychoeducation), allowing them to understand that their reactions are a natural response to their circumstances, rather than feeling that there is something inherently wrong with them (Perry & Szalavitz 2006; Jalonen & Cilia La Corte 2017).

### Integration of Trauma Memories

Integrating traumatic memories into a coherent narrative is a crucial step in the healing process for adolescent refugees. Once they have mastered body-based grounding and stabilisation techniques to manage intense feelings and sensations (Levine 2010; Van der Kolk 2015) and have processed trauma memories through expressive arts within a therapeutic relationship, they can begin to integrate these memories into their current self-awareness. By transforming fragmented and distressing memories into a coherent narrative, the emotional impact is reduced, promoting stability and self-acceptance. However, it is also important to recognize

that some individuals may not feel ready to engage at this level during the time that you have with them, and this must always be respected.

Peter Levine's therapeutic "titration" technique is critical for pacing and modulating this process to prevent re-traumatisation. It involves gradually introducing potentially triggering topics, allowing the adolescent to engage and withdraw as needed, thus prioritizing their safety and well-being during the integration process (Levine 2010). Cathy Malchiodi's work in expressive arts therapy aligns with this approach by providing creative methods for externalising, processing, and integrating trauma at a controlled and manageable pace (Malchiodi 2021). She demonstrates how activities such as drawing, painting, sculpting, making music, and engaging in drama help individuals to view their experiences from different perspectives and integrate them into their broader life stories.

The combined use of body-based therapies and expressive arts ensures a holistic approach to trauma integration. Engaging in creative activities helps adolescent refugees transform fragmented memories into a coherent and manageable narrative. These culturally sensitive methods are particularly relevant for adolescent refugees, aiding in the processing and integration of traumatic experiences while fostering resilience and developing a stronger sense of identity.

### Identity Development

Identity development is a key task of adolescence, as young people navigate the complex process of understanding who they are and how they fit into the world (Ferrer-Wreder & Kroger 2020). For refugee adolescents who bear the double burden of being forcibly displaced and transitioning from childhood to adulthood, this period involves forming both an ethnic identity tied to their heritage and a national identity connected to their new country (Hayes & Endale 2018). The development of such a dynamic, multifaceted identity, which integrates both ethnic and national aspects encompassing feelings of belonging and emotional connections to various groups, is vital to ensure effective cultural transition and has been shown to positively impact the adjustment and well-being of refugee adolescents (Nguyen 2013).

Expressive arts enable adolescents to explore different aspects of their identity, share their unique experiences and build a cohesive

self-concept. The creative processes involved not only supporting emotional healing but also empowering adolescents to embrace their individuality and cultural heritage. By doing so, they develop a more confident and integrated sense of identity as they transition into adulthood. The creative expression of identity issues related to migration and cultural minority status through expressive arts can help adolescent refugees adapt to their new environment.

Expressive arts techniques offer powerful tools for adolescent refugees to explore and articulate their evolving identities. Rousseau et al. (2005) describe drama workshops which offer a safe space for identity exploration through storytelling and dramatic play. Meyer-Demott et al. (2017) present movement exercises where participants share and mirror movements, affirming individual identities while fostering group acceptance. Rubesin (2016) describes a collective “I Am” poem activity as an identity-focused approach. Drama, movement and poetry each empower adolescent refugees by highlighting their multifaceted identities, encouraging creative self-expression, and cultivating supportive peer networks. In addition to processing experiences and promoting healing in group settings, these tools offer varied approaches to navigating complex identity issues.

## The Case Study

### Construction of the Case Study

This case study features a composite character constructed from the author’s clinical notes compiled over six years of therapy sessions with 42 adolescent unaccompanied minor refugees. Sessions with individuals took place over a period of between several months and a year depending on individual needs. By creating this composite, the author preserves UM anonymity while capturing both common and unique experiences, ensuring the character’s multidimensionality. The case study begins by detailing the refugee adolescent’s context, background and trauma responses, viewed through Urie Bronfenbrenner’s socio-ecological framework, which recognizes the complex range of social interactions impacting individuals at various levels (Bronfenbrenner 1979; Bronfenbrenner & Morris 2006).

