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Promoting Secure Attachment in Parent-Child Dyads: A Head Start Approach

by Summer Annette Bradley, Bachelor of Fine Arts

A Grant Proposal Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Master of Arts
in the field of Art Therapy Counseling

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PROPOSAL SUMMARY

Promoting Secure Attachment in Parent-Child Dyads: A Head Start Approach

By SUMMER ANNETTE BRADLEY

Chairperson: Jayashree George, DA, ATR-BC, LMFT, SEP

This grant proposal focuses on a partnership with SIUE Head Start centers in providing educational child-rearing resources, community building and parent-child dyad work to promote a more secure attachment in parent-child relationships. This proposed art therapy program will serve up to fourteen parent and child dyads within an academic year period at the estimated cost of \$91,005. This program utilizes the existing Head Start staff members and enrolled families who have already expressed the need for attachment-based work.

SIUE Head Start currently serves 1,181 students who are 3-5 years of age under the curriculum and program outline of the National Head Start Association “NHSA” (*East St. Louis Center 2020*). The NHSA’s mission statement is to provide “support for the whole child, the family and the community—and to advocate—to work diligently for policy and institutional changes that ensure all vulnerable children and families have what they need to succeed” (Vinci, 2020). This program will follow the NHSA’s mission by anticipating outcomes to improve a child’s emotional awareness, increase positive interactions between parent and child, increase parental community and increase a child’s interest of school readiness in a different approach than any other offered by SIUE Head Start.

Keywords: attachment, art therapy, parent-child dyad, Head Start

TABLE OF CONTENTS

PROPOSAL SUMMARY.....	iii
Chapter	
I. INTRODUCTION	1
Definition of Terms.....	1
II. ASSESSMENT OF NEEDS	5
Problem Statement	5
Purpose of the Study	6
Significance of the Problem.....	6
Theoretical Framework.....	7
III. REVIEW OF LITERATURE	9
Venn Diagram of Key Search Categories- Figure 1	9
Alternate Search Terms- Table 1	10
Parent Child Relationship & Attachment	11
Attachment & Art Therapy	16
Attachment through Art Therapy	
Art Therapy & Parent Child Relationship	19
IV. PROGRAM PURPOSE AND EVALUATION	22
Program Purpose	22
Logic Model- Figure 2	23
Evaluation	24
Program Outcomes	
V. WORK PLAN	28
VI. BUDGET	38
VII. FUTURE FUNDING	42
REFERENCES	43
APPENDICES	48
A. Adult Attachment Interview.....	48
B. Program Rating Scale.....	50
C. Child Progress Report (Teacher Form).....	52
D. Child Progress Report (Parent Form).....	54
E. D.E.S.C. Scale	56

F. pARTners Training Program	58
G. Adult Attachment Interview Training.....	60
H. Introduction Referral Form	62

LIST OF FIGURES

Figure	Page
1. Venn Diagram of Key Search Categories	9
2. Logic Model.....	23

LIST OF TABLES

Table		Page
1.	Alternate Search Terms	10
2.	Assessment Timeline	25
3.	Responsibilities and Roles in the Program	32
4.	Program Work Plan: Year 1	34
5.	Proposed Budget for pARTners	39

Chapter I

Introduction

One summer, after investing in time with my daughter, without the distractions of school or work, I started to look at my relationship with my daughter from a new perspective. The slight but significant shift in perspective taught me just how important the attachment aspect of a parent-child relationship really was. Through play and art making, my daughter and I had a wonderful two months of low stress fun. It has made me realize, as a mother, that taking time out of my day, no matter how busy, is important for our relationship and our mental health. This experience has sparked my interest in attachment, attunement, and how art can interplay within both. With parents today working more hours and having less time at home (Jacobs & Gerson, 2001), I believe that finding time to nurture the attachment between parents and children is crucial.

I have been involved with Head Start in the three states of Tennessee, Missouri and Illinois, personally and vocationally. Being a mother myself, I know how much a parent will invest in their child's future. I have experienced first-hand how important Head Start is for low-income families. Also coming from a low-income family, I realize how some resources may not be as accessible to low-income families as they could be. Head Start is a program that recognizes the work that parents are doing and are there to help provide the best care for their children while doing so. It can be hard for families on a budget to carve out some time for parent-child engagement with the constant stress of finances, lack of time and other personal stresses in their daily schedule. Head Start already provides different initiatives to help with healthy child and family development and I believe developing and maintaining a secure attachment goes hand in hand with the support offered by Head Start.

This proposed program, called “pARTners,” will utilize a full-time art therapist with a master’s in art therapy and licensed or eligible for licensure, a part-time group facilitator with a master’s in either child life, social work or family counseling and at least five years’ experience, a Spanish speaking interpreter with at least two years’ experience to help Spanish speaking families enrolled in Head Start and the Head Start teachers to avail of the programming. This program seeks to address the socioemotional needs of the child and parent with a dual focus on parent groups and parent-child dyad art therapy groups. This dual focus will be unique to Head Start as it provides a whole family approach within the Pyramid Model already used by Head Start in one single program. The Pyramid model is a trauma-informed four-tiered model of effective workforce, nurturing relationships and supporting quality environments, targeting socio-emotional supports, and intensive intervention that implements a preventive approach to help foster healthy socio-emotional development in early childhood. The Pyramid Model addresses the importance for socio-emotional development in young children as well as providing an approach for children with persistent behavioral needs by addressing the learning environment and the child’s competency to learning (“Pyramid Model | NeMTSS Framework | Nebraska Department of Education”, 2021).

Art therapy can be used to address parent-child attachment within therapy. Seigel (2012) defined attachment as “an inborn system in the brain that evolves in ways that influence and organize motivational, emotional, and memory processes with respect to significant caregiving figures” (p. 91). The emotional responses from the parent to the child not only contribute to their attachment, but also their co-regulation skills. Art therapy can help parents emotionally and physically respond to their child in a way that encourages both the parent and the child’s emotional states to stay within their window of tolerance. The

window of tolerance, as conceptualized by Siegel (2012), is a zone within which optimal states of being, such as being able to self-regulate and effectively use coping mechanisms, are within the window, and outside the window frame is either hyper- or hypo arousal emotional states. Having emotional arousals that reach beyond one's window of tolerance, are experienced as hyper-arousal (upper register of the window of tolerance) and hypo-arousal (on a lower register of the window of tolerance). In these zones, above and below the window of tolerance, exist survival responses such as immobility or freeze. Survival responses such as fight and flight are also conceptualized as existing on higher registers (Siegel, 2012). Attachment and emotions become interlocking within development. Following this logic, I suggest that art therapy can be a powerful service that helps with emotion regulation for both children and parents which, in turn, promotes attachment security.

Art therapy can encourage parents to strengthen attachment security and teach co-regulation skills by reinforcing the parent-child relationship through sensory-based approaches (Malchiodi, 2014). Maintaining emotions of the child and parent within their window of tolerance can help bring confidence to parents, consistency to children, and strengthen the bond in the relationship (Malchiodi, 2014; Proulx, 2003). Art therapy can be beneficial to any parent-child dyad. However, if the attachment has been damaged due to the experience of trauma or illness or death/loss, art therapy can provide a space for processing and healing.

Creative therapy interventions can reduce stress in homes, increase parents' empathy and confidence, better prepare children with school readiness, and in turn strengthen attachments within the family system (Jeon et al., 2018; Yiting et al., 2004). With therapy costs not normally budgeted for households on a fixed income, resources can be limited. This

grant works with Head Start families and staff by including trainings for Head Start staff and therapists, psycho-educational material for parents, art and play therapy interventions for both children and parents, focus groups for parents, task groups for staff, and multiple assessment tools through an attachment-based theory and trauma-focused lens.

Ultimately, the purpose of this grant is to provide support to parents to further develop their relationship with their child using art therapy through an attachment-based lens with the goal of fostering healthy families and healthy children.

Chapter II

Problem Statement/Assessment of Need

This proposed program will serve parents and children who are enrolled in SIUE's Head Start program who self-refer or are referred by the child's teacher. Head Start is a preschool setting for children ages two to five coming from lower socioeconomic statuses that supports the development of the whole child while promoting school readiness (U.S. Department of Health & Human Services, Head Start Programs, 2019). Various program models are offered around the themes of early learning, health and family well-being depending on the needs of families surrounding the location of the center within this environment. Head Start addresses the need of child-care and early education due to low-income as well as providing these families with resources to not only survive but thrive (SIUE Head Start/Early Head Start, 2021; The Head Start Model – NHSA, 2021). Through the partnership with Head Start, an art therapy parent-child dyad program can foster the healthy development of the parent-child unit and their well-being without adding to their financial stress.

