Creative Art Therapy to Promote the Mental Health of Refugee Adolescents

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Declarations

March 29th, 2025

I, Mohannad Ramadan, declare that this thesis has not been submitted as an exercise for a degree at this or any other university and it is entirely my own work. I agree to deposit this thesis in the University's open access institutional repository or allow the library to do so on my behalf, subject to Irish Copyright Legislation and Trinity College Library conditions of use and acknowledgement. I consent to the examiner retaining a copy of the thesis beyond the examining period, should they so wish (EU GDPR May 2018). I declare that full and informed consent were obtained from human subjects.

Mohannad Ramadan

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List of Abbreviations

AATA	American Art Therapy Association
ANZACATA	Association for Creative Arts Therapies in Australia, New Zealand and Asia
BAAT	British Association of Art Therapists
BATP	Burma Art Therapy Programme
CBT	Cognitive Behavioural Therapy
COREQ	Consolidated Criteria for Reporting Qualitative Research Checklist
CPTSD	Complex Post-Traumatic Stress Disorder
DDS	Diagnostic Drawing Series
DMT	Dance Movement Therapy
DRC	Democratic Republic of Congo
EU	European Union
EFAT	European Federation of Art Therapy
EXIT	Expressive Arts in Transition
HEAL	Home of Expressive Arts and Learning
HIC	High-Income Countries
HSCL-25	Hopkins Symptom Checklist
HU	Hashemite University
ICD-11	International Classification of Diseases, 11th Edition
IDPs	Internally Displaced Populations
IACAT	Irish Association of Creative Arts Therapists
iNGOs	International Nongovernmental Organisations
LMIC	Low- and Middle-Income Countries
MHPSS	Mental Health and Psychosocial Support
MMAT	Mixed Methods Appraisal Tool
NCDs	Non-Communicable Diseases
PHSCS	Piers-Harris Self-Concept Scale
PIL	Participant Information Leaflet
PM+	Problem Management Plus
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PTSD	Post-Traumatic Stress Disorder
RCTs	Randomised Controlled Trials
TCD	Trinity College Dublin
TF-CBT	Trauma-focused Cognitive Behavioural Therapy
TGIC	Traumatic Grief Inventory for Children
TFA	Theoretical Framework of Acceptability
UAMs	Unaccompanied Minors
UAS	Unaccompanied Asylum-Seeking
UN	United Nations
UN-Habitat	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees

UNICEF	United Nations International Children's Emergency Fund
USA	United States of America
WAI	Working Alliance Inventory
WHO	World Health Organization
VAT	Virtual Art Therapy

Abstract

Introduction

Creative art therapy (CAT) has been used to help vulnerable groups like refugee adolescents express themselves and improve their mental health following displacement. It has become increasingly popular to promote positive mental health when accompanied by interdisciplinary interventions that engage families and communities. However, CAT practices and the evidence base supporting their efficacy with refugee adolescents have not been explored within the academic literature. There were no frameworks or guidelines to inform CAT development and delivery. The overarching aim of this research work is to understand the CAT intervention designs, adaptations, and practices that work best to engage refugee adolescents aged 10-24 and promote their mental health.

Methodology

First, following a systematic review study design, I searched the grey and black literature published in English and Arabic between 2012 and 2022 across10 databases. Second, a three-round Delphi design was proposed. The first round included semi-structured interviews with an expert panel of 12 CAT professionals worldwide and 12 refugee adolescents aged 10–24 in Jordan with a history of participating in creative arts interventions. The interview narratives were analysed through a hybrid approach of coding and thematic analysis, using NVivo, to describe themes of CAT adaptation to the context of refugee adolescents, and to generate statements for use in the second round. In the second round, previous round participants and newly enrolled professionals and refugee adolescents were asked to rate the statements generated from the interviews according to their importance using a 5-point Likert scale. Participants were also invited to propose new statements and to add

comments expanding on their rating of the statements. A similar procedure was followed in the third round, where panellists rated newly added and old statements after perusing the feedback from the second round. A consensus is defined as agreement from >= 80% of a panel group, while a below-consensus agreement is between 60% and less than 80%, and a low agreement is <60%. Essential statements obtained consensus by both panels, non-recommended statements had low agreement by both panels, conflicts had low agreement by only one group, and very important had below-consensus agreement from a group and same or consensus by the other. Conflicts in second round were moved to third round with their agreement scores and panellists' comments for further discussion and re-rating.

Results

The systematic review identified 212 documents, but only five articles met the inclusion criteria. These studies reported some positive psychosocial outcomes, but the evidence supporting the effectiveness of CAT as a diagnostic and mental health promotion intervention was inconclusive. CAT specific components and practices were also inconsistent and inadequately reported. The qualitative analysis of interview data gathered during round one of the Delphi identified four themes relating to adaptation: Stability, Enablement, Inclusion, and Integration. The Stability theme is grounded in creating a feeling of safety, security, and confidentiality, mitigating stress for refugee adolescents, and fostering a sense of control and ownership over their artwork. The theme of Enablement is centred around empowering individuals by promoting learning and skills development while adhering to supportive rules that offer equal opportunity to express themselves and enhance self-agency. The theme of Inclusion refers to holistic approaches considering age

appropriateness, gender sensitivity, cultural relevance, and customisation to the refugee setting and context. The Integration theme captures the importance of connecting the CAT adolescent group with their families, schools and communities. Twenty professionals participated in the second Delphi round and 24 in the third, while same 18 adolescents participated in both rounds. The second and third Delphi survey rounds resulted in 46 essential practices, 36 very important, nine non-recommended, and 17 conflicted. Essential statements emphasise the need for a multidisciplinary therapy team, effective communication, group solidarity, cultural inclusion, and incorporating body movement activities and nature elements. They also highlighted equal and equitable participation, empowerment through skills, freedom of expression, a sense of stability, optionality in decision-making, a supportive environment, and community engagement. CAT components and approaches should remain flexible, tailored to participants' needs, characteristics, and preferences, the aims of the intervention, as well as considerate of additional contextual factors like social and traditional norms, and the available settings and resources.

Conclusions

The systematic review's findings indicated the need for more methodologically robust studies that describe the intervention design, implementation, and therapeutic approaches in greater detail to strengthen the evidence for using CAT with adolescent refugees. The themes of the qualitative analysis in first round suggested several routes through which CAT practice can be made more consistent and potentially more effective. Studying best practices is a starting point for developing guidelines for CAT intervention development and therapeutic practice. The Delphi

rounds provided a list of essential, very important, and non-recommended components and practices and discussed further perspectives and suggestions of experts to guide practice and intervention development. Overall, this mixed-method research work provided practical guidance for researchers, practitioners, and implementers of CAT and creative arts-based interventions for refugee adolescents. They are encouraged to implement the suggested practices with appropriate contextual adaptations and document their suitability and impact to inform future empirical research and interventions.

Lay Abstract

Introduction

Creative art therapy (CAT) has been used to help vulnerable groups like refugee adolescents express themselves and improve their mental health after being forced to leave their countries. It has become more common as a means of promoting positive mental health especially when the intervention involves professionals with different specialities and engages families and communities. However, how CAT is performed and how effective had been with refugee adolescents had not been explored. There were no guiding documents to inform CAT development and delivery. This research aims to understand CAT intervention design, adjustments, and practices that work best in engaging and fostering the mental health of refugee adolescents aged 10-24.

Methodology

First, I comprehensively searched the published and unpublished literature in English and Arabic between 2012 and 2022. I combined the results of analysis of caught studies to create a systematic review paper. Second, I performed a three-round Delphi study. The first round included semi-structured interviews with an expert panel of 12 CAT professionals worldwide and 12 refugee adolescents aged 10–24 in Jordan with a history of participating in creative arts interventions. Using software, the interview narratives were analysed through a hybrid approach coding and thematic analysis to describe how CAT could be modified to fit the context of refugee adolescents. In the second round, I sought 24 professionals and 24 refugee adolescents (including both first-round interviewees and new professionals) to rate the statements from the interviews based on their importance using a 5-point scale. They were also encouraged to suggest new

statements and add comments. A consensus is reached when 80% or more of a panel group agree, while below-consensus agreement is between 60% and 80%, and low agreement is less than 60%. Essential statements are those obtained consensus by both panels, non-recommended had low agreement by both panels, conflicts had low agreement by only one group, and very important had below-consensus agreement from a group and same or consensus by the other. Conflicts in second round were moved to third round with panellists' scores and comments for re-rating and further discussion. In the third round, the panellists rated new statements, re-rated conflict statements, and shared comments.

Results

The review revealed 212 documents, but only five published articles matched my search. These studies reported some positive outcomes, but the evidence supporting the effectiveness of CAT was inconclusive. CAT components and practices were different across studies and poorly documented. The qualitative analysis identified four themes of adaptation: Stability, Enablement, Inclusion, and Integration. The stability theme describes creating a feeling of safety, security, and confidentiality, mitigating stress for refugee adolescents, and fostering a sense of control and ownership over their artwork. The theme of enablement focuses on empowering individuals by encouraging learning and skill development, while also adhering to supportive rules that promote equal expression and self-agency. The theme of inclusion refers to making CAT suitable to the participant's age and gender and connected to their culture, and customising elements to the surrounding environment and circumstances. The Integration theme suggests the importance of connecting the CAT group with their families, schools and communities. Twenty professionals took part in the second round and 24 in the third round.