The case study is informed by research in neuroscience (how our brain and nervous system work), interpersonal neurobiology (how our brains grow and change through interactions with others) and traumatology (the study of the impact of trauma on individuals) and draws on Van der Kolk's (2015) comprehensive integration of these fields to explain trauma's complex effects on the brain and the body. These concepts are made accessible through simple visual explanations which provide psychoeducation for practitioners to help adolescent refugees to normalise, understand, and connect with their feelings.

After presenting the background of the composite character, Axmed, the case study is divided into two sections. The first section, relevant for all health professionals, focuses on stabilisation, relationship-building, psychoeducation, and bearing witness. The second section, designed for psychological therapy professionals, concentrates on trauma memory processing, the integration of trauma memories, and identity development. Throughout both sections, examples from a wide range of expressive arts are provided, although these represent only a small selection of possible approaches given the rich variety of expressive modalities available in therapeutic practice. It is important to reiterate that while the case study presents these stages sequentially, in practice they are often interconnected and overlapping. Furthermore, given the length and complexity of the therapeutic process, this case study can only describe small segments of what is typically a much longer and more nuanced journey.

### Axmed's Experiences: Pre-flight, Flight and Post-flight

Axmed (15) travelled to Europe alone from his war-torn home country, Somalia, where he had been part of a persecuted minority group. As the eldest of six siblings, he was the only one his family could afford to send to Europe with people smugglers. His journey to Europe was fraught with danger, spanning seven countries and including six months in prison where Axmed was routinely beaten. After his family paid for his release, Axmed continued his perilous journey, surviving a capsized dinghy in the Mediterranean Sea where he witnessed many drownings, including those of young children. He spent six months in mainland Europe before being smuggled to Ireland in a lorry. Axmed had never heard of Ireland and thought that he was going to the UK.

Upon claiming asylum in Ireland, Axmed was immediately assessed by the Social Work Team for Separated Children Seeking Asylum and assigned a social worker. His initial meeting, conducted in a busy open-plan office, left him feeling unsafe and reluctant to share his story fully. After two weeks in emergency accommodation, Axmed was placed in a residential unit for UM where he was assigned Laura as his social care worker and keyworker.

## Health Professionals: Relationship-building and Stabilisation Using a Mental Health Toolkit

### Relationship-building

Careful preparations were made to ensure that Axmed's arrival at the residential unit and his first meeting with Laura would be characterized by clear communication and an environment that was conducive to building trust. Laura coordinated with Axmed's social worker beforehand to select an appropriate interpreter based on Axmed's ethnicity and gender preferences. Initially, Axmed had expressed concerns about interpreter confidentiality and Laura addressed these worries by explaining the strict confidentiality measures in place, clarifying exactly what this meant for their interactions. Reassured, Axmed agreed to proceed with the interpreter. To ensure that the meeting ran smoothly, Laura briefed the interpreter on confidentiality protocols and arranged post-meeting debriefings for both Axmed and the interpreter.

Creating a safe and welcoming environment was of utmost importance from the start. Axmed's initial meeting with Laura took place in a secure confidential space—a crucial consideration given the abuse and betrayed trust he had experienced during displacement. This safe setting, often overlooked in other services for refugee adolescents, proved vital for Axmed, helping him feel physically safe and welcomed in the residential unit. During their first encounter, Laura cultivated a collaborative atmosphere using inclusive language and maintaining direct engagement with Axmed, despite the presence of the interpreter and his social worker. Her use of the pronoun “we” to show that issues would be tackled together was particularly effective.

Cultural sensitivity is crucial when building a therapeutic relationship with a refugee adolescent. Recognizing this, Laura approached her

interactions with Axmed with open-mindedness and cultural curiosity. She engaged with communities from Axmed's cultural background to gain a deeper understanding of their traditions and practices, attending events and engaging with members of his community who had been living in Ireland for a number of years. This engagement highlighted the profound cultural significance of names, prompting Laura to pay particular attention to pronouncing Axmed's name correctly. This consideration was especially meaningful to Axmed, who had previously felt as though his identity had been dismissed when other service providers mispronounced or anglicized his name. Laura also acknowledged Axmed's use of multiple names, a practice rooted in his culture as protection against authorities, rebel groups, and perceived threats from evil spirits.