Multiculturalism and an individualized approach are valued within Head Start to address the needs in the St. Clair community of Southern Illinois by following the Pyramid Model in their facilities ("The Pyramid Model", 2021). Research providing support for The Pyramid Model represents the needs of at-risk children whose families may experience stress due to financial need and/or other elements and uses a systems approach to provide and encourage positive relationships, supportive environments and individualized care and interventions to each enrolled family to fulfill those needs ("The Pyramid Model", 2021). The National Head Start Association requires parents to be involved in their child's care at

Head Start facilities by serving as volunteers, committee members and participants in parenting support workshops, called “In-kind” time (SIUE Head Start/Early Head Start, 2021; The Head Start Model – NHSA, 2021). In-kind time parallels the relationship building and socio-emotional interventions outlined within the Pyramid Model. Services are already in place at SIUE Head Starts to support the socio-emotional development of the enrolled child, however, it appears that none follow a whole family approach like this proposed program. Following a whole family approach and implementing the Pyramid Model in the art therapy services will parallel the mission of the National Head Start Association to provide “support for the whole child, the family and the community—and to advocate—to work diligently for policy and institutional changes that ensure all vulnerable children and families have what they need to succeed” (Vinci, 2020, p. #).

Parent-child attachment is an important factor in the child’s emotional well-being and can affect school readiness as well as future interpersonal relationships (Jeon et al., 2018; Siegel, 2012; Yiting, et al., 2004). Parent-child attachment work in groups can also be beneficial to parents in forming a supportive parent community (Proulx, 2003). Art and play can be used as a nonverbal communication between a parent and child and the work created together by both the parent and child can hold the emotions felt within the parent-child relationship (Klorer, 2017; Weir et al., 2013). Art and play can be the vehicle to drive any needed change(s) in a relationship pattern within both an art therapy and Theraplay approach (Klorer, 2017; Proulx, 2003; Weir et al., 2013). Theraplay is an attachment-based approach that guides the parent on how to take charge as well as how to follow the child when necessary to enhance parent-child attachment, trust, and self-esteem through this structural approach (Schaefer, 2011; Weir et al., 2013). Personal communication with Ms. Tammy Wrobbel (March 3, 2020), the then Special Services Program Coordinator, confirmed that

SIUE Head Starts do not currently have a dyadic model of treatment for strengthening attachment and have advocated that this could be extremely beneficial for some of their enrolled families.

The project model for “pARTners” consists of two sessions a week, one in the morning and one in the evening for parent-child work. Each session would serve up to seven parent-child dyads totaling fourteen dyads each academic year. Parents may choose which time and day works best with their schedules. Each session will be an hour long, divided into two 30-minute segments. A 60-minute period of time was chosen to accommodate families’ busy schedules. The first 30 minutes will be a parent-only therapy group and the second 30 minutes will be a parent-child dyadic therapy group using art and play materials with the parent-child dyads. This will allow the parents to discuss their needs and the goals they would like to achieve from the dyadic sessions while their children are still in their classrooms utilizing the childcare that is already in place in the Head Start classroom. This also allows time for any psychoeducational materials and trainings to be administered by the art therapist and give the parents the framework they need to start the dyadic work immediately when their children enter the session.

During the 30 minutes of dyadic art therapy, parents will be encouraged to initiate play and/or artwork with the child and learn how to co-lead their interaction. Parents will help set out the materials for the session with the art therapist and group facilitator. The dyadic group interventions are based on the work executed in parent-child play and art therapy designed by Proulx (2003) and Klorer (2017) and follow a trauma-informed attachment approach. “pARTners” is a loosely structured program so the parents are able to collaborate on the interventions used in each session such that it is customized to attend to the needs that arise among any particular group of parents. This feature sets this particular

program apart from other Head Start programs in addition to the framework of working dyadically with the parent and child within a therapeutic setting. Such a programming may be a valuable asset to Head Start as it works in synchrony with their mission statement and also utilizes a whole family approach. Head Start offers parent support groups, individualized services to each enrolled child and educational parent sessions. By building on these programs and their strengths, offering a dyadic intervention such as this to address socioemotional development would enforce a whole family approach within a single system. The hopes of “pARTners” is to build rapport and provide psychoeducational materials as well as practicing interventions with both the child and parent to positive engagement leading to a more secure attachment and an increased school readiness of the dyads.

Parents and children would work together to strengthen their bond and foster a secure attachment through play and art making by increasing their amount of positive interaction while building community with other dyads. The children have already been given a space to connect with one another in their classrooms at Head Start and could help foster the comfortability in the sessions by utilizing these relationships. This proposed program, “pARTners,” would be free for the enrolled families and seeks to follow Head Start’s academic calendar.

Chapter III

Review of Literature

Figure 1 shows the key categories used for this study. The literature review discusses the overlap of the three categories: parent-child relationship and attachment, attachment/attachment and art therapy, and art therapy and parent-child relationship within an umbrella of low-income families using the search terms in Table 1.

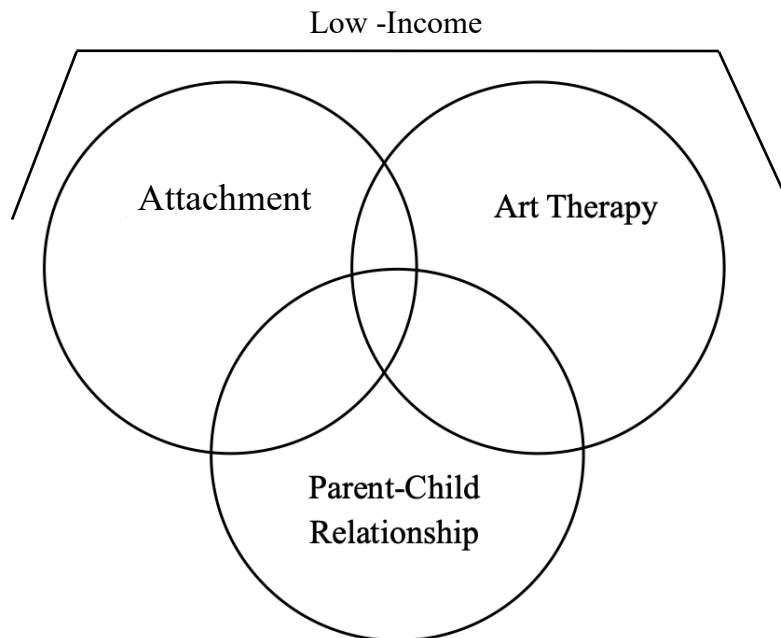


Figure 1. Venn diagram of key search categories. The databases used were EBSCO, Google Scholar, Science Direct, PsycNET, PsycInfo, and Eric.

Table 1. Alternate Search Terms

Attachment	Parent-Child Relationship	Art Therapy	Low-Income
Synchrony	Mother-Child	Play Therapy	Limited Finance
Relationship	Father-Child	Expressive Therapy	Fixed-Income
Positive Interaction	Parent-Child Dyad	Art Psychotherapy	Low Funds
Attunement	Family	Group Therapy	
Attachment Style	Adoptive	Intervention	
Child-Rearing	Guardian	Theraplay	
		Treatment	

Before exploring the intersections between the three domains that characterize this review of the literature, I would like to delineate the workings of attachment theory as a framework to support “pARTners.” The four attachment styles in children are, secure, anxious avoidant, anxious ambivalent/ resistant, and disorganized/disoriented and can be formed as early as seven months old (Siegel, 2012). According to Siegel (2012), the characteristics of each attachment style, assessed by the Strange Situation Experiment, are as follows: children with secure attachment showed relief upon reunion with the parent after their experience of the brief separation. Those with an anxious avoidant attachment style showed disinterest in reuniting with the parent, while those with an anxious ambivalent/resistant attachment style showed uncontrolled distress at the parent’s leaving and return. Children with a disorganized/disoriented attachment style showed them trying to reunite with the parent in strange ways.

The Strange Situation was originally created by Mary Ainsworth to observe and measure the earliest form of emotional attachment between an infant and their caregiver (Siegel, 2012). Ainsworth founded the classifications of secure, anxious avoidant and

anxious ambivalent/resistant (George et al., 1996). Mary Ainsworth's colleague, Mary Main, expanded the classifications by adding the disorganized/disoriented category to the infant attachment classifications (George et al., 1996). Main also explored adult attachment and how it correlated with the Strange Situation protocol (Bakermans-Kranenbug & van IJzendoorn, 2009; George et al., 1996). Main discovered that the parent's attachment style was in positive correlation with their child's presented state of attachment (George et al., 1996).

Attachment can be assessed in adults with the semi-structured Adult Attachment Interview or "AAI." The AAI coding system places the adults' scores into three main categories: secure-autonomous, insecure-dismissing and insecure-preoccupied (Bakermans-Kranenbug & van IJzendoorn, 2009; George et al., 1996). Adults categorized with a secure-autonomous attachment, value relationship in their life, are able to discuss in detail past relationships in full clarity and believe that relationships are paramount to their personality. Adults categorized with an insecure-dismissing attachment do not value relationships in their lives or romanticize their childhood experiences without being able to provide specific details. Adults categorized with an insecure-preoccupied attachment are aware of the influence attachment has on their life and even though they are still highly involved in their past childhood experiences, they cannot give specific details (Bakermans-Kranenbug & van IJzendoorn, 2009). The findings of the AAI represent reliable information of the adult's current thoughts concerning attachment and is pertinent with parent-child therapy work (Baradon & Steele, 2008).

Parent-Child Relationship and Attachment

Parent-child dyadic treatment can be approached in multiple ways. Schaefer (2011) notes how parents are seen as the leaders in treatment for the dyad and Proulx (2003)

encourages the child to lead in child centered play. No matter the method, several materials can be utilized in treatment ranging from play and art materials to expressive movement and the body to the environment (Klorer, 2017). Knowing the basics on each can be beneficial to understanding the method chosen for “pARTners.”