The same 18 adolescents took place in both rounds. The second and third rounds resulted in 46 essential practices, 36 very important, nine non-recommended, and 17 conflicted. Essential practices converged around multi-speciality team approach to, clear communication, teamwork, respecting culture, physical exercises, connection with nature, equal and fair involvement, building skills for empowerment, freedom to express oneself, a sense of stability, choices in decision-making, supportive environment, and community involvement. CAT components and approaches should remain adjustable, relying on participants' needs, characteristics, and preferences, intervention aims, additional contextual factors like social and traditional norms, and available places and materials.

Conclusions

The findings of the review pointed to the need for better-quality studies that explicitly describe the intervention structure, implementation, and therapeutic techniques to strengthen the evidence for the use of CAT with adolescent refugees. The themes suggested routes through which CAT practice can be made more consistent and potentially more successful. Studying best practices is the first step to having directions for developing CAT interventions. The Delphi rounds provided a list of essential, very important, and non-recommended elements and practices and discussed further perspectives and suggestions of experts to guide designing and practising CAT. Overall, this research provided helpful advice for researchers and practitioners working with refugee adolescents using CAT-based interventions. Implementors are encouraged to try the suggested practices, make necessary adjustments for their specific situation, and record how well they work to help guide future research and interventions.

Aims

1. Evaluate and synthesise the available literature reporting the use of CAT as a diagnostic, treatment and mental health promotion intervention with adolescent refugees, aged 10-24 years.
2. Examine how CAT can be adapted to facilitate engagement of refugee adolescents from the perspective of expert professionals (e.g., art therapists, practitioners, and researchers) and expert refugee adolescents.
3. Identify the most recommended components and practices of CAT to improve the mental health of refugee adolescents.

Value of Research

This research delves into the evidence base for CAT practices as a means to promote the mental health of refugee adolescents, which is an under-researched area. The first phase of the study was to review the extant literature to identify the commonly followed CAT practices, understand their effectiveness and identify any challenges associated with art therapy practices and identify the gaps in existing research. In the second phase, a Delphi study design was used, which is unique in that it brings together the perspectives of CAT expert professionals and beneficiaries (i.e., refugee adolescents) to understand the most effective and acceptable CAT design, adaptations, and implementation components and approaches. By consulting both providers and recipients, the identified best practices are likely realistic, feasible, acceptable, engaging, and impactful. The findings are a starting point for developing practical frameworks and guidelines for designing and implementing CAT for refugee adolescents. Researchers and practitioners can use my findings to enable more standardised and evidence-based practice. This research

allowed art therapists to contribute to the body of scientific evidence and advance CAT interventions and clinical practice.

Outputs

Two publications resulted from this thesis:

- Ramadan, M., Hadfield, K., Ryan, M., Cai, P., Bosqui, T., & Nolan, A. (2024a). The use of creative art therapy to address the mental health of refugee adolescents: A systematic review. *Arts & Health*, 1–19. https://doi.org/10.1080/17533015.2024.2395896

- Ramadan, M., Nolan, A., Hadfield, K., Bosqui, T., & Ryan, M. (2024b). How to optimise creative art therapy to foster the mental health of refugee adolescents? A Delphi study protocol. *PloS one*, *19*(10), e0308620. https://doi.org/10.1371/journal.pone.0308620

Chapter 1: Introduction

1.1 Refugee adolescents and mental health

1.1.1 Definitions

The World Health Organization defines adolescence as the "*phase of life between childhood and adulthood, from ages 10 to 19*" (WHO, 2024). Adolescence is a sensitive developmental period during which people recognise their rights and roles, learn emotional control, and build relationships (WHO, 2020). Sawyer et al. (2018) extended the age range of adolescence to 24 years old and explained that this definition better reflects typical developmental patterns and societal views of this life stage. I followed Sawyer et al.'s (2018) definition of adolescents throughout all the chapters in this work. Children are any person under the age of 18, according to UNHCR (2024a). As many definitions of youth exist, I refer to the United Nations definition, which recognises youth as people aged 15-24 (UN, 2024). In some cited literature in this chapter, participants over 18 are defined as adults, while those under 18 are considered children. The child and adult definitions cross the age range of an adolescent. Thus, when considering the literature, I will follow the original authors' definitions while specifying the exact age groups involved.

Mental health is defined as "*a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community*" (WHO, 2022). The term 'asylum seeker' describes people who seek international protection and may not have or have not yet been granted asylum status. In contrast, the term 'refugees' encompasses asylum seekers regardless of their permission or protection status (Bradby et al., 2015). The concept of migration differs again. A migrant is defined as a "*person who has moved across an international border or within a*

state away from their habitual place of residence, regardless of their legal status; whether the movement is voluntary or involuntary; what the causes for the movement are; or what the length of the stay is" (Fazel & Betancourt, 2018, p. 122).

1.1.2 Mental health of refugee adolescents

Many factors make young refugees prone to developing mental health disorders. In a systematic review, Garcia and Birman (2022) reported stages of migration of unaccompanied youth, which include the challenging decision to leave, the migration process and associated traumatic experiences, arrival and resettlement with associated psychological distress, and adaptation and coping needs after losing their social networks. These stages likely overwhelm refugee adolescents and consequently, refugee adolescents who arrive at a transitional centre or the destination country may carry trauma, loss, and hopelessness with them (UN-Habitat, 2016). Consequently, refugee adolescents can face significant mental health challenges related to worry, stress, sadness, shame, and fear, compounded by experiences of various forms of violence, including gender-based violence and trauma from fleeing their homes (Singh et al., 2021). The impact of the migration process on the mental health of refugee adolescents is reflected in prevalence rates of identified mental health disorders, which are 22.7% for post-traumatic stress disorder (PTSD), 13.8% for depression, and 15.8% for anxiety (Blackmore et al., 2020). These prevalence rates were recorded among refugee and asylum-seeking children and adolescents in five countries, Germany, Malaysia, Norway, Sweden, and Turkey. The prevalence of PTSD among refugees and asylum seekers younger than 22 in European countries ranged from 19%- 52.7%, 10.3- 32.8% for depression, 8.7%- 31.6% for anxiety, and 19.8- 35% for emotional and behavioural problems (Kien et al., 2019). Similar rates were found in unaccompanied refugee minors in Europe with wide ranges, possibly

reflecting methodological and contextual differences: PTSD (4.6%-43%), depression (2.9%-61.6%), anxiety (32.6%-38.2%), and behavioural problems (4%-14.3%) (Daniel-Calveras et al., 2022). These rates tended to be higher than the global prevalence of mental health disorders in children and adolescents, which is almost 15% (Bruha et al., 2018).

On an interpersonal level, the migration process and associated experiences can create difficulties with expressing emotions, socialising, building relationships, and adapting to new environments (Schwartz et al., 2021). The forced displacement and asylum experience can also negatively affect the physical, familial, social and economic factors that influence their growth and development (Basu & Banerjee, 2020). The mental health and well-being of parents and family have the potential to impact the mental health of refugee children and adolescents, (Fazel & Betancourt, 2018), and unaccompanied refugee and asylum-seeking minors are at more risk of negative emotional, social, and economic consequences if they do not have parents or caregivers to support them (Frounfelker et al., 2020). Refugee youth were found to associate a feeling of belonging with a sense of safety (The Red Pencil, 2021). McIntyre (2024) asserted that having a sense of belonging can give refugee youth the power to connect with the new environment, and consequently, promote building social relationships. For instance, migrant children feel as though theybelong within a school when they have better relations with school staff and other students in the surrounding environment. A study in Ireland with refugee and migrant children in school sought to identify barriers that hinder their integration within and sense of belonging to the school, and reported barriers included host language support, school environment and the nature of relationships with the teachers and exposure to bullying and racism

(Martin et al., 2024). According to Singh et al. (2021), the environmental stressors refugee adolescents witness like violence within the camp environment can worsen mental health and well-being. Daily stressors can exacerbate mental health difficulties and contribute to the development of physical health issues. Despite these psychosocially debilitating factors, refugee adolescents nonetheless possess resilience and strengths that should be identified and amplified by their mental health providers. It is imperative to build on the strengths of refugee adolescents to reestablish their sense of agency (UN-Habitat, 2016). Accordingly, there is a critical need for robust, community-based interventions with multiple layers and approaches to support forcibly displaced children and adolescents (Reed et al., 2016).

1.1.3 Psychosocial support and mental health interventions for refugee adolescents

There is limited evidence examining the implementation and impact of inclusive mental health and psychosocial support (MHPSS) interventions that consider the influence of intersectionalfactors such as gender, culture, and religion (Bangpan et al., 2024). Effective therapies and interventions for refugee adolescents should address implementation and sociocultural contexts (Bangpan et al., 2024) and aim to promote adolescents' understanding and awareness of daily systemic challenges (UN-Habitat, 2016). Consequently, the needs of refugee children and adolescents should be explored within research and considered during psychosocial intervention development and planning, encompassing their family, school, and community environment (Fazel & Betancourt, 2018; Tyrer & Fazel, 2014).