By respecting these cultural nuances and embodying a hospitality attitude (Jalonen & Cilia La Corte 2017), Laura established a foundation of trust and understanding essential for their developing relationship. Her empathic, collaborative approach created an environment in which Axmed felt respected, understood and safe—key elements in building a positive therapeutic relationship with refugee adolescents. This culturally sensitive foundation not only facilitated their initial interactions but also paved the way for effective therapeutic work in the future whilst demonstrating the importance of cultural competence in working with diverse populations.

### Stabilisation: Developing a Mental Health Toolkit for Axmed

During Axmed's initial weeks in the residential unit, Laura observed his withdrawn behaviour and how he struggled with emotional regulation. She also noticed that he had difficulties remembering things and often found it hard to concentrate. Axmed confided in Laura that he was haunted by the events that had happened during the journey from his home country. Recognizing these challenges, Laura prioritized developing a mental health toolkit for Axmed, based on Lahad's (1992) BASIC Ph model of coping and resiliency, later refined by Lahad et al. (2013).

Lahad's model, designed for assessing and developing coping skills and building resilience in the wake of natural and man-made disasters, identifies coping resources across six dimensions: Belief, Affect, Social, Imagination, Cognition, and Physical pathways. Laura and Axmed collaboratively constructed the toolkit, focusing on strategies most likely to provide Axmed with additional support when needed. As a result,

Axmed could metaphorically open up the toolkit and see what might help him at any particular moment.

Axmed chose to build his toolkit in his phone's notes app, finding it the most accessible resource when feeling anxious or hopeless. While younger children often prefer creating a physical toolkit, adolescents typically opt for digital versions on their phones. Axmed found it beneficial to photograph items that he identified for his toolkit and add these images to his phone's notes. Visual cues resonate more strongly with trauma survivors than written or spoken words as our brains process images more efficiently. Moreover, images can help anchor individuals in the present moment, a particularly valuable benefit for those who have experienced trauma. Axmed's toolkit included the following components that helped him to stabilize and stay grounded.

### Regulating the Body Using Breathing Techniques

Deep breathing is a powerful tool for managing anxiety and stress. To maximize its effectiveness, individuals need to understand how and why it works—this is where psychoeducation comes in. The combination of practical techniques and educational approaches exemplifies how stabilisation methods and understanding work together to support psychological well-being. Laura, Axmed's keyworker, applied this integrated approach when teaching him deep breathing techniques. She not only showed Axmed how to perform deep breathing but also explained its physiological effects, demonstrating the close connection between coping strategies and comprehending their impact.

In her explanation, Laura introduced Axmed to the concept of the autonomic nervous system. She described how stress activates the Sympathetic Nervous System, triggering the 'fight or flight' response. In contrast, deep breathing stimulates the Parasympathetic Nervous System—often called the 'rest and digest' system.

Laura explained that when Axmed practises deep breathing, especially during exhalation, his body responds in the following ways:

- His blood pressure lowers.
- His heart rate decreases.
- His pupils constrict.

By providing both the technique and science behind it, Laura empowered Axmed with a comprehensive tool for managing his anxiety and stress. Building on this foundation, Laura introduced Axmed to a specific deep breathing exercise known as the 7/11 technique (Figure 5.1). This method provides a structured approach to deep breathing, making it easier for Axmed to implement in his daily life:

The Seven-Eleven Breathing Technique Practised by Axmed:

- Breathe in for a count of 7.
- Breathe out for a count of 11.



Fig. 5.1 The seven-eleven breathing technique.

It is important to note that Laura demonstrated deep ‘diaphragmatic breathing’ to Axmed, emphasizing the expansion of his stomach rather than his chest during inhalation. As Axmed consistently practised these techniques under Laura’s guidance, he discovered their effectiveness in managing his daily stress and anxiety. He particularly valued how this method provided him with a sense of control during intense moments of stress. To reinforce this practice, Laura supplied Axmed with the following instructions which he stored in his phone’s notes for easy reference:

## Cultural Comforters

Axmed uploaded pictures of an inspirational verse from the Qur'an, his prayer mat, his home town and a cat he had befriended there. He considered uploading pictures of the family he had left behind but felt that he was not ready to do that yet as he found it too upsetting. Axmed also decorated a stone using acrylic paint pens with his favourite quotation from the Qur'an which he then kept in his pocket. He found that holding it and taking it out when he was feeling anxious provided comfort.