Proulx (2003), Klorer (2017), and Landreth (1993) used a mix of child centered play therapy and art therapy to encourage the child to take the lead in sessions using an array of play and art materials. Proulx (2003) advocated parent-child art therapy as a method to address the emotional ties between parents and children. She described the dyadic method thus:

Artistic activity such as painting or sculpting, gives concrete expression to both conscious and unconscious elements within the dyad, which act as a therapeutic agent for the unresolved conflicts of both the parent and the child, through which attachment may be strengthened. (p.16)

Proulx observed that the parent-child dyad art therapy turns into the parent and the child becoming each other’s therapists, while the art therapist is placed in more of a facilitator role by the dyad. Child centered play is valuable in parent-child work because developmentally, preschool age children’s developmentally, preschool age children communicate more effectively via play and other non-verbal means than through language and play is the outlet they use to communicate what is happening in their life, thereby giving the child a voice that they may or may not have had before therapy (Landreth, 1993; Klorer, 2017; Proulx, 2003; Siegel, 2012). Child centered play allows the child to make as well as participate in play with the parent and therapist (Landreth, 1993; Klorer, 2017; Proulx, 2003).

Unlike focusing on the child and their lead, parent-child attunement therapy (PCAT) focuses on the behavioral patterns between the dyad. PCAT is a behavior focused

intervention therapy for toddlers who have been maltreated or are having difficulties with attachment (Paravicini, 2000) and although this approach focuses more on the behaviors and not the bond between the dyad, the structure can be seen as a parallel to Theraplay's structure. PCAT's approach encourages parents to increase attention to their child's positive and appropriate behaviors and decrease their attention to the lesser behaviors (Paravicini, 2000). PCAT provides parents training on how to interact with their children before both enter the session. Not only does this increase positive behaviors and decrease lesser ones, but it also forms a consistent foundation of expectations coming from the parent to the child (Paravicini, 2000).

Some clinicians believe that the addressing the parent-child attunement can affect the behaviors presented within the dyad's relationship. Lindsey (2009), Paravincini (2000) and Dombrowski (2005) reviewed progress in parent-child attunement by providing training for parents in attuning with their child. The facilitator speaks separately with the parent immediately before a session and guides the parent on how to interact with the child that day to quickly change their relationship pattern. Training guidelines consists of verbal directives from the parent, non-verbal cues such as body language, facial expression, and gestures which are also applied in the sessions of Lucille Proulx (2003). Through a single case study by Dombrowski (2005), The Dyadic Parent-Child Interaction Coding System (DPICS) was used to assess the quality of a parent-child relationship and then a series of questionnaires were distributed to the parent to collect and compare data. These included the Child Behavior Checklist (CBCL), the Eyberg Child Behavior Inventory (ECBI), the Parenting Stress Index—Short Form (PSI-SF), and the Emotional Availability Scales (EA). Results of this single case study showed an increase in the number of positive interactions between the child and the caregiver as well as improvement in the emotional availability within the dyad.

Assessments can be used to measure various elements in the parent-child relationship such as engagement, attunement, attachment and environmental factors. There are many assessments used by art and play therapists. The Bird's Nest Drawing (Kaiser, 2012) was created to assess attachment strength of a parent-child relationship. Klorer (2012) and Proulx (2003) used this assessment to track the progress of strengthening the attachment styles of the dyads in therapy. However, there are threats to the validity of such an assessment. For instance, the only materials used are ten markers and one sheet of paper with only one drawing assessed. The themes are derived from one short story and drawing that may or may not have meaning related to the attachment style of the dyad and that drawing may only depict a transient feeling in the moment rather than an attachment style characteristic of the relationship.

When measuring what's in the moment is not enough, some therapists chart themes throughout a prolonged period of time to conceptualize the dyad's patterns to their interactions. Lindsey (2008) studied families separated into groups of mother-child and father-child dyads and examined attunement and how they correlated with the child's sense of communication competence and self-control. Through therapy, the study showed how shared positive emotion, shared negative emotion, mutual initiation, mutual compliance, and a global measure of dyadic reciprocity can interplay and overlap with one another within a dyadic relationship with a caregiver and the child. This information was then shared with the parents and provided the family with true data on how their interaction with their child could impact the development of the child's communication, self-control, and self-esteem.

Yan (2017) and Lindsey (2015) directed studies focused on improvements of attachment when attunement was present. A significant decrease of depressive symptoms in children was made by strengthening attachment between the child and parent. The study

notes how this decrease in the children's depressive symptoms correlated with the increase of the parental support of the children's autonomy (Yan 2017). While this study focused more on preadolescent children, Yan also noted that the plasticity of attachment has no time frame. In keeping with Bowlby's formulation, the authors highlight that attachment can get derailed or strengthened at any given point in time. This is promising as the potential for repair is always available. This, too, can be applied to children, three to five years old, who attend Head Start.

However, the need for repair is not recognized without a baseline understanding of what needs repairing. The Marschak Interaction Method (MIM), created by Marianne Marschak, is a structured design based in Theraplay that specifically measures various aspects of a parent-child relationship (DiPasquale, 2000; Jernberg & Booth, 2013). DiPasquale (2000) explained that the tasks were created to measure certain elements of the parent-child relationship. DiPasquale's (2000) stated the following:

These tasks were designed to measure the child's desire to imitate the parent, to gauge behavioral similarity and the child's fantasy of being like the parents, as well as to identify parental attitudes that might influence the assimilation by the child of parental interests, values, and preferences. (p. 28)

These tasks are structured in a way to allow the therapist a peek into the window of the dyad's everyday home-life experiences. Task instructions, written on index cards, are given to the dyad in a specific sequence along with the materials needed to complete the seven to ten tasks. These tasks are selected from a wide range of possible tasks and are chosen deliberately to touch on "promoting attachment, alerting to the environment, guiding purposive behavior, assisting in overcoming tension or reducing stress.... [and] playfulness" (DiPasquale, 2000). Three aspects on the parenting style were defined as being able to

promote or impede upon the child's ability to identify with the parent: the parent's perception of their child, the amount of control exhibited by the parent and the quality of parent to child affection (DiPasquale, 2000; Jernberg & Booth, 2013). The MIM is an assessment used for initial intake of participants for "pARTners" due to the ecologically oriented way that the assessment addresses intergenerational patterns. Parent-child play and engagement is valued within this program and the MIM provides a structured model to assess the effectiveness of the play and how it impacts the parent-child engagement. The play combined with artmaking can benefit attachment through multiple creative means.

Attachment and Art Therapy

Art has been used to assess children and attachment in school settings. Studies by Goldner & Scharf (2011) and Sporleder & Forbes (2016) found that certain behaviors and socio-emotional skills of elementary school children who were from a lower socio-economic status were linked to their attachment styles. Children identified with a secure attachment were found to have higher vitality and pride with lower levels of isolation and vulnerability which was the opposite of the children identified with an insecure attachment. These findings impacted the children's sense of social awareness, emotion management, optimism and self-awareness of strengths (Goldner & Scharf, 2011; Sporleder & Forbes, 2016).

Children displaying ambivalent attachment within the Madigan and authors' (2003) study had experienced a parent-child role reversal within the family model where the children were parentified. Qualitative data were assessed through an art directive facilitated by the therapist and themes that arose in the session were coded by the authors in collaboration with the therapist and family. These children had less socio-emotional competence than a securely attached child and found it harder to trust and were not as flexible in dealing with stress (Madigan et al., 2003).

The children with disorganized attachment showed the most behavioral issues within their school setting and could not cope with stress in a healthy way (Madigan et al., 2003), which is congruent with the students described by Sporleder & Forbes (2016). The results of the children identified as having a disorganized attachment were noted to present with the most behavioral issues such as: dissociation, noncompliance, tantrums, and diagnoses of oppositional defiant disorder within this population (Goldner & Scharf, 2011). Art therapy can help retrain children so that they are more responsive rather than reactive. This can be seen in children diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD) who participate in an expressive therapy (Safran, 2003). Safran (2003) noticed that art therapy can help focus a child diagnosed with ADHD, lower impulsivity rates and decrease overall hyperactivity. Art therapy assessments can also be a way to assess ADHD in a child (Safran, 2003).

Klorer (2017) used a Co-Oper band, an elastic band covered in vibrant colored fabric that was originally created by a dance therapist to motivate movement between people, so a child can experiment with closeness by both the therapist/caregiver and the child entering the band together. The child is able to control how close to the therapist/caregiver they are by using the band to lean away or propel forward. The Co-Oper band can be used as a tool to not only assess attachment but relearn a more secure attachment style when trauma has been present in the child's previous attachment with a caretaker (Klorer, 2017).

Attachment through Art Therapy. Early child-caregiver relationships are foundational to future relationships. (Siegel, 2012; Tripp, 2011; Wright, 2009). The formation of this attachment is essential to how one develops in terms of mental functioning that involves memory, cognition, emotion, narrative, representation and states of mind. Siegel (2012) named three different levels of child development that attachment impacts: an evolutionary

level, level of the mind, and an emotional level. The most basic evolutionary level uses attachment to improve the infant's chances of survival by creating a need to thrive. The level of the mind helps the child start to create interpersonal relationships and helps organize their thoughts in the immature parts of their brain by using the mature parts of the parent's brain. The emotional level focuses on the emotionally sensitive transactions between the parent's responses to a child's signals which in turn enhances the child's positive emotional states (Seigel, 2012). All three levels interplay when forming attachment.