Holistic and inclusive interventions are likely to be more successful in mitigating psychosocial stressors of refugee adolescents. Fazel and

Betancourt (2018) advocated for interventions that impact contextual factors like language, poverty and dire living conditions, and cultural and resettlement challenges of the refugee children and adolescents to foster their mental health. For instance, providing language proficiency programmes and opportunities to be involved in economic capital and social interaction activities can assist in overcoming language, poverty, and acculturation challenges (Fazel & Betancourt, 2018). Another example is arts-based programmes, which have been continuously connected with bridging refugees' past and new lives by making symbolic artworks connecting them to their homes or past stories (Chayder, 2019). An example that can be presented here is the parent-child joint painting — the parent and their child draw and paint together— which was found to be potentially helpful in understanding parent-child relationships and dynamics and, therefore, improving the bonds within the family (Gavron, 2013). When both children and mothers reflect on their experiences and relationship, the art portrait can serve as a potential space to strengthen the mother-child bonds (Perez et al., 2022). Creative art therapy (CAT) and arts-based interventions were found to be cost-effective psychological interventions (Uttley et al., 2015). When using arts, young refugees do not need words to express their emotions and interpret the world around them, which helps mitigate language barriers in refugee settings.

Unfortunately, mental health interventions for school-aged refugees have been more commonly conducted and researched in high-income countries (HICs), even though the majority of refugees worldwide reside in low-middle-income countries (LMICs) (Frounfelker et al., 2020). Cultural understandings of mental health vary between HICs and LMICs. Therefore, planning and designing interventions should consider and address cultural differences among

participants, and consider how therapist's knowledge, competencies, and skills can fit the context (Jannesari et al., 2021). A qualitative systematic review of contextual influences on design and implementation of mental health interventions for refugees and asylum seekers recommended acknowledging the host community's understanding of mental health (Jannesari et al., 2021). However, more research on refugee's mental health in LMICs is required. For instance, a systematic review of mental health of young refugees in the Middle East found limited research exploring the risk and protective factors, causes, epidemiology and interventions of mental health disorders, and areas of coping, adaptation and acculturation (Oleimat et al. 2023). For refugee adolescents, there is a paucity of randomised control trials seeking to assess the impact of psychosocial interventions on their mental health. The types of interventions commonly used with this community are individual psychotherapies and family and school-based interventions. In the context of interventions, primary studies have often focused on the experiences of refugee adolescents and their families (Frounfelker et al., 2020).

Frounfelker et al. (2020) suggested that studies should not only concentrate on mental health but also on other aspects of well-being such as life satisfaction, sense of purpose, and social engagement. They called for more studies to ascertain the factors, environment, and space that can make interventions more successful and effective. Furthermore, Frounfelker et al. (2020), agreeing with Martin et al. (2024), reinforced the value of engaging refugee children and adolescents in research, where participatory research methods can highlight their concerns and feelings that could be unseen by their teachers and adults around them. These suggestions are congruent with the lessons learned from a community-based participatory research project with unaccompanied asylum-seeking (UAS) children

and adolescents and carers, which concluded that refugee children and adolescents would settle better and quicker if they had new friends and networks that would create a new trusted circle of support (Rogers et al., 2018). Adopting approaches that foster strengths, resilience, and capacity building among refugees and UAS children and youth and involving them in the development of psychosocial interventions can yield more acceptable interventions (Frounfelker et al., 2020; Rogers et al., 2018). Similarly, within the context of art therapies, empowerment and self-efficacy can be fostered through a systematic, sustainable, client-centred approach that brings therapists' goals with clients' priorities together (Kapitan, 2014). For refugee children and adolescents, empowerment is essential in overcoming the debilitating effects of migration and the challenges of acculturation.

Cultural differences in understanding mental health need to be considered in research (Fazel & Betancourt, 2018). The cultural adaptation framework (Heim & Kohrt, 2019) defined three sequential cultural adaptation elements. The first element is centred around understanding concepts related to mental health and psychological distress before intervention delivery. Specific elements are connected to understanding the presentation and characteristics of mental health outcomes, like behavioural changes in depression. Non-specific elements are more general approaches and are chosen regardless of the mental health concepts (e.g., active listening), while the in-session techniques are those selected to synergise the specific and nonspecific elements like role-playing and homework. In parallel to these elements, surface adaptations are followed during intervention delivery, like using proper linguistic and cultural terms and metaphors. A qualitative study on cultural adaptations of psychological intervention for Burundian refugee adolescents in

Tanzania provided a good understanding of modifications needed in this context (Singh et al., 2021). Modifications were categorised under ‘language’, ‘people’, ‘metaphors’, ‘content’, ‘methods’, and ‘context’. Language adaptations refer to the correct words to clarify intent in accordance with the refugee's background, language and dialect. For example, terms like “non-judgmental” were favoured over others like "respect", which can have different meanings across cultural contexts. For the category ‘people’, adaptations like segregating the participants in the interventions according to gender and age or adjusting activities by age and gender, such as age-appropriate opening exercises like games or dances depending on the cultural and religious norms or other societal factors. An example of using culturally relevant metaphors was in breathing exercises, where participants were encouraged to “breathe in strength” and exhale with the word "peace". An example of content adaptation is using prayer as a coping mechanism, acknowledging loss, rejecting a sense of revenge and realising that vengeance does not address the problem. Congruent with these findings, a systematic review on psychosocial well-being in Rohingya refugees suggested that understanding the culture, context, migration history, idioms of distress, trauma, future insight, help-seeking behaviour and traditional healing methods obtained from diverse sources can be applied to designing and delivering culturally appropriate interventions (Tay et al., 2019).

School accomplishment and family environment are essential determinants of health for adolescents in general (Viner et al., 2012) and refugee adolescents in particular (Basu & Banerjee, 2020). School-based settings can enable safe and trusted access for refugee students to underpin relationship-building and elicit a sense of belonging (Fazel & Betancourt, 2018). Drawing on their primary study,

Rousseau et al. (2005) strongly recommended school-based creativity workshops using verbal and non-verbal forms of expression and encouraging dialogues and discussions to foster trust and group solidarity. A systematic review of school- and community-based interventions, including creative arts-based interventions for refugee and asylum-seeking children— spanning adolescents aged 10-18— suggested that interventions delivered within the school setting can succeed in helping refugee children and adolescents surpass the adverse effects of forced migration (Tyrer & Fazel, 2014). However, discrepant sample sizes, methodological quality, design and treatment rigour, in addition to using creative arts with other modalities like trauma-focused therapies and including migrants and internally displaced populations in some studies, make it difficult to draw conclusions as to the effectiveness of school-based creative arts-based interventions (Tyrer & Fazel, 2014).

In summary, refugee adolescents face disruptions across several domains which negatively affect their development and transition to adulthood. Psychosocial interventions should consider the adverse events experienced by refugee adolescents during migration and resettlement and seek to address health and well-being determinants, like ensuring safe and continuous support for refugee adolescents through their peers, schools, and families. (Fazel & Betancourt, 2018; Schaeffer & Cornelius-White, 2021; Tyrer & Fazel, 2014; UN-Habitat, 2016). Creative workshops can be implemented with refugee and migrant children of variable ages and developmental stages. They can utilise the expression component of creativity as a pathway to understanding their needs (Rousseau et al., 2005). Creative arts have been shown to meaningfully engage young asylum seekers, refugees, and migrants in the hosting community (University College Cork, 2018). Hlavek and Feldwisch (2022) argued

that CAT provision should not depend on pathology or symptom identification. It can strengthen self-confidence, daily life competencies, and learning skills and improve mental health. Mollaoğlu et al.'s 2022 literature review suggested that CAT can promote holistic health and improve overall well-being, corroborating insights from other studies (Hlavek & Feldwisch, 2022; Frounfelker et al., 2020). Arts-based practices could successfully connect related disciplines such as social work, healthcare, cultural and humanitarian services. This would enable the adoption of interdisciplinary approaches, like embracing arts and health in education by training schoolteachers and integrating CAT in training programmes for health and social care workers, which could improve their personal and communication skills (Fancourt & Finn, 2019). Although CAT showed many positive psychosocial outcomes, several other weaknesses and research limitations hinder reaching crystalised evidence of CAT for mental health (Annous et al., 2022; Braito et al., 2021; Chiang et al., 2019; Schnitzer et al., 2021; Schouten et al., 2015; Van Lith, 2016).