## Nourishing Items

Axmed kept a hot water bottle in his room which he would fill and cuddle when he was feeling low. He uploaded pictures of all these items to the toolkit on his phone to remind himself to use them when needed. Axmed also ensured that he always had access to an electronic version of the Qur'an on his phone. Additionally, he found that a walk in nature helped him feel better, so he included an image of the park near his home.

## Calming and Grounding

When Laura first met Axmed, he was struggling to manage and express his anger in a healthy and constructive way. According to Sunderland (2016), the root causes of anger in adolescents often mask deeper feelings of hurt, sadness, or fear, and it is therefore important to address these underlying emotions to prevent destructive behaviours. Axmed needed a safe outlet for his anger, so Laura and himself explored various healthy ways in which he could express anger and frustration.

Axmed discovered that writing down his feelings was particularly effective. He kept a private journal in his native language, finding that handwriting gave him a greater sense of empowerment than typing. In their book, *Opening it Up by Writing it Down*, James Pennebaker and Joshua Smyth highlight the psychological and health benefits of expressing emotions through writing (Pennebaker & Smyth 2016).

Exercise also proved beneficial for Axmed. When feeling particularly angry, he would engage in speed walking around his local park, allowing his body to release anger in a healthy manner rather

than suppressing it. These strategies helped Axmed manage his levels of cortisol, often referred to as the 'stress hormone'. Without such outlets, elevated cortisol levels in his body could lead to quicker, more intense and uncontrollable anger responses. Maintaining balanced cortisol levels is crucial in preventing various negative health effects (Sunderland 2016).

Axmed downloaded an app that played various rain sounds, which he found very calming as they reminded him of the different types of rain in his home country. He created a playlist of music for calming and another for letting off steam. Additionally, he included a link to a motivational speaker whom he found uplifting.

### Friends and Other Human Supports

Axmed also added the phone numbers of several of his friends to his toolkit—people he could call when he was feeling low—as well as emergency helpline numbers. Axmed and Laura also worked on the wording for text messages that he copied and pasted into the toolkit so that he always had them ready if he was unable to think of what to say to his friends when he was feeling low. With Axmed's permission, Laura informed the other staff in the residential unit that Axmed had the toolkit in the notes section of his phone so that they could direct him to it when they felt he might benefit from it.

### Psychoeducation

Psychoeducation formed the cornerstone of Laura's approach in supporting Axmed during the stabilisation phase of his healing process. Her role was vital in providing Axmed with a comprehensive understanding of how psychological trauma affects his thoughts, emotions, and physical responses. By breaking down complex concepts into accessible explanations, Laura enabled Axmed to draw connections between his past experiences and current challenges. Laura firstly emphasized that a trauma or stress response is a normal reaction to an abnormal event. She explained that the responses illustrated in Figure 5.2 are typical, while the traumatic experience

itself is not normal. Axmed kept this visual in his phone as a reminder that his responses were normal and that he was not ‘going crazy’. It also served to reinforce the importance of engaging with his stabilisation techniques.

## Effects of trauma

It's normal to experience strong emotions and feelings after a traumatic event. These can include:

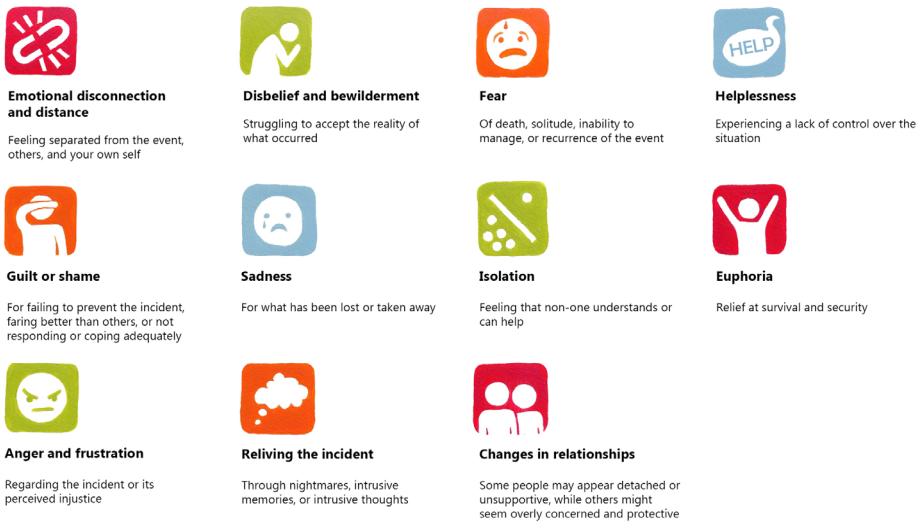


Fig. 5.2 Effects of trauma.

Recognizing Axmed's specific difficulties with memory and concentration, as well as his interest in understanding his own emotional experiences, Laura focused on these aspects of his cognitive and emotional functioning. This approach aligned with typical adolescent development which often involves increased self-reflection and the desire to understand one's internal experiences (Meeus 2019). Laura explained where important cognitive and emotional processes were situated in the brain and was then able to connect Axmed's personal experiences to the underlying neurobiology (see Figure 5.3).

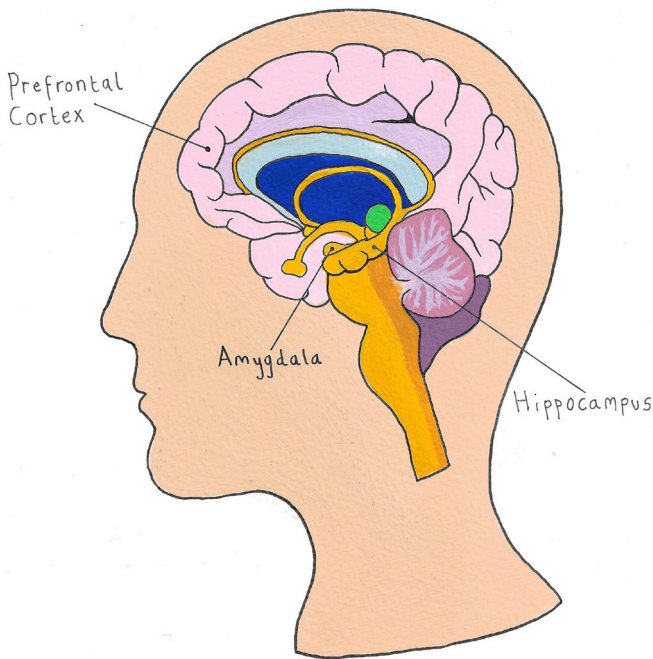


Fig. 5.3 The brain and traumatic stress.

Laura described how trauma affects key brain areas using clear analogies and simple, accessible explanations:

- The amygdala, the brain's alarm system, activates quickly when danger is perceived. After a traumatic event, this alarm can get stuck in the 'on' position, causing feelings of nervousness even in safe situations.
- The hippocampus, which acts as a memory storage cabinet, can be disrupted by scary events, resulting in memories that are too overwhelming to file neatly away. This can cause them to feel jumbled or to resurface unexpectedly.
- The prefrontal cortex, the brain's control centre, helps with thinking and emotional regulation. Traumatic events can overwhelm this centre, making it harder to focus or manage feelings. However, Laura explained that the prefrontal cortex can be strengthened through practices like calm breathing,

engaging in good sleep hygiene, taking regular exercise and learning new skills.

- Drawing on this brain-based psychoeducation, Laura introduced practical stabilisation tools in the form of the 7/11 breathing exercise and mandala colouring. A mandala is a sacred, circular, geometric design that is symbolic in Buddhist and Hindu cultures. See Figure 5.4 below for examples of uncoloured and coloured mandalas. Printable uncoloured mandalas are available at <https://mondaymandala.com/m/>