Wright (2009) believed art can provide self-realization and bring self-awareness as a form of meditation and expressiveness. Art therapy can provide a space to attune with oneself in order to better attune to others. Tripp (2011) showed how the art making process can help the therapist better understand a client's past trauma experience(s) and any barriers in their working relationship as therapist-client and how it relates to the client's trauma. Each interpersonal relationship provides unique information about the attachment style and how one interacts within another relationship.

Ponteri (2011) studied mother-child dyads where the mothers were identified as having depressive symptoms. The goal was to decrease the depressive symptoms in the mothers in order to improve mother-child attunement. Throughout the art making in each session, the goal was to have the mothers feel *good enough*. This concept reflects Winnicott's (1965) concept of the *good enough* mother (Malchiodi, 2014). At the end of the eighth session, the women self-reported that their depressive symptoms had decreased significantly, and they felt like *good enough* mothers to their children. They expressed confidence that they now had a foundation of a secure attachment with their children that they could strengthen with the tools they learned in the previous sessions. (Ponteri, 2011). In this study, art therapy helped strengthen the mother-child relationship by allowing the mothers to explore their

interpersonal skills and resolve tension within themselves in order to better contribute to their parent-child relationship.

Art Therapy & Parent-Child Relationship

Studies have demonstrated that art therapy with parent-child dyads increase communication, attunement, and interactions within the relationship (Gavron, 2018; Ponterri, 2011; Shore, 2014). Parent-child art psychotherapy uses visual stimulation and expression to communicate and create change within a dyadic relationship. Siegel (2012) stated that the role of expression could help promote a state of attachment as:

This new capacity for integration —both interpersonal and internal — may create a sense of vitality and a release of creative energy and ideas, leading to an invigorating sense of personal expression. Such spontaneous and energized processes can give rise to participation in various activities, such as painting, music, dance, poetry, creative writing, or sculpture. It can also yield a deeper sense of creativity and appreciation within the “everyday” experiences of life: communication with others, walks down the street, new appreciation of the richness of perceptions, feelings of being connected to the flow of the moment. (p. 374)

Children can learn to narrate their own lives from storytelling by learning their listener’s expectation and can develop their own auto-noetic consciousness (Siegel, 2012). The Sporleder & Forbes (2016), Gavon (2018), and Ponteri (2011) research on parent-child dyads in art therapy revealed positive outcomes including strengthening relationship and increasing self-awareness as a parent.

Art psychotherapy with parent-child dyads takes place in numerous ways, including children making art (Regev, 2014), parallel art making (Gavron, 2018), or joint art making (Shore, 2014). In the article by Regev (2014), the child is the one making art while the parent

observes the process. Themes were derived from interviews with twenty art therapists chosen from a snowball sampling in Israel comparing each participant's experience working with parent-child dyads. One theme revolved around parents' attitudes when participating in parent-child therapy. Most therapists noted that the parents' attitudes toward the therapy changed when the role of the parent switched from observer to participant. For some, it changed in a positive way and for others, in a negative way. These therapists note how each family is different and how parents can respond to treatment differently. Another theme was parental guidance from the therapist and how the parent can interact with the child to benefit the dyad and self-reflect on their personal parenting style even if the parent chooses not to participate in art making (Regev, 2014).

In a case study discussed in Gavron (2018), the parent and child created art alongside one another. In this study, over half of the dyads exhibited a transformation beneficial to their relationship through analyzing the artistic product and the process of making art alongside their dyadic partner. Each participant was able to form meaning in their own art and compare and contrast each piece to one another. Gavron (2018) noted the importance of balancing personal space and shared space within the art making process with dyads.

In the study by Shore (2014), the parent and child created art together. Art therapy can be beneficial in revisiting how to stay within a window of tolerance to help re-establish a more secure attachment when the initial attachment has been damaged. Shore discussed the case of a young child adopted at the age of 12 months who was labelled with an anxious ambivalent attachment style. The mother reported the child's extremely defiant behaviors as well as a sense of clinginess towards her. From feeling abandoned the first year of her life and not having a caregiver with whom to form an attachment, it was hard for this daughter to form a connection with her new mother. Through a trauma focused approach and joint

sculpting, the child was able to express her feelings of abandonment and form a stronger connection with her adoptive mother. The content of the art works told the story of the child wanting to feel safe and secure within her new home. These artworks prompted conversations between the mother and daughter, ultimately building the framework for their relationship. The mother was able to share the importance of communication with her daughter and validated her fear of abandonment (Shore, 2014).

Like this example, parent-child attachment art therapy work has been known to increase positive interaction and support the mental health and well-being of the child and parent individually and as a unit (Gavron, 2018; Klorer, 2017; Malchiodi, 2014; Proulx, 2003; Regev, 2014; Shore, 2014). Parent stress can impact the well-being of this unit and many parent stressors are a result of lack of income and in turn, lack of resources (Jeon et al., 2018; Yiting et al., 2004). One of the identified lack of resources due to low income is lack of child-care.

In conclusion, art therapy can be beneficial to a parent-child relationship by bringing awareness of the attachment styles held by the clients and help secure an attachment through attunement. The perspectives of the child, parent and therapist can be beneficial to therapy as shown in these studies. The description of these perspectives define how crucial attunement is in many developmental periods within a relationship. Several studies have conveyed that positive interaction aided attunement, leading to a more secure attachment. Secure attachment has been linked to high self-esteem, self-confidence, fewer behavioral issues, and a better sense of self. By intervening with art therapy, this goal can be met, starting with parent-child dyads.

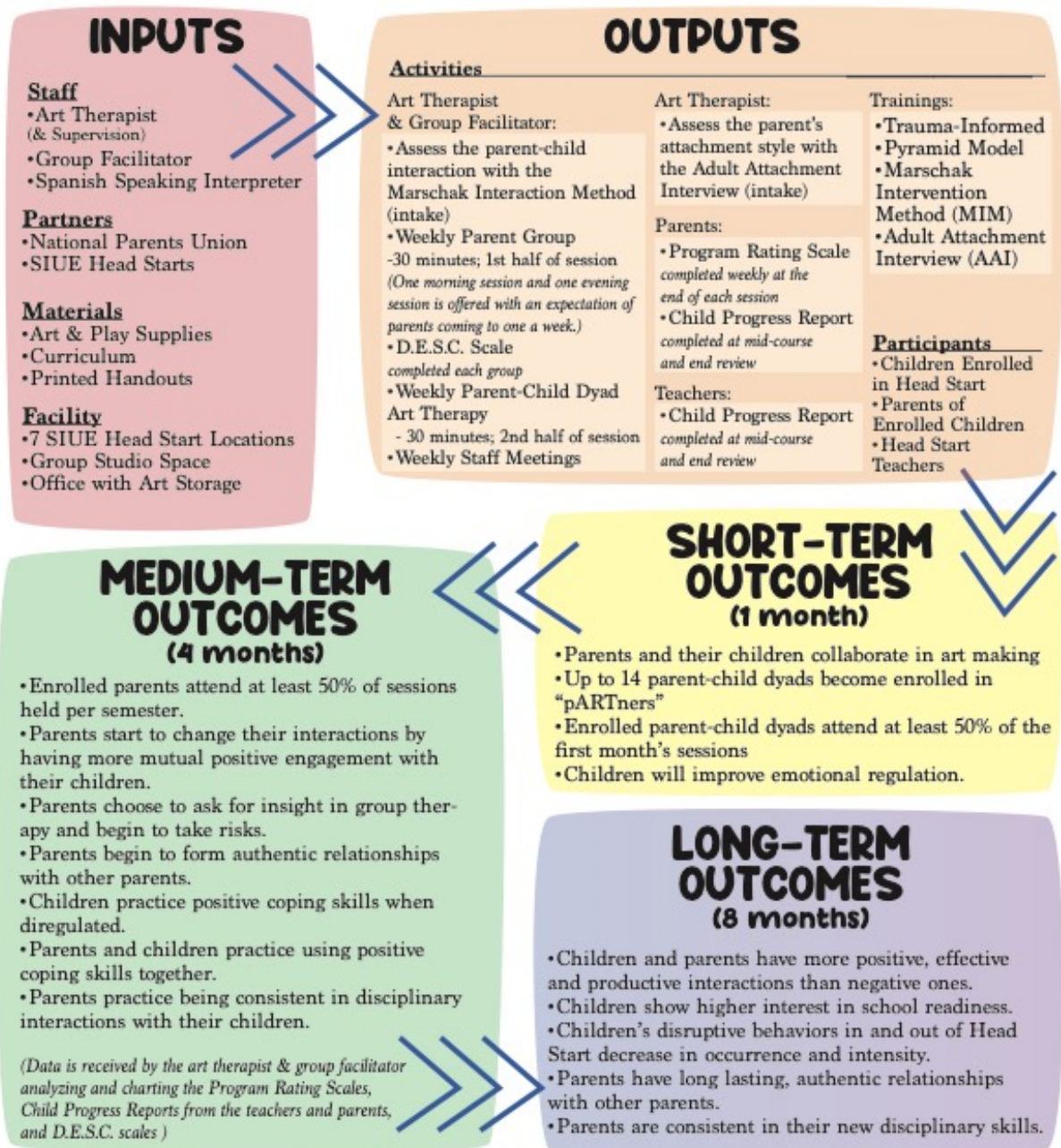
Chapter IV

Program Purpose & Evaluation

This grant's mission is to provide families who identify a need for support and who are enrolled with Head Start resources to help strengthen families by accelerating changes in child-rearing practices. This grant will supply the funds for a full-time art therapist, part-time group facilitator, and art and play materials for the families. The aim is to fulfill their goals of creating greater attachment security with their children and support the child's emotional well-being. The art therapist and group facilitator will work collaboratively to preplan art and play interventions to support children and parents and their dyadic interactions in session to foster greater attachment security. This program will supply a program for both the parent and children to have a voice by guiding the parent on how to initiate play and artmaking with their child while they both build community in the process with other dyads. Program inputs, outputs, and desired outcomes are illustrated within the logic model (see Figure 2).