1.2 Creative art therapy (CAT)

1.2.1 Brief history

Arts, in all their forms, have a place in human history, culture, and consciousness (Junge, 2015). The use of art in therapeutic practice has roots in Sigmund Freud's (1856- 1939) psychoanalytic theory and Carl Jung's (1875- 1961) analytical psychology which studied images and symbols to uncover more profound meanings. These theories were later advanced by two of Freud's successors, Margaret Naumburg (1890- 1983) and Edith Kramer (1916-2014) (Tobin, 2015). Although their theories and methods diverged, both Naumburg and Kramer recognised the value of art as a strength-based psychological tool to encourage verbal expression and communication, and as a process of projecting emotions and bringing deep-seated feelings to

the surface (Tobin, 2015). Art therapy reemerged in the 1940s due to work by Adrian Hill, an artist, author, and one of the art therapy pioneers who recognised the therapeutic benefits of artmaking during his recovery from tuberculosis at King Edward VII Sanatorium in England, where he encouraged other patients to join him in painting (Cheng et al., 2021). Hill believed that the process of creating art fully engages an individual, helping to shift attention away from their difficulties (Cheng et al., 2021). The art therapy triad raised by Hill, which was also called the patient-specialist-arts expression triad (Czamanski-Cohen & Weihs, 2016), is centred around the importance of the relationship between the art therapist, the client (recipient), and the artwork. The client's work is examined in collaboration with the therapist to understand the expressions and meanings within the artwork (Case & Dalley, 2014). While the most recent resurgence of art therapy began in the 1940s, art has been a medium for expressing thoughts and ideas since the dawn of human history. By the mid-twentieth century, numerous hospitals and mental health institutions had established art therapy programmes (Brady et al., 2017).

1.2.2 Definitions and forms of CAT

The American Art Therapy Association defines art therapy as "*a mental health profession that enriches the lives of individuals, families, and communities through active artmaking, creative process applied psychological theory, and human experience within a psychotherapeutic relationship*". Art therapy is further defined as a profession centred around psychiatry, education, and arts (Vick, 2003). A broader understanding is that of creative art therapy (CAT) as the use of the creative and expressive nature of arts and artworks to foster psychological and social well-being (Shafir et al., 2020). The concept of CAT encompasses a variety of methods, including musical engagement, visual arts, movement and dance, drama/theatre, and expressive/creative writing (Stuckey & Nobel, 2010). The literature

recognises many elements of CAT, such as virtual art therapy (VAT) and joint painting, alongside integration of other modalities, such as mindfulness-based art therapy. CAT has been used to manage a broad spectrum of physical, mental, and developmental health issues and promote social well-being. Several creative art styles have been used to promote health and well-being, such as music, dance, drama, poetry and visual arts (Mollaoğlu et al., 2022). Visual arts refer to tactile art projects like drawing with pencils and charcoal, wet and dry painting, creating collages, and using sculpture materials like play dough and clay (Mollaoğlu et al., 2022). Visual art forms are defined by including touchable materials (Joschko et al., 2024), with which participants craft art pieces with their hands, excluding literature-based and performance arts like dance and drama (Joschko et al., 2024). It should be noted that the term 'Art Therapy' has been used in some literature referring to a "*spectrum of 2- and 3-dimensional structured and unstructured visual art media"* (e.g., pencils, paints, chalk, crayons, found objects, clay, fabrics, etc.) (de Witte et al., 2021), a definition that matches that of visual art therapy. However, some literature uses the same term to encompass all creative art forms, and the concept of CAT is used as an umbrella term for visual arts and other art forms like Dance Movement Therapy (DMT), drama therapy, music therapy, poetry and bibliotherapy (de Witte et al., 2021). Another consideration is the distinction between 'active art therapy', which includes the active participation of the clients in arts-making (Joschko et al., 2024; Joschko et al., 2022), in comparison to 'passive' forms of arts therapy such as attending an event, visiting a museum or watching a carnival (Ferrara & Flammia, 2014). For accuracy and consistency, I will use the concept of CAT to refer to all forms of active arts in this research.

1.2.3 How does CAT work

Central to CAT is the concept of the art therapy triad, a framework that concentrates on the therapeutic relationships and alliances between the therapist and the client mediated by the art medium and the process of artmaking (Czamanski-Cohen & Weihs, 2016). A simulation study showed that the emotional connection between the art therapist and client at the beginning was a strong predictor of the client's response to working with art media by the end of the session (i.e., emotional connections would make clients more responsive to and interactive with the therapists and media) (Gazit et al., 2021). An intervention study examined the ability of 17 weeks art therapy to build therapeutic alliance and improve mental health in 164 adults. Using the Working Alliance Inventory (WAI) and Brief Symptom Inventory, the study found that alliance scores increased over sessions, and positive therapeutic alliances were significantly associated with decreasing depression and anxiety symptoms in participants (Heynen et al., 2017). These findings emphasise the importance of building a therapeutic bond and the impact of the artistic experience to make the therapeutic procedures engaging and successful.

In alignment with the art therapy triad, CAT follows a systematic and sequential approach involving a step-by-step process. It starts with engagement with art materials, creating artworks, and finally expressing a personal interpretation of the finished art piece or process through a narrative that relates to the client's feelings, emotions and past experiences (Sarid & Huss, 2010). It is recommended to conduct research identifying the best ways to build and strengthen therapeutic interaction, relationships, and alliances, in order to guide art therapists (Chiang et al., 2019; Kaiser & Deaver, 2013). The recommendations for CAT are similar to those for other psychotherapies. The quality of the client-therapist alliance is a

consistent predictor of positive clinical outcomes independent of the type of psychotherapy approaches and outcome measures. Personal attachments between therapist and client, as well as collaboration and a desire to invest in the therapeutic process, were key to impactful psychotherapies (Ardito & Rabellino, 2011). Mental health professionals should create a safe space and a trusting and collaborative relationship with clients so they can be comfortable sharing their feelings and accomplishing the therapy goal (Loro Ortega, 2023). Through a scoping review, de Witte et al. (2021) identified CAT therapeutic factors, which are concreting or embodiment through arts, creativity and engagement in a safe place, developing agency and skills, interaction and group work with arts, nonverbal expression using symbols and metaphors, handling emotions, and building a therapeutic alliance. Of these factors, embodiment (e.g., body awareness/perception), concreting (e.g., self-display and role reconstruction), and symbolism and metaphor (e.g., expressing imaginary and real-world) were exclusive to CAT, while others were related to other psychotherapies. CAT is based on multi-art creativity, a space for play and fun, free expression through images and symbols, and building relationships in a therapeutic process aiming to improve the health and well-being of recipients (Donohue, 2011). By providing a safe space to express trauma and rebuild trust, foster self-awareness and integration into new communities, creative expression has been linked with better psychosocial well-being in populations with different characteristics (Jean-Berluche, 2024).

As clarified above, art therapy takes various styles that can be categorised under the umbrella of creative arts therapies. However, in literature and practice, art therapy can be found with special names and forms. One of the most common names is expressive arts

therapy. While talk remains the traditional method of exchange in psychotherapy and counselling, practitioners of expressive arts therapy recognise that individuals have diverse styles of communication (Malchiodi, 2023). Some are more visual, others more tactile, and still others use movement and gesture as a form of expression. In parallel to the growing recognition of body-based methods for self-regulation and recovery, expressive arts therapy surfaces as a part of the continuum of somatic practices in the management of traumatic stress, attachment problems, addictions, and other health problems (Malchiodi, 2023). Because expressive methods tend to reveal implicit and embody experiences that may be difficult to share and communicate in traditional talk therapies, many practitioners have shifted to those methods to help individuals more easily express their own issues and concerns (Malchiodi, 2023). The expressive and creative nature of art therapy cannot likely be separated as creativity elicits sharing and relieves personal life difficulties and illnesses through multiple modes and using comfortable options of art materials (Donohue, 2011). In other words, we can conclude that the term 'creative expressive art therapy' can be representative of the entire nature of art therapy. The diversity of the shapes and the names of art therapy could be attributed to the multidisciplinary origin of art therapy, such as psychology and arts (Donohue, 2011).

Another entity is the Humanistic expressive art therapy, which is characterised by its work process, exposure to a wide range of materials, and the employment of a variety of techniques in therapeutic intervention, that help individuals explore their hidden feelings in a supportive setting (Vaartio-Rajalin et al., 2021). These terms point to more holistic objectives, such as growth and healing, rather than targeting a specific health problem (Hlavek & Feldwisch,

2022; Vaartio-Rajalin et al., 2021). Unlike assessment or therapeutic interventions, humanistic expressive art therapy draws on a process of exposure to a diverse range of art media through which participants can explore concealed emotions and seek support more effectively (Vaartio-Rajalin et al., 2021). Overall, a common characteristic of creative and expressive art is that participants do not need a background or experience in the arts to express themselves sufficiently and effectively.

Some literature studied integrating arts into psychodynamic therapeutic approaches (Atalia Mosek & Ben-Dori Gilboa, 2016; Hermann, 2021; Salz, 2021). It is noteworthy first that there is a scarce appearance of psychodynamic art therapy as a compact terminology in the literature. In general, psychodynamic therapies focus on understanding unconscious thoughts, desires, and memories that significantly affect human behaviour (Opland & Torrico, 2024). Consequently, Psychodynamic therapies focus on self-awareness and memory recovery and do not concentrate on mitigating specific symptoms or treating disorders (Machotka, 2015). The psychodynamic therapies are based on group dynamics, which contribute to developing more robust resilience and social constructs in participants through interaction with their narratives, materials, and other group members (Atalia Mosek & Ben-Dori Gilboa, 2016). Notably, psychodynamic approaches in art therapy share similarities with humanistic expressive art therapy, implying that both are not distinct entities, as expressive arts can employ psychodynamic methods to achieve a range of benefits.