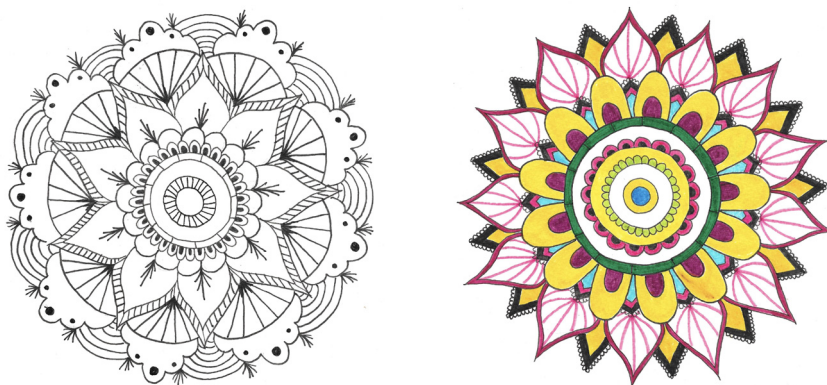


Fig. 5.4 Examples of mandalas.

Laura explained how these methods directly apply the neurobiological principles they had discussed, helping to calm the nervous system and provide a non-verbal outlet for processing emotions. Laura showed Axmed examples of mandalas and explained their centuries-old use across various cultures for meditation and healing. She emphasized how the act of colouring these patterns induces a state of mindfulness, which can help regulate the brain areas they had discussed.

Laura then demonstrated how to synchronize rhythmic breathing with the colouring process, creating a powerful, multi-sensory experience of self-regulation. She explained that this combination of activities could help calm intrusive thoughts, reduce anxiety, and ground Axmed when he felt overwhelmed by traumatic memories or stress. By engaging in these practices regularly, Axmed could not only manage immediate stress responses but also build long-term resilience, reinforcing the healthy coping mechanisms they had discussed.

## Bearing Witness

Given Axmed's early openness to creative expression, Laura introduced the strengths-based 'Tree of Life' intervention as an effective way for him to share his story and be witnessed in the process. Originally developed to support vulnerable young people in Zimbabwe, this intervention is now used globally with children, adolescents, and adults, individually and in groups. This approach uses the tree and its constituent parts as metaphors to represent different aspects of an individual's life. Aligning with storytelling traditions, this approach helps adolescents to externalize their narratives and create psychological distance from their experiences. This is particularly beneficial for refugee adolescents like Axmed because it:

- Reduces feelings of overwhelm by offering a more objective perspective on their life story.
- Provides a culturally sensitive framework for expressing complex emotions and experiences.

The intervention enhances feelings of belonging in the host country while respecting diverse cultural viewpoints, family structures, and traditions. Initially designed for clinicians, it has been adapted for broader professional use through appropriate training. Axmed created his personal Tree of Life, with each element symbolizing a part of his journey:

- Roots: origins, ancestry and culture.
- Ground: current place of residence.
- Trunk: skills and abilities.
- Branches: hopes and dreams.
- Leaves: important people.
- Fruits: gifts received (material and non-material).

This process enriched Axmed's narrative, emphasizing supportive relationships, talents, and aspirations rather than focusing on loss and trauma. It provided a safe space for him to address challenges and

celebrate his unique story, with Laura witnessing and validating his experiences (see Figure 5.5 below).



Fig. 5.5 Axmed's Tree of Life.

Creating the tree allowed Axmed to rediscover himself, recognize his agency, and take ownership of his life story. Often, individuals are defined by their experiences, a concept known as “thin description” (Jacobs 2018). By drawing the tree, Axmed could “thicken” or enrich his narrative, highlighting positive aspects that might otherwise be overlooked due to a focus on problems (Azarova et al. 2018). Through this process, Axmed reconnected with his whole identity, including its positive aspects, and considered his challenges without risking re-traumatization. He felt seen, acknowledged, and validated by Laura’s attentive witnessing of his experiences. For those interested in using this approach, REPSSI (2016) provides a comprehensive rationale and clear instructions.

## Psychological Therapy Professionals

### Trauma Memory Processing

Recognizing Axmed's struggle with emotional regulation after his traumatic experiences, his therapist, Rosie, ensured that she had a range of materials available in the therapy room, including coloured pencils, paints, markers, and clay. Axmed was drawn to the tactile nature of the clay and Rosie guided him through a brief grounding exercise, encouraging him to feel its coolness and malleability. She then invited him to create a physical representation of a trauma memory that had been troubling him, explaining that there was no right or wrong way to do this.