Problem Statement: Families enrolled in SIUE Head Start may lack the resources and support for a secure attachment with their children. Through the utilization of parent-child dyad therapy work, and attuning through play and art-making, parents and children have a safe place to further develop their relationship and learn how to strengthen attachment security with each other.

Program Description: The art therapist will work jointly with SIUE Head Start staff and the National Parents Union. This program will provide parents and their children with psycho-educational materials paired with art therapy to encourage support and accelerate change in child rearing. Meetings will be held twice a week for parents and their children in hopes to strengthen the attachment style of a parent child dyad.



Evaluation

“PARTners” will foster secure attachment with enrolled Head Start families by:

- educating the parents of their attachment style
- tracking changes influenced by attachment in the dyad that arises in the parent group
- receiving quantitative and qualitative data from the teachers of the student’s improvement relating to outbursts
- strengthening coping skills and school readiness as well as
- administering scaling questionnaires to the parents to track changes in the quality of their dyadic relationship with their children and their child’s behavior outside of Head Start.

The group facilitator and art therapist will strive to practice an attachment-based approach to maintain validity of the program. Each assessment and their function can be seen in the chart below (See Table 2).

Table 2. Assessment Timeline

Assessment Title	Completed by:	When Administered	What's being measured
Adult Attachment Interview (AAI)	Art Therapist	Prior to session one	The parent's attachment style and how they navigate relationships
Marschak Interaction Method (MIM)	Art Therapist & Group Facilitator	Prior to session one	The parent-child interaction and engagement
Program Rating Scale	Parents	At the end of each dyad session	Attendance and the parent's perspective of each session
Child Progress Report (parent version)	Parents	Mid-course & end of program (December & May)	Child's emotional regulation skills & school readiness and the parent's perspective of their parent role
Child Progress Report (teacher version)	Teachers	Mid-course & end of program (December & May)	Child's emotional regulation skills & school readiness
D.E.S.C. Scale	Art Therapist	Every parent group	Attendance and discussion topics & their progress
Evaluation	Art Therapist & Group Facilitator	Mid-course & end of program (December & May)	Program progress

Program Outcomes

After the AAI and MIM are completed by each dyad, the weekly sessions can take place. The parent-dyad sessions will follow the adaptable art and play interventions described by Proulx (2003). After each session, the parents will be given an Program Rating Scale to rate their experiences from that day's session with their child (see Appendix B). This scale consists of four categories put into layman's terms that correlate with what is assessed in the MIM: the environment, parent-child attachment, playfulness and overcoming stress. Each category is rated one to five on a Likert scale with one being the lowest and five being the highest. Each response will be charted to show changes within that dyad throughout the program as reported by the parent. This could also chart the overall progress of the program.

An original Child Progress Report will be given to both the child's parent and teacher to fill out in midcourse and at the end of the program (see Appendix C & D). The items rated on a 3-point Likert scale consist of three questions regarding the child's school readiness, number of outbursts due to being dysregulated and intensity of the outbursts, where 1 is a decrease, 2 registers no change and 3 is an increase. The parent's form also includes a qualitative question to track the parent's insight of their parenting role. Upon completion, the art therapist will chart these ratings.

Parent's engagement and insight in the parent group portion of the sessions will be tracked by the art therapist using the original D.E.S.C. Scale (see Appendix E). This form tracks both qualitative and quantitative data. Parent's comments and questions are noted using a coding system tracking discussion around child discipline (D), change in parent-child engagement (E), use of coping skills (S), and forming community with other parents (C). Each theme is then numerically rated with a Likert scale charting improvement levels from one to five with 1 being worse and 5 being much improved. The art therapist also has a space to write down any additional notes or comments for recall use. The information collected from the D.E.S.C. Scale will be charted by the art therapist and evaluated at the mid-program and end-program review.

The group facilitator and art therapist will keep records of who attends which sessions and try to keep the groups consistent to avoid skews in validity and to reach the short-term goals of 14 enrolled parents attending 50% of the first month's sessions and creating art with their child. This can also uphold the confidentiality of the group and ensure a safe community to challenge these relationships. Medium-term goals such as parents and children increasing their positive interactions, learning new coping skills and practicing them together, parents asking for insight on discipline and their child's socio-emotional growth, and creating

community with other parents in the program will create the shift in the attachment between the parent-child dyad. The work of this program and evaluation aims to achieve the long-term goals of influencing parents and children to have more positive interactions in their relationship outside of the sessions in turn giving the child a voice in the home, supporting their emotional well-being, decreasing behavioral outbursts in and outside of the home by 10% and increasing interest in school readiness by 10% as noted on the Child Progress Reports (Teacher Version) (see Appendix C) and Child Progress Reports (Parent Version) (see Appendix D) during program evaluation.

Chapter V

Work Plan

The program “pARTners” aims to support a child’s well-being in SIUE’s Head Starts by creating a greater attachment security within the parent-child relationship. Therefore, intentionally discussing and engaging in therapeutic activities around the topics of discipline, positive engagement, coping skills, community, school readiness, emotional regulation, and family roles.

Preparation

Prior to the start of the program, the art therapist and group facilitator would need to complete the “pARTners” Training Program (see Appendix F) which includes Trauma-Informed, Pyramid Model, and Marschak Interaction Method trainings. The art therapist would also have to complete the Adult Attachment Interview training (“Adult Attachment,” 2021) prior to the intake sessions for participants (see Appendix G). The art therapist and group facilitator will work together to assess the attachment style of the parent by administering the Adult Attachment Interview (AAI) (see Appendix A) upon intake (Bakermans-Kranenbug & van IJzendoorn, 2009; George et al., 1996). The AAI consists of twenty open ended questions that identify qualitative data about previous attachments, feelings and trauma in the adult’s life. The AAI has been proven stable across a one to fifteen-month period ranging from 77% to 90% in accuracy, is unique in its properties, cannot be related to most measures of intelligences, unrelated to both short-term and long-term memory and is unrelated to a social desirability bias (Bakermans-Kranenbug & van IJzendoorn, 2009; George et al., 1996; Main & Goldwyn 1998). The adult is given the chance to tell their story and experiences with interpersonal relationships. The interviewer collects the qualitative data associated with the parent’s coherence, values of attachment,

consistencies, details or lack thereof, length of responses and affect and codes them according to the adult attachment scoring and classification system (Main & Goldwyn 1998). The AAI interview can be altered to fit the need of the family from a multicultural and trauma-informed lens while still striving to maintain the validity and reliability of the measure. The art therapist would need to become trained on the AAI protocol before administering the interview as noted in the budget of this proposal.

The Marschak Interaction Method (MIM) would be administered to the dyad after the intake session and before the first dyad session. The MIM is adaptable to age by allowing the dyad to start on the floor rather than the table depending on the developmental needs of the child involved. The MIM is recorded with the consent of the dyad at the initial interview as well as observed by the art therapist and group facilitator through a one-way mirror. Multiple observers help the information interpreted stay more objective and allows the therapist and facilitator to consult on the treatment goals of the group based on the needs of the dyad (DiPasquale, 2000; Jernberg & Booth, 2013). The art therapist and group facilitator will take note of the interactions relating to how well-attuned the parent is to the child and in turn how well the child responds to the parent, how capable the parent is to do what the task is asking of them, and how well the child receives the parent's instructions, comfort or control (DiPasquale, 2000; Jernberg & Booth, 2013). Non-verbal cues will also be recorded by the art therapist and group facilitator with the help of the MIM coding system. Although the tasks are chosen from a variety of possible tasks, each dyad will complete the same set of tasks to hold reliability in the measure. Both the art therapist and group facilitator would need to become trained on the MIM assessment before administering to the dyad as noted in the budget of this proposal.

The second phase, prior to the start of the program, would be the self-referral and teacher referrals of the participants using the Introduction Referral Form upon registration for the Head Start program (see Appendix H). The third phase would be the scheduling and completion of the intake sessions to include the completion of the Adult Attachment Interview (Bakermans-Kranenbug & van IJzendoorn, 2009; George et al., 1996) by each identified parent or guardian of the enrolled child. A separate session would be scheduled to administer the Marschak Interaction Method with both the parent and child together prior to the first session of the program (DiPasquale, 2000; Jernberg & Booth, 2013).