Despite dramatherapy falling under the umbrella of creative and expressive art therapies, it stands as a unique form of art therapy, and providers may be designated as dramatherapists, rather than art

therapists. Drama and theatre play follow and are influenced by many psychological and psychodynamic theories, as well as mechanisms of change, cognitive behavioural therapy, and client-centred therapeutic approaches (Berghs et al., 2022). This presents another example of the cross-cutting between expressive arts and psychodynamic approaches. Drama therapy participants are asked to create artistic movements or products to express and share psychological problems they encounter and to pursue coping strategies and adaptive behaviours (de Gruijter et al., 2024) or to mitigate adverse effects of illnesses and crises (Jiang et al.).

Forms of art therapy can also differ in terms of mode of delivery, such as virtual art therapy, and the structure of the intervention, including those that combine art therapy with other psychosocial interventions. Some studies have described the virtual delivery of CAT, also known as virtual art therapy (VAT). VAT could be a valuable option for patients who are more isolated from others either due to age, illness, disability, or other factors that hinder accessibility (Kaimal et al., 2019). Virtual realities offer novel options for expression, such as three-dimensional painting, and immersive and embodied expression modes (Hacmun et al., 2018), which do not exist in the real world. Studying the virtual conduction of and introducing technologies into drama therapy is one of the recommendations in literature. Combining virtual art therapy with physical therapy is suggested to provide a better understanding of the mental health needs of adolescents (Shamri Zeevi, 2021). VAT tend to focus more on free expression rather than on the analysis or interpretation of the artwork (Moog et al., 2025). However, the technological route of delivering art therapy may not restrict the aims and function of the therapy, and more research is needed to examine the suitability of VAT among adolescents (Shamri Zeevi, 2021).

CAT shares similarities and differences with other psychotherapies and mental health and psychosocial support (MHPSS) interventions. Psychotherapy (also called talk therapy) refers to treatments that aim at helping a person know and adjust negative emotions, ideas, and behaviours. Psychotherapy is performed by an accredited mental health professional, individually or with others, in a group setting. Generally, psychotherapies aim to alleviate symptoms, foster daily functioning, and promote quality of life (National Institute of Mental Health, 2024). Group and individual psychotherapies can aim to empower participants, mitigate psychosocial problems, and promote positive mental health (Hettich et al., 2020; Wiechers et al., 2023). CAT shares characteristics and features that overlap with those of other mental health interventions. In terms of structure, for example, psychodynamic psychotherapies and CAT are predominantly conducted in weekly group sessions (Hettich et al., 2020; Wiechers et al., 2023). Several elements that can be adopted in different forms of interventions were found to create a safe, trustworthy, resilient, controllable, and culturally adaptive environment (Hettich et al., 2020). Besides, enhancing networking, teamwork, therapeutic alliances, and friendships appears to be a crucial priority in both arts- and non-arts-based therapeutic interventions (Hettich et al., 2020). CAT, like other therapeutic interventions, has been linked with improvements in patients with diverse mental health problems, mainly post-traumatic stress disorder, depression, and anxiety (Kirsch et al., 2024).

Psychological modalities should account for individual characteristics of beneficiaries like age, cultural background and specifics of traumatic experiences (Khadzhyradieva et al., 2025). Studies varied in their use of culturally grounded mechanisms in developing and

implementing interventions (Kirsch et al., 2024). For refugees, the impact of individual psychotherapies draws on recognition and validation during therapy, constructing connections and relationships with therapists, regaining hope, and cultural and sociopolitical understanding of the refugee context (Khairat et al., 2023). MHPSS needs cultural adaptation to be more acceptable and effective. For instance, culturally adapted CBT was found to have significant acceptability, appropriateness, and effectiveness (Menon et al., 2024). These aspects were similarly found important when designing and implementing CAT with different populations, including refugees (Hocoy, 2002; McLeod et al., 2021; Zadeh & Jogia, 2023).

Sports and physical activities were employed to promote the mental health of refugees. Sports-based MHPSS interventions employ a multidisciplinary and intersectoral approach to delivery (Rosenbaum et al., 2025). Encouraging a playful and joyful atmosphere in CAT was also encouraged, along with creating opportunities for spontaneity and improvisation. Furthermore, integrating body-based movement activities and sports with the arts has been found to yield stronger positive outcomes (Feen-Calligan et al., 2023; Feen-Calligan et al., 2020; McLeod et al., 2021; Schaeffer & Cornelius-White, 2021). Unlike sports projects, which often aim for goals like education or health, play itself holds intrinsic value. Play can create an imaginary world, fostering enjoyment and relaxation by helping young refugees forget their worries about the past or future and instead focus on the present (Koopmans & Doidge, 2022). Through play approaches, MHPSS interventions can be implemented in public or clinical settings to establish a foundation for various positive outcomes and development (Koopmans & Doidge, 2022). Overall, CAT, sports, and play-based interventions appear to be capable of being implemented

with the aim of targeting a specific goal or achieving multiple benefits simultaneously.

Similar to holistic or humanistic approaches in CAT, psychotherapies' benefits can extend beyond just relieving symptoms or illness. Cognitive therapies primarily focus on what people think rather than their actions (Ryum & Nikolaos, 2024), while humanistic therapies emphasise how individuals make choices and decisions to maximise their development potential (American Psychological Association, 2025). Humanistic approaches centre on the care, concern, and interest of the therapist, fostering a sense of grounding (being aware of the present moment) and supporting freedom, self-determination, and the pursuit of meaning (American Psychological Association, 2025). The benefits of psychotherapies were categorised under three key themes of love, work, and finding meaning (Zavlis et al., 2025). 'Love' reflects how patients see and relate to themselves, explored through psychodynamic and psychoanalytic methods. 'Work' involves using resources to cope, adapt, relieve symptoms, and improve quality of life, aligning with cognitive behavioural principles. The final theme was 'meaning', which is centred around emotional stabilisation, wellbeing, mindfulness, acceptance, control, and inner freedom, which are closely linked to existential and mindfulness-based psychotherapies (Zavlis et al., 2025).

De Witte et al. (2021) identified CAT therapeutic factors, which include concreting or embodiment through the arts, creativity and engagement in a safe space, developing agency and skills, interaction and group work with the arts, nonverbal expression using symbols and metaphors, handling emotions, and building a therapeutic alliance. Of these factors, embodiment (e.g., body awareness/perception), concreting (e.g., self-display and role

reconstruction), and symbolism and metaphor (e.g., expressing imaginary and real-world) were marked as exclusive to CAT, while others were related to other psychotherapies. CAT is based on multi-art creativity, a space for play and fun, and free expression through images and symbols, while building relationships in a therapeutic process aimed at improving the health and well-being of recipients (Donohue, 2011). In summary, CAT, MHPSS, and mental health therapies share several commonalities in terms of structure, delivery methods, components, and objectives. CAT remains unique in its use of a non-verbal route of expression and communication using a multitude of sensory materials.

1.2.4 CAT and health

Emerging research increasingly demonstrates a connection between creativity, better well-being, and various beneficial health outcomes (Gorny-Wegrzyn & Perry, 2022). Studies in this field suggest that involvement in creative arts can lead to psychosocial and behavioural effects that may help reduce loneliness, depression, pain, and a range of other health concerns. A scoping review by the World Health Organization (Fancourt & Finn, 2019)— with a focus on the European region—explored the qualitative and quantitative evidence for using arts to promote physical and mental health and well-being. The review found that arts can positively impact physical and psychological health. The extracted studies were based on diverse methods, primarily involving critical and systematic reviews, meta-analyses, randomised controlled trials (RCTs), and psychobiological and clinical studies. Under the health prevention and promotion theme, the review shed light on possible effects in improving child development, boosting health-promoting behaviours and averting unhealthy ones, and improving parenting and caregiving. Furthermore, art-using practices showed promising improvement in

physical and mental health and wellbeing in the context of non-communicable diseases (NCDs), neurodevelopmental disorders, and palliative care, as well as in strengthening referral routes and access to social care programmes. Arts were found to be strongly linked with social determinants of health, such as stimulating communication and developing functional daily life skills. In other words, the benefits of arts can extend beyond the art therapy triad and the therapy sessions to acknowledge beneficiaries' environments and demands for long-lasting benefits. In conclusion, Fancourt and Finn (2019) stated that using arts as a therapy holds promise in improving overall health and well-being.