As Axmed worked with the clay, Rosie observed his process, noting how he initially created small, tightly formed balls before gradually moulding them into more abstract shapes. She encouraged him to notice any physical sensations or emotions that arose as he manipulated the clay, particularly those associated with the traumatic memory so that they could address them with grounding techniques. After a while, Rosie expressed interest in understanding Axmed's creation, inviting him to share his reflections if he felt comfortable doing so.

Responding to her genuine curiosity, Axmed explained that the smaller more compact shapes represented the intense feelings of fear and helplessness he experienced during the traumatic event. He described how one shape symbolized the paralyzing fear he felt when hearing gunshots near his home, while another represented the helplessness of being unable to contact his family during their forced separation. Axmed explained that the larger, more fluid forms symbolized moments of resilience and survival. One of the shapes represented the strength he found in comforting younger children during their dangerous journey, while another symbolized the hope he felt upon safely reaching the refugee camp.

Rosie then introduced a technique called "transformative sculpting" (Bat Or 2010). She asked Axmed to choose one of the shapes representing a difficult aspect of the traumatic memory and slowly transform it into something that felt more manageable or empowering. As Axmed reshaped the clay, Rosie guided him to focus on his breathing

and the sensations in his body, helping him to connect the physical act of transforming the clay with the internal process of reframing and integrating the traumatic memory.

Throughout the session, Rosie maintained a calm accepting presence, validating Axmed's experiences and emotions related to the traumatic event. She encouraged him to take breaks when needed and to express any discomfort or resistance he felt during the process. At the end of the session, Rosie and Axmed discussed how the clay work could relate to his healing journey. They explored how Axmed might apply the idea of 'reshaping' to his traumatic memories when they felt overwhelming, identifying specific coping strategies he could use to help manage flashbacks or intrusive thoughts in his daily life. This hands-on metaphorical approach allowed Axmed to externalize and process his traumatic memories in a safe, contained manner, while also practising emotional regulation skills that he could apply outside of therapy.

While Axmed chose to verbalize his experience, it is important to recognize that not all individuals feel comfortable or ready to discuss their creative expressions in detail. Rosie routinely explains to the refugee adolescents she works with that there is no obligation to explain or interpret their work. She affirms that the creative process itself is a powerful tool for healing and self-discovery, with therapeutic value extending beyond verbal expression. The physical manipulation of the clay, the focus required, and the externalisation of internal experiences all contribute to bringing unconscious material into conscious awareness, an embodied process that can be healing without the need for verbal interpretation.

### Integration of Trauma Memories

As Axmed's healing journey progressed to the integration of the trauma memories, Rosie introduced several expressive arts techniques, each chosen to address different aspects of this integration process and grounded in the safety of the secure base of the therapeutic relationship. One particularly effective method was the creation of a collage for which Rosie provided Axmed with a variety of materials—magazines, coloured paper, postcards, fabric scraps, and paint. She invited him to

create representations of 'inside me', focusing on feelings and sensations rather than actual events. This non-linear approach allowed Axmed to express the complex, often fragmented nature of his traumatic memories in a safe and contained environment (Stallings 2015). Through this medium, Axmed was able to integrate the chaos of fleeing his home country, the fear he experienced during his migration journey, and the confusion related to navigating life in a new culture.

Recognizing that trauma is often stored in the body, Rosie also guided Axmed through exercises that allowed him to express his experiences through physical movement. This helped him to release tension held in his body and to connect with emotions that were difficult to verbalise. As he moved, Axmed sometimes found words or images emerging, which himself and Rosie would then explore further through art or discussion. Music became another tool for memory integration. Rosie introduced Axmed to the concept of creating soundscapes that represented his emotional journey. Using various instruments and digital tools, Axmed created compositions that captured the intensity, rhythm, and tonal qualities of his experiences. This auditory expression provided a new dimension through which he was able to process his memories, allowing him to engage with them in a non-verbal, sensory way.