Program

The fourth phase would include scheduling and planning of the parent group sessions as well as the dyad sessions to include two options each for parents to choose from with one parent group and dyad session being offered on a weekday morning as well as one offered on a weekday evening. These sessions will be scheduled at the opening and closing of Head Start to utilize the child's normal routine of teacher supervision and not needing extra resources. Each session will include up to 7 participants reaching a total of 14 dyads each program year.

The fifth phase would start the parent group sessions for 30 minutes and have a 30-minute dyad session immediately following. The art therapist will track attendance and engagement using the D.E.S.C. Scale (see Appendix E) during each parent group session, and each parent will complete the Program Rating Scale (see Appendix B) at the end of each dyad session to track the effectiveness of the program from the participants perspectives.

The sixth phase would consist of the teachers and parents to fill out the Child Progress Reports (see Appendix C & D) during midcourse review, December, and end course

review in May to provide data of the child's progress in school readiness and emotional regulation during the course of the program.

The seventh and final phase would include the art therapist and group facilitator charting and analyzing all program data. During the course of these phases, a Spanish speaking interpreter will be offered as needed to ensure clear understanding and communication of the program goals to each participant. Responsibilities and roles of the team are charted in the table below (See Table 3).

Table 3. Responsibilities and Roles in the Program

Roles Responsibilities	Art Therapist	Group Facilitator	Head Start Teachers	Head Start Enrolled Parents	Spanish Speaking Interpreters
Trauma Informed Model Trainings	P	P			
Pyramid Model Trainings	P	P			
Marschak Interaction Method Training	P	P			
Adult Attachment Interview Training	P				
Referral of Participants			P	P	
Facilitate and Monitor Scheduling	W	W			
Intake Session <i>including administration of Adult Attachment Interview to each parent</i>	A			A	AN
Marschak Interaction Method Session <i>Administered to each dyad</i>	A	A		A	AN
Session Preparations	W	W			AN
Supervision	W				
Parent Group Sessions <i>including completion of DESC scale</i>	W			W	AN
Dyad Sessions <i>including completion of Program rating scale</i>	W	W		W	AN
Administer Child Progress Reports			D; M		
Data Analysis	D; M	D; M			

*Prior to start of the program (P); Weekly (W); August (A); December (D); May (M); As needed (AN)

“pARTners” is a program that will offer a parent support group and parent-child dyad art therapy to families enrolled in SIUE Head Starts who want more child rearing support. “pARTners” is expected to renew with the Head Start year annually through evaluations and data analysis. This program will be collaboratively structured with the art therapist, group facilitator, Head Start staff and parents enrolled in the program addressing major concerns from each. Parents will not only be participants but help with data collection by filling out forms from their perspectives at the end of each session for the mid-course and final review of the program. Teachers of each enrolled child will also help with data collection by filling out forms from their perspectives for the mid-course and final review of the program. Two parent groups will be offered each week, one morning and one evening, to allow enrolled parents the choice of what fits their schedule best. The same will happen with the parent-child dyad art therapy sessions. Each parent group will follow with a parent-child dyad art therapy session. Groups will be scheduled to allow the parents to come while their child is in their Head Start class to keep routine and utilize child-care services. The work plan for the first year of the program can be found below stating program goals and timelines (Table 3).

Table 4. Program Work Plan: Year 1

Timeline	Parent Group	Art Therapy	Administrative and Planning
<p>2-3 months prior to program start</p>	/	/	<p>Designate studio space and materials in Head Start Facility</p> <p>Hire group facilitator and introduce the program to Head Start staff</p> <p>Art therapist and group facilitator complete trainings</p> <p>Refer and enroll participants</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p>
<p>Month 1</p>	<p>Parents will start to build rapport with the group facilitator & each other</p> <p>Parents will voice their concerns for their children and create the goals and topic for groups relating to socioemotional development, family roles, and school readiness</p> <p>The art therapist will complete the D.E.S.C. form</p>	<p>Parents and children will start to build rapport with the art therapist & each other</p> <p>Parents and children will create the goals and topic for sessions relating to their attachment</p> <p>Parents and children will explore different art and play materials and follow an attachment-based prompt from the art therapist</p> <p>The art therapist and group facilitator will observe the interaction between the parent-child dyads and step in when needed</p> <p>The parents will complete the Program Rating form</p>	<p>Maintain cleanliness and safety of the studio space</p> <p>Continue receiving materials donations</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p> <p>Data collection</p>

<p>Month 2</p>	<p>Parents will voice their concerns for their children and discuss their identified topic relating to socioemotional development, family roles, or school readiness</p> <p>Psychoeducational materials will be presented by the group facilitator on the topic</p> <p>The art therapist will complete the D.E.S.C. form</p>	<p>Parents and children will explore different art and play materials and follow an attachment-based prompt from the art therapist.</p> <p>The art therapist and group facilitator will observe the interaction between the parent-child dyads and step in when needed</p> <p>The parents will complete the Program Rating form</p>	<p>Maintain cleanliness and safety of the studio space</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p> <p>Data collection</p>
<p>Month 3</p>	<p>Parents will voice their concerns for their children and discuss their identified topic relating to socioemotional development, family roles, or school readiness</p> <p>Psychoeducational materials will be presented by the group facilitator on the topic</p> <p>The art therapist will complete the D.E.S.C. form</p>	<p>Parents and children will explore different art and play materials and follow an attachment-based prompt from the art therapist.</p> <p>The art therapist and group facilitator will observe the interaction between the parent-child dyads and step in when needed</p> <p>The parents will complete the Program Rating form</p>	<p>Maintain cleanliness and safety of the studio space</p> <p>Continue receiving materials donations</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p> <p>Data collection</p>
<p>Month 4</p>	<p>Parents will voice their concerns for their children and discuss their identified topic relating to socioemotional development, family roles, or school readiness</p> <p>Psychoeducational materials will be presented by the group facilitator on the topic</p> <p>The art therapist will complete the D.E.S.C. form</p>	<p>Parents and children will explore different art and play materials and follow an attachment-based prompt from the art therapist.</p> <p>The art therapist and group facilitator will observe the interaction between the parent-child dyads and step in when needed</p> <p>The parents will complete the Program Rating form</p>	<p>Maintain cleanliness and safety of the studio space</p> <p>Continue receiving materials donations</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p> <p>Data collection</p> <p>Teachers will fill out the Child Progress Report forms and give them to the art therapist</p>

		Parents will fill out the Child Progress Report forms and give them to the art therapist.	
Month 5	<p>Parents will voice their concerns for their children and discuss their identified topic relating to socioemotional development, family roles, or school readiness</p> <p>Psychoeducational materials will be presented by the group facilitator on the topic</p> <p>The art therapist will complete the D.E.S.C. form</p>	<p>Parents and children will explore different art and play materials and follow an attachment-based prompt from the art therapist.</p> <p>The art therapist and group facilitator will observe the interaction between the parent-child dyads and step in when needed</p> <p>The parents will complete the Program Rating form</p>	<p>Maintain cleanliness and safety of the studio space</p> <p>Continue receiving materials donations</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p> <p>Data collection</p>
Month 6	<p>Parents will voice their concerns for their children and discuss their identified topic relating to socioemotional development, family roles, or school readiness</p> <p>Psychoeducational materials will be presented by the group facilitator on the topic</p> <p>The art therapist will complete the D.E.S.C. form</p>	<p>Parents and children will explore different art and play materials and follow an attachment-based prompt from the art therapist.</p> <p>The art therapist and group facilitator will observe the interaction between the parent-child dyads and step in when needed</p> <p>The parents will complete the Program Rating form</p>	<p>Maintain cleanliness and safety of the studio space</p> <p>Continue receiving materials donations</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p> <p>Data collection</p>
Month 7	<p>Parents will voice their concerns for their children and discuss their identified topic relating to socioemotional development, family roles, or school readiness</p> <p>Psychoeducational materials will be</p>	<p>Parents and children will explore different art and play materials and follow an attachment-based prompt from the art therapist.</p> <p>The art therapist and group facilitator will observe the interaction</p>	<p>Maintain cleanliness and safety of the studio space</p> <p>Continue receiving materials donations</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p>

	<p>presented by the group facilitator on the topic</p> <p>The art therapist will complete the D.E.S.C. form</p>	<p>between the parent-child dyads and step in when needed</p> <p>The parents will complete the Program Rating form</p>	<p>Data collection</p>
Month 8	<p>Parents will voice their concerns for their children and discuss their identified topic relating to socioemotional development, family roles, or school readiness</p> <p>Psychoeducational materials will be presented by the group facilitator on the topic</p> <p>The art therapist will complete the D.E.S.C. form</p>	<p>Parents and children will explore different art and play materials and follow an attachment-based prompt from the art therapist.</p> <p>The art therapist and group facilitator will observe the interaction between the parent-child dyads and step in when needed</p> <p>The parents will complete the Program Rating form</p>	<p>Maintain cleanliness and safety of the studio space</p> <p>Continue receiving materials donations</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p> <p>Data collection</p>
Month 9	<p>Parents will voice their concerns for their children and discuss their identified topic relating to socioemotional development, family roles, or school readiness</p> <p>Psychoeducational materials will be presented by the group facilitator on the topic</p> <p>The art therapist will complete the D.E.S.C. form</p>	<p>Parents and children will explore different art and play materials and follow an attachment-based prompt from the art therapist.</p> <p>The art therapist and group facilitator will observe the interaction between the parent-child dyads and step in when needed</p> <p>The parents will complete the Program Rating form</p> <p>Parents will fill out the Child Progress Report forms and give them to the art therapist</p>	<p>Maintain cleanliness and safety of the studio space</p> <p>Continue receiving materials donations</p> <p>Schedule and plan weekly sessions giving the parents an option of morning or evening weekday sessions</p> <p>Data collection</p> <p>Teachers will fill out the Child Progress Report forms and give them to the art therapist</p>