CAT is commonly used in managing symptoms associated with depression and anxiety and neurodevelopmental disorders like cognitive impairment, dementia and Alzheimer's, Schizophrenia, and autism (Hu et al., 2021). A literature review reveals that drawing and painting can facilitate the expression of emotions, which will not only help in treatment but also capture more symptoms that might not be captured by conventional tests, which can assist the clinicians in case conceptualisation and making case management decisions (Hu et al., 2021). In a literature review, Mollaoğlu et al. (2022) proposed that CAT can be adopted in health promotion programmes and encouraged collaboration between health and arts professionals to foster health and well-being in societies. Additionally, integrating arts into health services has the potential to positively impact healthcare workers, patients, and families (Mollaoğlu et al., 2022). Art materials such as clay modelling, music, painting, and drawing have been shown to encourage dialogue, interaction, and relationship building between client and therapist, which is compatible with Chiang et al.'s (2019) claim regarding the more substantial impact of visual arts. Second, art therapy forms that emphasise the therapeutic

relationship between the client and art therapist through the artmaking process as part of the art therapy triad (Czamanski-Cohen & Weihs, 2016) have demonstrated a reduction in symptoms of depression and stress (Van Lith, 2016). Group therapy for PTSD patients concentrated on direct approaches, like problem understanding and management, and indirect approaches drew on providing patience and freedom in art making and expression in a joyful and playful art-making environment, was found helpful in emotional expression in an art therapeutic setting (Van Lith, 2016).

Qualitative interviews with patients in a psychiatric setting following CAT interventions indicated improved relationships between patients and the mental healthcare team and in patients' mood and self-concept (Oliveira et al., 2022). A systematic review of qualitative research listed the potential benefits of CAT for patients with non-psychotic mental disorders, which included the ability to form relationships with the therapists and the group members, understand their own and other's feelings, share their perspectives, relax and express themselves, and develop a sense of personal achievement and control over their emotions (Uttley et al., 2015). However, CAT has also been shown to have the potential to make patients more anxious, stimulate emotional pain, and trigger negative emotions (Uttley et al., 2015). Clients of art therapies are likely vulnerable individuals with jeopardised self- confidence and the ability to trust practitioners. Consequently, establishing a trusting relationship with the therapist is essential. However, if the recipients became dependent on the therapist following the sessions, this could weaken recipient's self-trust and confidence (Springham & Huet, 2020). Potential harms of CAT are consistent with those of other psychotherapies. Harms of psychotherapies could be sorted under themes of 'clinical deterioration' and 're-traumatisation' (Castro Batic

& Hayes, 2020), which imply the emergence of new symptoms and worsening of existing ones.

Several articles reported on the positive impact of CAT when combined with other mental health interventions. For example, combining art therapy with mindfulness could be more effective than art therapy alone in improving the mood of people without a diagnosed mental health disorder. (Ando & Ito, 2014). In addition, combining art therapy with mindfulness (mindfulness-based art therapy) shows promising evidence in alleviating mental health symptoms (Newland & Bettencourt, 2020; Campbell et al., 2016); however, more primary studies are warranted to substantiate this evidence (Newland & Bettencourt, 2020). Similarly, the combination of play and art therapy was found to be meaningful, as both modalities are cost-effective and have an apparent effect in relieving anxiety (Dalei et al., 2020). Moreover, CAT could assist other therapists in understanding their patients or clients, serving as an auxiliary modality to medical interventions for people with mental health problems and disorders. For example, CAT can be a useful tool for occupational therapists to recognise the psychological traits and behaviours of children with special needs, as well as to establish initial engagement with them. (Hu et al., 2021; Nguyen et al., 2016). According to some studies, combining CBT and art therapy appears to be effective in alleviating depressive symptoms (Yi et al., 2024). The Cognitive Behavioural and Art-based program (CB-ART) was found to be feasible, acceptable, and safe, and it offers notable therapeutic benefits (Brown et al., 2023). This combination was also connected with lower attrition from interventions while increasing satisfaction, particularly in young populations (Wang & Xiao, 2021). CAT could be combined not only with other psychosocial interventions but also with medical therapies. For example, combining CAT with

pharmacotherapy showed greater improvements in depressive and anxiety symptoms and self-esteem than in patients who had pharmacotherapy alone (Choi et al., 2020). Although using art therapy alongside other modalities makes it difficult to assess the effectiveness of standalone CAT (Schouten, 2025; Chiang et al., 2019), combining CAT with other therapies or approaches also demonstrated potential for greater improvements in mental health.

Research into the application of CAT for mental health challenges reveals significant inconsistencies, which hinder the ability to effectively evaluate its efficacy. A common thread across studies (Chiang et al., 2019; Schouten et al., 2015) is the variability in the ways CAT is applied—ranging from individual to group settings, across different durations and frequencies, in combination with other therapeutic modalities, with differences in the qualifications and expertise of CAT providers. This variability complicates the ability to accurately assess the impact of CAT as a standalone intervention (Chiang et al., 2019; Schouten et al., 2015) and creates difficulty in adapting the therapy to varied cultural and contextual needs (Braito et al., 2021). Methodological weaknesses in studies that examine CAT's efficacy include the reliance on case studies, studies with small sample sizes and unclear outcome assessment tools, and the lack of randomised controlled trials (RCTs), which are considered the gold standard for establishing therapeutic effectiveness evidence (Schnitzer et al., 2021; Schouten et al., 2015). For refugee populations, there is a noticeable gap in both qualitative and quantitative research. While some studies report promising qualitative findings regarding the acceptability and perceived impact of CAT for refugees (Beck et al., 2018; Zadeh & Jogia, 2023), the lack of rigorous quantitative data leaves the actual therapeutic value of CAT uncertain in this demographic. Overall, although there is more

qualitative evidence supporting benefits of CAT than quantitative (Annous et al., 2022; Schaeffer & Cornelius-White, 2021), qualitative research on the mental health impact of CAT on refugee populations is relatively scarce. In the context of refugee adolescents specifically, no previous literature reviews highlighted qualitative and quantitative evidence of CAT to address their mental health problems.

1.2.5 CAT and refugees, migrants, and displaced populations

Zadeh and Jogia (2023) conducted a literature review to explore the efficacy of CAT in reducing mental health symptoms in refugees of all ages. First, the review found that studies that use CAT alone are scarce, as most interventions that were included involved CAT with other modalities such as Cognitive Behavioural Therapy (CBT), a finding that also applied to non-refugee populations (Chiang et al., 2019; Schouten et al., 2015). Accordingly, they extracted seven studies comprising randomised and non-randomised controlled trials, intervention and case studies and outcome evaluation with a qualitative analysis component. Five studies focused on adolescents and two on adult refugees who received CAT with or without other modalities. Three of the included studies on adolescent refugees were included in the systematic review in Chapter 2 (Ramadan et al., 2024). Zadeh and Jogia (2023) voiced that visual arts are cost-effective as they can be set up with simple materials and without prior strong arts knowledge and experience by the participants. They added that visual arts accommodate differences in cultures and ethnicities and wide age ranges. This aligns with findings by Van Lith (2016) and Chiang et al. (2019), who reported superior qualitative outcomes for visual arts compared to other creative arts media in studies involving both refugee and non-refugee populations. Findings on the benefits of CAT varied among qualitative studies. The benefits of CAT for refugees converged around helping people deal with traumatic

experiences, re-establish social networks and trust, stimulate non-verbal communication and self-expression, and tell their life stories (Zadeh & Jogia, 2023) by establishing a safe environment for them to envisage their future by utilising their resources and restoring control (Dieterich-Hartwell & Koch, 2017; Ugurlu et al., 2016). Moreover, Dieterich-Hartwell and Koch (2017) affirmed that arts rooted in or gleaned from refugees' homeland and culture can help them preserve their identity through artmaking and expression.

Some literature suggested that CAT could be an engaging intervention for refugees (Feen-Calligan et al., 2023; Feen-Calligan et al., 2020; Grasser et al., 2019; Ugurlu et al. (2016)). A music therapy in two groups of refugee adults was found to be as helpful as other psychosocial interventions and even more engaging for refugees (Beck et al., 2021). In this study, the first refugee group received music therapy (focused on trauma-related music and imagery), while the other underwent standard psychological therapies. Results showed that music therapy was as effective as standard talk therapies, with lower dropout rates observed in the music therapy group compared to the standard therapy group. The evidence for CAT for refugees seems similar to that of the general population. CAT evidence, particularly qualitative evidence, for refugees' mental health has been labelled as inadequate but with potential or promise, (Schaeffer & Cornelius-White, 2021; Scott & Williams, 2024; Ugurlu et al. (2016). This corresponds to a systematic review of the empirical evidence of CAT for refugee children and youth with post-traumatic stress disorder (PTSD), which did not find adequate effectiveness evidence and accordingly classified CAT as a practice of inadequate evidence for traumatised refugee children and youth (Annous et al., 2022). To date, the uses, benefits and challenges of CAT to improve the mental health of refugee adolescents have not been deeply explored.