Throughout this process, Rosie maintained a stance of compassionate witness, validating Axmed's experiences and emotions without judgement. She helped Axmed to recognize the strength and resilience he demonstrated in surviving his traumatic experiences, thereby cultivating a sense of empowerment and agency. As Axmed engaged with these various expressive arts techniques, he began to notice a shift in how he related to his traumatic memories. While they remained a part of his history, they began to feel less fragmented and overwhelming. He developed a greater capacity to hold the complexity of his experiences—acknowledging the pain and loss while also recognizing his resilience and growth.

Through this multi-modal, expressive arts approach, embedded within a strong therapeutic relationship, Axmed was able to gradually integrate his traumatic memories into a more coherent sense of self. Furthermore, Rosie emphasized that the integration of trauma memories is an ongoing process and she encouraged Axmed to continue using

expressive arts as a tool for self-regulation and processing outside of their sessions. Drawn particularly to collaging and working with clay, Axmed continued to engage in these two activities at home, empowering himself with strategies to manage future challenges and to continue his healing journey beyond the confines of formal therapy.

### Identity Development

As Axmed progressed in his therapy, Rosie recognized the importance of supporting him in developing an identity that would embrace both his Somali heritage and his new life in Ireland. As an unaccompanied minor without a family supporting him, it was crucial for Axmed to find a sense of belonging and continuity amidst the profound changes he had experienced. Rosie therefore introduced a series of expressive arts activities designed to explore and integrate different aspects of Axmed's identity.

One especially powerful exercise was the creation of a 'personal flag'. Rosie provided Axmed with a large piece of paper, paints, markers, and different craft materials and invited him to design a flag that represented different aspects of his identity—his Somali roots, his Muslim faith, his refugee journey, and his new experiences in Ireland. Axmed divided his flags into sections. He incorporated the star from the Somali flag, symbolizing his homeland, and used Islamic calligraphy to represent his faith, which had been a source of strength and coping throughout his journey. The section representing his life in Ireland included the green, white and orange of the Irish tricolour interwoven with African patterns, symbolizing his emerging bicultural identity. Large swathes of blue paint tinged with red, representing his very difficult journey across the Mediterranean were woven into both sections. He took a picture of the flag and stored it in the notes section of his phone.

Music also played a significant role in Axmed's identity development. Rosie encouraged him to create a personal soundtrack, incorporating both traditional Somali music and contemporary music that he heard in Ireland. This musical fusion became a powerful metaphor for Axmed's evolving identity, demonstrating the harmonisation of his different cultures. He added it to his invisible toolkit as he found that listening to

it helped to ground him when he was missing his family and struggling with feelings of non-belonging.

Rosie maintained a supportive and curious stance throughout this process, always validating Axmed's experiences and emotions. She helped him to recognize the strength inherent in his bicultural identity, framing it as a unique asset rather than a source of confusion or conflict. As Axmed engaged with these expressive arts techniques, he began the slow process of developing a more integrated sense of self, starting to see his identity as incorporating elements of both cultures rather than having to make a choice between them. This was a slow process with frequent challenges and setbacks, but overall, this shift allowed him to feel more grounded in his present life while maintaining a strong connection to his roots.

Through this expressive arts-based approach to identity development, embedded within a strong therapeutic relationship, Axmed was able to move towards a more coherent and flexible sense of self. Throughout the process, Rosie encouraged Axmed to reflect on how these different aspects of his identity coexisted and influenced each other. She helped him to see that rather than abandoning his roots, his new life meant that he was adding new dimensions to his identity. Rosie emphasized to Axmed that identity development is an ongoing, lifelong process and she encouraged him to continue exploring and expressing his evolving sense of self beyond their sessions.

## Conclusion

Axmed's journey through therapy illustrates the power of expressive arts in supporting UM through the complex processes of stabilisation, trauma memory processing, and integration and identity development. His case study demonstrates how a culturally sensitive, multi-modal approach can effectively address the unique challenges faced by unaccompanied minors arriving in Ireland. Through the skilled guidance of professionals like Laura and Rosie and the use of the expressive arts, Axmed was gradually able to build resilience, process traumatic memories, and develop a more integrated sense of self. This holistic approach, grounded in a strong therapeutic relationship, not only helped Axmed to navigate his immediate challenges but also equipped

him with valuable tools for ongoing healing and growth. Axmed's story underscores the importance of flexible creative interventions in supporting the mental health and well-being of UM as they adapt to life in their host countries.

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