Chapter VI

Budget

The proposed budget will be used to initiate parent support groups and parent-child dyad art therapy sessions at “pARTners” serving a total of 14 parent-child dyads each fiscal year starting the program over each September and ending May. The budget will fund a full-time art therapist’s salary, benefits package and supervision, a part-time group facilitator’s salary, an as needed Spanish interpreter budgeted for up to 50 hours of employment, technology, art and play supplies, and trainings for both the art therapist and group facilitator. Funding is being included in the annual Head Start Federal funding application by the SIUE Head Start facilities. This program is open to donations throughout the year and will implement recycling practices of materials. The first year expected budget is provided below (see Table 5).

Table 5. Proposed Budget for “pARTners”

	Budget Items	Yearly Cost
STAFF	Salary for full-time art therapist & Supervision	\$50,000.00
	Benefit package for full-time art therapist	\$10,000.00
	Salary for part-time group facilitator	\$25,000.00
	Spanish Speaking Interpreter (as needed up to 50 hours)	\$1,000.00
SUPPLIES	Technology (2 laptops & 1 tablet)	\$1,800.00
	Art & play supplies	\$2,000.00
TRAININGS	Trainings	\$1,205.00
TOTAL	Total Estimated Budget	\$91,005.00

Budget Narrative

The main expenses for “pARTners” are the salary of one full-time art therapist with a benefits package including supervision, salary for one part-time group facilitator, employment of a Spanish Speaking Interpreter up to fifty hours as needed, technology, and art and play supplies.

STAFF

Art Therapists

“pARTners” will employ one full-time art therapist. The art therapist position requirements are to hold a Master’s degree in Art Therapy as well as full licensure or eligible for licensure. Salary will be provided at \$48,000 for forty hours per week. The art therapist will also be allotted \$2,000 for supervision totaling \$50,000. The art therapist will work collaboratively with the group facilitator.

Benefits

The full-time art therapist will be provided a benefits packages equaling \$10,000. Benefits included will be medical health insurance, allotted sick days, paid vacation days, paid holidays, 401K, and social security.

Group Facilitator

“pARTners” will also employ one part-time group facilitator with a yearly salary of \$25,000 for 20 hours of work each week. Group Facilitator requirements are a master’s degree in child life, social work or family counseling and at least 5 years of experience working as a Group Facilitator or equivalent. Group Facilitators will be expected to help plan and execute group activities and lessons depending on the enrolled parents’ needs.

Spanish Speaking Interpreter

One Spanish Speaking Interpreter will also be employed by “pARTners” on an as needed basis depending on the communication needs of the enrolled families. Budget has allotted for up to 50 hours of need per year totaling \$1,000 of annual expenses. The Spanish Speaking Interpreter requirements are a high school diploma or GED and at least 2 years of experience working as an Interpreter or equivalent. Spanish Speaking Interpreters will be expected to interpret assessments, enrollment, parent groups, parent-child dyad sessions, and paperwork requirements as needed.

Supplies

Technology

“pARTners” will purchase two laptops for the art therapist and group facilitator. One tablet will also be purchased to utilize digital art making in art therapy. These expenses are estimated at \$1,800 for the first year of the program.

Art & Play Supplies

A budget of \$2,000 will be allotted for yearly art and play supply expenses. Art materials include tempera paints and brushes, art papers, tempera sticks, crayons, play doh, pipe cleaners, 3D materials, air-dry clay, fabric, washable markers, color pencils, adhesives, assorted stamps, stickers and collage materials including scissors and other art materials as needed or requested. Found and recycled art materials will be welcomed as well. Play supplies include dolls and puppets, blocks and other building supplies, ribbon batons, Co-oper bands, puzzles, and assorted board and card games. Art and play material donations will also be accepted.

Trainings

The art therapist and group facilitator must complete a total of nine trainings documented in the “pARTners” Training Program (see Appendix F). These nine trainings cost \$378 for each person. The art therapist must complete an additional two-week training on the implementation of the Adult Attachment Interview costing \$449 (see Appendix G). All trainings for both the art therapist and group facilitator total expenses are \$1,205.

Estimated Total Costs: \$91,005.00

Chapter VII

Future Funding

Funding for the requested budget of \$91,005 will be proposed to the SIUE Head Start Administration as part of their annual application to the Head Start Federal Funding Grant. Donations will always be welcomed, however, unplanned and found object art materials will be encouraged. Recycling of materials will also take place to reduce unnecessary waste.

SIUE Head Start receives annual funding estimating over \$12,000,000 for the collective of twelve centers. As noted before, The National Head Start Association’s mission statement is to provide “support for the whole child, the family and the community—and to advocate—to work diligently for policy and institutional changes that ensure all vulnerable children and families have what they need to succeed” (Vinci, 2020). Federal funding of Head Start provides the resources needed for this mission statement to come to fruition. This program will follow the NHSA’s mission by following the goals and anticipated outcomes noted in the Logic Model and Work Plan in hopes to increase children’s school readiness and parents’ confidence in child rearing.

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APPENDIX A
ADULT ATTACHMENT INTERVIEW

-
1. To begin with, could you just help me to get a little bit oriented to your family—for example, who was in your immediate family, and where you lived?
 2. Now I'd like you to try to describe your relationship with your parents as a young child, starting as far back as you can remember.
 - 3-4. Could you give me five adjectives or phrases to describe your relationship with your mother/father during childhood? I'll write them down, and when we have all five I'll ask you to tell me what memories or experiences led you to choose each one.
 5. To which parent did you feel closer, and why?
 6. When you were upset as a child, what did you do, and what would happen? Could you give me some specific incidents when you were upset emotionally? Physically hurt? Ill?
 7. Could you describe your first separation from your parents?
 8. Did you ever feel rejected as a child? What did you do, and do you think your parents realized they were rejecting you?
 9. Were your parents ever threatening toward you—for discipline, or jokingly?
 10. How do you think your overall early experiences have affected your adult personality? Are there any aspects you consider a setback to your development?
 11. Why do you think your parents behaved as they did during your childhood?
 12. Were there other adults who were close to you—like parents—as a child?
 13. Did you experience the loss of a parent or other close loved one as a child, or in adulthood?
 14. Were there many changes in your relationship with parents between childhood and adulthood?
 15. What is your relationship with your parents like for you currently?
-

APPENDIX B
PROGRAM RATING SCALE.

Name _____ Date _____

Please choose one box to rate each section.**The Environment:**

Awful	Poor	Neutral	Pleasant	Outstanding
The environment was not ideal to work in and made me not want to be in this program	The environment made my experience bad but does not make me want to quit the program	I am okay with this environment and have no strong feelings about it	This environment was nice to work in but could use some improvements	This environment was perfect to work in and made it easy to be in this program

Parent-Child Stress:

Awful	Poor	Neutral	Pleasant	Outstanding
My child and I were stressed today.	My child and I had more stressful moments than not.	My child and I had a moment or two of stress, but we managed.	My child and I enjoyed each other and we could manage a stressful moment or two with ease.	My child and I had a blast being together today

Parent-Child Engagement:

Disengaged	More Disengaged than Engaged	More Engaged than Disengaged	Engaged	Very Engaged
My child and I were disengaged today.	My child and I were disengaged more than we were engaged.	My child and I had moments of both being engaged and disengaged.	My child and I were engaged today.	My child and I were engaged the entire time.

Problem Solving: Not Applicable

Too Much Struggle With Problem Solving	Struggled with Problem Solving	Problem Solving Present	Good at Problem Solving	Champion Problem Solvers
My child and I struggled so much with problem solving that I am discouraged	My child and I had a need to problem solve today but struggled with it	My child and I struggled through problem solving and eventually solved the problem	My child and I had few issues with problem solving but we didn't struggle much. We enjoyed problem solving.	My child and I not only problem solved, but we saw them as creative opportunities.

Additional Comments:

APPENDIX C
CHILD PROGRESS REPORT (TEACHER FORM)

Teacher's Name: _____

Date: _____

Student's Name: _____

Please Circle One

How would you rate this child's desire of school readiness?

1 = This child has a lowered desire of school readiness since starting parent-child work.

2 = This child's desire for school readiness has stayed the same since starting parent-child work.

3 = This child's desire for school readiness has increased since starting parent-child work.

How would you rate this child's amount of outbursts due to being dysregulated?

1 = This child has an increase of outbursts due to dysregulation and does not use any positive coping skills.

2 = This child's outbursts due to dysregulation has remained the same since starting parent-child work.