In conclusion, beyond the findings reported in existing studies, CAT may hold unique potential for refugee populations due to their ability to overcome language barriers and cultural differences, which are remarkably and frequently faced obstacles in classical talk-based therapies (Al-Hroub, 2023; Milev, 2025). The non-verbal expression through visual and performance-based arts offers a culturally adaptive and developmentally appropriate platform for sharing and communicating, especially for adolescents who may not possess the key prerequisites for engaging in conventional therapies, such as language and emotional skills, vocabulary, or trust in providers and their surrounding environment (Léger-Goodes et al., 2024). In this context, CAT can serve as both a medium for regulation and a restoration, helping refugee adolescents process trauma safely and reconstruct a coherent self-narrative (Rowe et al., 2017; Vezmar et al., 2024). Furthermore, the group-based nature of many CAT interventions enhances social connection, reestablishing a sense of community and belonging that is often lost through displacement (Vezmar et al., 2024). Given these integrative and expressive merits and strengths, CAT has the potential not only to reduce symptoms but also to foster identity reconstruction and resilience in refugee adolescents (Oepen & Gruber).

1.2.6 Creative arts as a means of emotional expression for refugee adolescents

Research showed that expression through creative arts can empower migrants and refugees as they move from an old to a new environment (Dieterich-Hartwell & Koch, 2017). McLeod et al. (2021) stated that arts can benefit immigrant and refugee youth through mental health promotion, including promotion of women's rights, social cohesion, and community development. Through a holistic

lens, CAT can help children and adolescent refugees express themselves safely, heal and be heard (Akthar & Lovell, 2018). Díaz and Paula (2018) believe that the arts could create a habitat for multicultural refugees and local adolescents, buffer their differences, and surpass communal aspects and barriers between them and their families and community. For refugee children and adolescents, CAT has been used to assess mental health through allowing them to express through arts and then analysing themes in their art works and performances (Choi, 2010; Dobretsova & Wiese, 2019). Akthar and Lovell (2018) explored the experiences of three art therapists delivering CAT for refugee children under 18 through interviews and thematic analysis of their input. Six themes were identified which reflected the therapists' experiences: giving voice, rebuilding trust and healing wounds, sharing stories, healing pains, exploring identity and discovering a new self. Creative media was shown to help refugee and asylum-seeking adolescents express their feelings and experiences. They expressed themes that converged around aggressive and chaotic experiences, avoidance, depression and loss, need for protection and trust, disorganised thoughts, and loneliness (Choi, 2010; Dobretsova & Wiese,2019). Refugee adolescents likely suffer family and social separation, academic difficulties, and economic hardships, which would suppress the growth and development of these adolescents, who are in a critical life stage as they transform into healthy adults with decent futures (Choi, 2010; WHO, 2020). In conclusion, refugee adolescents' experiences expressed through arts, including drama therapy, storytelling, drawing and painting, and sand play, converge around trauma and loss, distrust and insecurity, which impact their growth and development. CAT can offer a positive avenue for sharing culture and fostering self-expression, self-awareness, self-confidence, and sense of hope, thereby enhancing the participants' ability to overcome daily

stressors (McLeod et al., 2021; Rousseau et al., 2005; Ugurlu et al., 2016).

1.2.7 CAT for improving mental health outcomes and well-being of refugee adolescents

Few primary studies examined if CAT can improve psychosocial well-being and reduce mental health symptoms of refugee children and adolescents (Feen-Calligan et al., 2023; Feen-Calligan et al., 2020a; Grasser et al., 2019; Ugurlu et al., 2016). Feen-Calligan et al. (2020), in a controlled trial, reported reduced anxiety, stress, depression, and PTSD among 12 Syrian refugee children and adolescents receiving 12 weekly CAT sessions, including sensory media, collage, and narrative based approaches. In the same study, observations and feedback of the therapists suggested that CAT elicited positive emotions and a sense of self and community, provided coping and stress management skills, and incited resilience in Syrian and Congolese refugee adolescents. Two pre-and post-CAT assessment design studies, including drawing, music therapy, and DMT, yielded similar findings with similar sample characteristics, revealing a significant reduction in post-traumatic stress symptoms, along with decreased anxiety levels, including separation anxiety, social anxiety, and panic disorder symptoms, and depression (Grasser et al., 2019; Ugurlu et al., 2016). Although these primary studies provided promising outcomes, their sample sizes and design—without control groups—do not duly support the evidence base for CAT effectiveness.

Overall, the efficacy and design of CAT interventions for refugee populations remains inconsistent. Studies that reported impacts of specific CAT components and practices were not originally designed for this purpose or they reported them as secondary findings. Studies were mainly in the form of meta-synthesis and literature review

(Schaeffer & Cornelius-White, 2021; Zadeh & Jogia, 2023), in addition to pre- and post-assessment surveys, feedback through interviews or group discussions, or observations by art therapists in controlled trials (Feen-Calligan et al., 2023; Feen-Calligan et al., 2020; Grasser et al., 2019; The Red Pencil, 2021; Ugurlu et al., 2016). Although these studies highlighted potentially acceptable and effective practices that therapists can integrate into CAT for refugee adolescents, they remained notably subjective and lacked the systematic methods to guide therapists in selecting appropriate approaches, creative arts media, and activities. Furthermore, these findings were not exclusively focused on adolescents, as the studies included refugee children and adults. Evidence on the effectiveness of CAT and recommended practices for fostering the mental health of refugee adolescents remain under-researched.

1.3 Literature gaps and recommendations

1.3.1 Gaps and recommendations in general application of CAT

Bowen-Salter et al. (2022) argued through a systematic review that the lack of standardisation of CAT is inherent as therapists follow flexible, client-centred and focused approaches. The inconsistency in CAT appears in the context of intervention design, therapists' training, delivery mode, recipients' characteristics, and outcome-measuring methods (Bowen-Salter et al., 2022). A three-round Delphi study engaged expert art therapists with experience in developing, reviewing, or presenting research to establish a research agenda for future CAT areas and to prioritise essential research questions (Kaiser & Deaver, 2013). Some of the prioritised areas and research questions aligned with the findings and recommendations of other research. The need for primary studies to explore the efficacy of CAT interventions obtained the highest agreement, which was also recommended by Schnitzer et al. (2021) and Beck et al. (2018) and

for recommended in the contexr of CAT use with children by Braito et al. (2021). Fancourt and Finn (2019) added that effectiveness evidence research should be sought for variant populations in different contexts. Another priority area identified was the processes and mechanisms adopted within CAT approaches and the nature of art materials used when delivering CAT, which could be studied from the perspectives of art therapists, as recommended by Akthar and Lovell (2018) and from CAT clients, as encouraged by Van Lith (2016).

Van Lith (2016) and Fancourt and Finn (2019) called for studying practices and approaches to make CAT more transferable, feasible and manageable. Another priority was the longer follow-up and assessment to exclude transient effects and spontaneous recovery, which could be accomplished by tracking the long-term impact of CAT at different time points (Schnitzer et al., 2021; Fancourt & Finn, 2019; Zadeh & Jogia, 2023). Another strongly prioritised area was encouraging qualitative research, such as interviews or focus groups with participants to better understand their experience and the therapeutic relationships between the therapist and the client, which was also encouraged in various literature (Akthar & Lovell, 2018; Schaeffer & Cornelius-White, 2021; Van Lith, 2016). Kaiser and Deaver (2013), in agreement with Van Lith (2016), asserted that gaining more appraising feedback from the participant's perspectives for more realistic and adaptive practice is core to advancing CAT evidence and practice. With a lower agreement, the association between art therapy and art education and how to advance art therapy as a profession appeared as under-researched areas. In the second section, Kaiser and Deaver (2013) asked art therapists to rate proposed research questions in importance and priority. The most agreed-upon research questions were about the structure of an intervention that could achieve specific outcomes with a defined

population, which reverberated through the recommendations of other literature (Fancourt & Finn, 2019; Schouten et al., 2015; The Red Pencil, 2021). Another under-researched area was what potential outcomes CAT could bring, like mental health and quality of life, a question that may contribute to more knowledge in connection with the holistic approach of CAT discussed by Hlavek and Feldwisch (2022) and Mollaoğlu et al. (2022).

Identifying the efficacy of CAT with clients from different ethnic, racial, and cultural backgrounds can become more difficult with heterogeneity and lack of standardisation of CAT practice, design, duration and assessment tools (Bowen-Salter et al., 2022; Braito et al., 2021; Chiang et al., 2019; Schnitzer et al., 2021). Therapists may not apply the same process with diverse beneficiaries. Van Lith (2016) concluded that art therapists tend to use mixed approaches while delivering CAT to mental health patients. They move away from clinical models toward adapting their own guidelines so they can provide therapy that better suits the context, culture and space where CAT is being conducted. Accordingly, advocating for studying approaches and practices that work best for a particular cohort in a specific context and setting, which is reflected in the literature (Fancourt & Finn, 2019; Schouten et al., 2015; Zadeh & Jogia, 2023), could be a solution. Studying the best environment for CAT, how other mental health professions perceive art therapists, and the role of creativity in forming a CAT structure are further areas for research (Kaiser and Deaver, 2013). Fancourt and Finn (2019) recommend that future CAT programmes should address cultural considerations around religion, gender, and participant relationships. To increase support and recognition, they also highlighted the importance of understanding how CAT can influence policymakers and donors and how these groups perceive it. Further, they called for research on the

scalability of arts-based interventions, along with more significant efforts to engage the public, institutions, and policymakers through awareness initiatives to reinforce the role of arts in promoting health and social well-being. Ensuring sustainable access to culturally relevant arts and CAT programmes, particularly for disadvantaged and marginalised populations, was called for in several papers (Fancourt & Finn, 2019; The Red Pencil, 2021; University College Cork, 2018). Advancing CAT should be pursued at multiple levels, with a focus on contextualising and adapting its design, implementation, and adaptations to meet the specific needs of targeted beneficiary groups.