3 = This child has a decrease of outbursts due to dysregulation by using positive coping skills.

How would you rate the intensity of this child's outbursts due to being dysregulated?

1 = This child's outbursts due to being dysregulated has increased in intensity since starting parent-child work.

2 = This child's outbursts due to being dysregulated has remained the same in intensity since starting parent-child work.

3 = This child's outbursts due to being dysregulated has decreased in intensity since starting parent-child work.

APPENDIX D
CHILD PROGRESS REPORT (PARENT FORM)

Parent's Name: _____

Date: _____

Student's Name: _____

Please Circle One

How would you rate your child's desire of school readiness?

1 = My child has a lowered desire of school readiness since starting parent-child work.

2 = My child's desire for school readiness has stayed the same since starting parent-child work.

3 = My child's desire for school readiness has increased since starting parent-child work.

How would you rate your child's amount of outbursts due to being dysregulated?

1 = My child has an increase of outbursts due to dysregulation and does not use any positive coping skills.

2 = My child's amount of outbursts due to dysregulation has remained the same since starting parent-child work.

3 = My child has a decrease of outbursts due to dysregulation by using positive coping skills.

How would you rate the intensity of your child's outburst due to being dysregulated?

1 = My child's outbursts due to being dysregulated has increased in intensity since starting parent-child work.

2 = My child's outbursts due to being dysregulated has remained the same in intensity since starting parent-child work.

3 = My child's outbursts due to being dysregulated has decreased in intensity since starting parent-child work.

How would you describe your role as a parent?

APPENDIX E
D.E.S.C. SCALE

Session Number: _____

Date: _____

Purpose of Parent Question/Comment Coding (D.E.S.C.)

- D** = Discussion around child **DISCIPLINE**
- E** = Changing **ENGAGEMENT** between the parent and child
- S** = Identifies coping **SKILLS** for them and/or their child
- C** = Demonstrates engagement to form **COMMUNITY** with other parents

Improvement Scale

- 1 = Worse
- 2 = Unchanged
- 3 = Slightly Improved
- 4 = Improved
- 5 = Much Improved

Parent's Name -----Circle-----

Additional Comments/Notes

	D	1 2 3 4 5	
	E	1 2 3 4 5	
	S	1 2 3 4 5	
	C	1 2 3 4 5	
	D	1 2 3 4 5	
	E	1 2 3 4 5	
	S	1 2 3 4 5	
	C	1 2 3 4 5	
	D	1 2 3 4 5	
	E	1 2 3 4 5	
	S	1 2 3 4 5	
	C	1 2 3 4 5	
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	E	1 2 3 4 5	
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	C	1 2 3 4 5	
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	S	1 2 3 4 5	
	C	1 2 3 4 5	
	D	1 2 3 4 5	
	E	1 2 3 4 5	
	S	1 2 3 4 5	
	C	1 2 3 4 5	

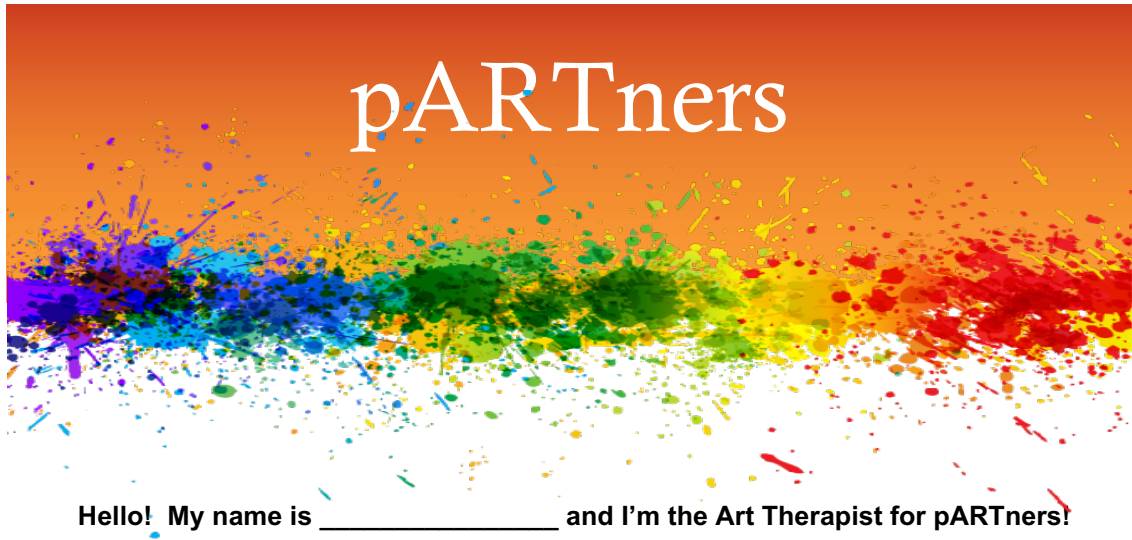
APPENDIX F
PARTNERS TRAINING PROGRAM

Training Title	Length	Cost	Source
<i>Child Parent Psychotherapy: Relationship-Based Trauma Treatment in Infancy and Early Childhood</i>	1.5 hours	Free	The National Child Traumatic Stress Network https://learn.nctsn.org/course/view.php?id=257
<i>Toward Trauma-Informed System Change: A TARGETed Approach</i>	1.5 hours	Free	The National Child Traumatic Stress Network https://learn.nctsn.org/course/view.php?id=258
<i>What about the Parents? Trauma, Parents, Kids & Parenting</i>	1.5 hours	Free	The National Child Traumatic Stress Network https://learn.nctsn.org/course/view.php?id=152
<i>Delivering Trauma Care to Families - Policy Issues and Implications</i>	1.5 hours	Free	The National Child Traumatic Stress Network https://learn.nctsn.org/course/view.php?id=153
<i>How to Include Families - Effective Models</i>	1.5 hours	Free	The National Child Traumatic Stress Network https://learn.nctsn.org/course/view.php?id=156
<i>Consultation in Child Care and Head Start Centers</i>	1.5 hours	Free	The National Child Traumatic Stress Network https://learn.nctsn.org/course/view.php?id=311
<i>The Trauma-Informed Care & the Pyramid Model</i>	5 hours	\$39.00	The Pyramid Model Consortium https://www.pyramidmodel.org/services/online-training/
<i>Preschool ePyramid Module Package</i>	18 hours	\$49.00	The Pyramid Model Consortium https://www.pyramidmodel.org/services/online-training/
<i>MIM: Administration, Scoring, and Feedback for Therapy Practice</i>	18 hours	\$290.00	The Therapy Institute https://theraplay.org/product/module-3-mim-administration-scoring-and-feedback-for-theraplay-practice-january-7-2020/
TOTAL:	50 hours	\$378.00	

APPENDIX G
ADULT ATTACHMENT INTERVIEW TRAINING

<i>Adult Attachment Interview (AAI) Online Workshop</i>	2 weeks	\$449	Eventbrite https://www.eventbrite.com/e/adult-attachment-interview-aai-online-workshop-tickets-133170637963?aff=erelexpmlt
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APPENDIX H
INTRODUCTION REFERRAL FORM



Hello! My name is _____ and I'm the Art Therapist for pARTners!

What is pARTners?

pARTners is a proactive program to help selected children and their parents collectively build on their positive interactions, parental confidence in child rearing, and increase a child's interest in school readiness by becoming involved in a fun environment with therapeutic purposes. Children and their parents are referred to pARTners by their teachers and/or parents.

Reasons for referral might include:

- Child would benefit from creative alternative instruction
- Child would benefit from positive interactions with others (including children their age & adults)
- Child and/or Parent could use assistance in learning how to make friends
- Parent has advocated for more parental support and guidance
- Child would benefit from a little extra support in learning expectations in a school environment

pARTners provides cognitive, emotional and social support for children and their parents. Although ALL parent-child dyads would benefit from being in the program, the art therapist and group facilitator providing services is only able to serve a small number. In pARTners, children and their parents will use art and play to be expressive, while gaining behavioral and cognitive skills that will assist in their relationships.

Please fill out the attached referral to enroll

a parent & child in pARTners!

Insert picture of
Art Therapist here

Schedule:

Monday:

Parent Group 8:30am-
9:00 am

Dyad Art therapy
9:00am-9:30am

Wednesday:

Parent Group
2:30pm-3:00 pm

Dyad Art therapy
3:00pm-3:30pm

Contact information:

Phone (cell): (____)-____-____

Email: _____@_____

pARTners parent-child referral

Center/Collaboration: _____

Home-Based

Child's Name: _____

Child Birth Date: _____

Address: _____

Zip: _____

Telephone: _____

Parent/Guardian/Caregiver Name: _____

Agency: _____

Foster Parent: _____

(Note: "Agency" applies to guardianship if held by an agency representative, i.e. IDCFS)

Print Name: _____

Signature: _____

Title: _____

Phone Number: _____

Email Address: _____

Reason for referral: (give all relevant information and attach supporting documentation)

Empty box for reason for referral with a dashed border.

Circle the preferred time slot for your sessions:
Monday 8:30am-9:30am Wednesday 2:30pm-3:30pm (these times do not work for me)

Signature of Teacher

Title

Date

Signature of Art Therapist

Title

Date

Signature of Parent/Guardian

Title

Date