1.3.2 Gaps and recommendations in the application of CAT for refugee adolescents

CAT has been practised for a long time, but the generation of quality evidence does not correlate with the increasing number of publications on the subject (Rodriguez Novo et al., 2021). Recommendations for CAT with refugee adolescents should be considered alongside those for other refugee and non-refugee populations, as many gaps and implications may be generalisable. One of the issues tidentified many times within the literature is the heterogeneity of design, approaches, practices, and assessment tools in CAT interventions (Bowen-Salter et al., 2022; Braito et al., 2021; Schnitzer et al., 2021). There is an identified need for studying CAT media, structure, approaches, tools and activities, and practices that can achieve the best specific outcomes with a specific population in a particular context (Fancourt & Finn, 2019; Kaiser & Deaver, 2013; Schouten et al., 2015; The Red Pencil, 2021; Zadeh & Jogia, 2023). In humanitarian circumstances, refugees may come from multiple countries, making the group heterogeneous and encompassing diverse cultures, religions, and traditions. Therefore, CAT should be

adapted to mitigate differences and ensure equity in intervention. These adaptations can be informed by insights from both therapists and recipients, a recommendation that echoed throughout the literature (Akthar & Lovell, 2018; Kaiser & Deaver, 2013; Van Lith, 2016).

Authors of research on CAT for refugee adolescents recommended adapting interventions to meet their specific developmental needs and to account for the social and environmental challenges they face. Choi (2010) called for further research to generate CAT evidence-based guidelines that can shape practical adaptations for this population. Additionally, research incorporating feedback from refugee adolescents who have participated in CAT, alongside insights from art therapists (Akhtar & Lovell, 2018), can help identify engaging and effective CAT practices tailored to the context of refugee adolescents. Involving refugee adolescents in research can also help ensure culturally informed CAT practices and therapists. A sustainable approach was advised, including regularly adapting art programmes to suit the evolving refugee context and possibly incorporating friends and family to enhance therapeutic effects. Addressing communication and collaboration between art therapists and psychotherapists was also recommended (The Red Pencil, 2021).

Moreover, research is sought to address factors that can suppress CAT attendance, engagement, and efficacy, like obstacles related to transportation and communication with the parents and the community, childcare availability, psychosocial stigmas, cultural norms, and language barriers (Scott & Williams, 2024). Acceptability of CAT in humanitarian settings is essential for commitment to participation. For example, Feen-Calligan et al. (2020) and Grasser et al. (2019) provided a meaningful example of addressing attendance

barriers to lower attrition rates by involving families and facilitating the transportation of participants. However, the means of improving and sustaining acceptability in this context were not adequately studied. By triangulating these gaps and recommendations, studying CAT components and practices that work best for refugee adolescents in a humanitarian setting could be prioritised for this demographic. To date, there have been no systematic reviews of CAT use for refugee adolescents' mental health. Additionally, research exploring the experiences of therapists and refugee adolescents through interviews, focus groups, or surveys is limited.

1.4 Current research

The current research aimed to strengthen the evidence base for the effectiveness of CAT in supporting the mental health of refugee adolescents through three main steps: a systematic review, qualitative interviews with CAT providers and recipients, and consensus-based surveys. First, I reviewed both peer-reviewed and grey literature on CAT's role in fostering mental health for this group. Next, I involved CAT experts, including therapists, practitioners, researchers, and refugee adolescents aged 10-24 who have previously participated in CAT. These participants were invited for semi-structured interviews and Delphi surveys to identify the best practices for CAT in this context from their viewpoints and perspectives. To my knowledge, this is the first study in the context of CAT that enrols refugee adolescents. The three studies are sequential, whereby the findings of each study shaped and guided the formation of the following one.

1.4.1 Research questions

This research work would answer the following questions: (1) How is CAT used to address the mental health of refugee adolescents? (2)

How can CAT practice be adapted to the context of refugee adolescent mental health? and (3) What are the best CAT designs and practices for refugee adolescents?

1.4.2 Objectives

The overarching aim of this study is to understand acceptable and impactful CAT practices which would inform developing interventions to enhance the mental health of refugee adolescents. Three phases were followed to fulfil this aim. I began with exploring literature to inform and guide the next phase of the Delphi study rounds, including interviews and surveys:

1. The systematic review aims to: (1) Describe the uses and effectiveness of CAT in preventing and managing psychological conditions while promoting positive mental health in refugee adolescents aged 10–24 years; (2) Collate CAT intervention components in terms of design, implementation, adaptation, and effectiveness; (3) Highlight challenges in practice and limitations in research.

2. The qualitative study aimed to understand how to optimise CAT to foster the mental health of refugee adolescents and explore the elements and adaptations needed for appropriate, acceptable, and effective practice. Semi-structured interviews with creative art therapists, practitioners, and researchers with experience delivering CAT to refugee adolescents, and with refugee adolescents who had previously participated in CAT were conducted. By thematic analysis of the interview narratives, I explored the perspectives of CAT experts, including providers and recipients, thereby offering practical and credible guidance for therapists and intervention implementers in their work with

refugee adolescents. The interview narratives were also used to generate statements for the next step, the Delphi survey.

3. The Delphi study aims to delineate the most recommended design, approaches, activities, and adaptations of CAT from the perspective and experience of a panel of creative art professionals and refugee adolescents with creative arts experience in a three-round Delphi study design. The first round aims to generate statements on recommended CAT intervention components by interviewing eligible panellists. To weigh and prioritise the intervention components, the same interviewees in the first round and newly enrolled panellists with the same eligibility criteria were asked to rate the statements based on importance in the second and third rounds.

Chapter 2: Methods

2.1 Chapter overview

This chapter outlines the research methods followed to answer the thesis research questions. First, the research design is presented as a mixed-methods study, and a flow chart is provided to introduce the reader to the methodological steps followed. The following section provides a brief overview of the research paradigms and philosophical underpinnings of the current study, as well as my positionality and reflexivity throughout planning, conducting, analysing, and reporting of the results. Then, an overview is provided of the participant demographics and recruitment procedures, data collection tools, (including the systematic review search and extraction process, interview guide, and Delphi surveys), data analysis process, and ethical considerations for each study. These elements are discussed in depth to provide an understanding of the methods employed in the three studies.

2.2 Research design

I employed a mixed-methods design across the systematic review and the Delphi study. Mixed-methods research isdefined as the combination of quantitative and qualitative methods. It is an innovative and increasingly favoured approach in the fields of mental health and social sciences (Palinkas et al., 2011; Saraswati & Devi, 2023) due to its ability to unite subjective and objective research paradigms to answer questions or fill gaps in the literature. Mixed methods are commonly used in mental health to evaluate, adapt, and assess existing services, develop new services, and examine the implementation feasibility and effectiveness of mental health interventions in randomised controlled trials (Palinkas et al., 2011).

The systematic review was primarily qualitative; however, I also shed light on recorded effect sizes in the quantitative studies, reporting them from three studies and calculating them for the fourth, as the authors did not report them. The Delphi study rounds comprised both qualitative and quantitative components. The interviews provided rich qualitative data for thematic analysis and statement generation. The consensus and per cent agreement elements provided scaling of contextualised CAT practices regarding importance. The cross-sharing of comments about the statements between the panellists allowed further qualitative exploration of perspectives, fortifying the qualitative components and validation of statement's classification by importance.

2.3 Reflexivity and positionality

My research questions can be addressed in two ways. First, by collating descriptive knowledge on the application of CAT, its practices, and associated drawbacks and synthesising relevant literature. Second, through primary data collection within aDelphi study, I collected and analysed the perspectives of professionals and adolescents to explore how CAT can be made more effective. The consensus-building process employed a mathematical approach, using cut-off points to rank the best practices. In summary, my research paradigm required both a deep and explicit exploration of personal experiences alongside a numerical measurement of the importance of various factors. A research paradigm is a framework that guides the design and performance of research, drawing on assumptions about reality (ontology), knowledge (epistemology), and methodology. Ontological questions are about describing reality and existing entities connected to it and the relationships and interactions between them. Epistemological questions are about how people can reach the reality of the world, while methodology questions are

about how knowledge can be investigated and validated (Johannesson & Perjons, 2014). Research paradigms lay the foundations for shaping research to answer defined research questions and effectively interpret the findings. There are three main paradigms: (1) positivist (objective/quantitative), (2) interpretivist or constructivist (subjective/qualitative), and (3) pragmatic (both quantitative and qualitative) (Turin et al., 2024).

The positivist paradigm views the world data through a quantitative lens. It postulates that researchers and scientists can examine the data through mathematical methods and provide robust determinations based on numerical results. This paradigm is deemed objective because it draws on analysis methods that enable the acceptance or rejection of a hypothesis using proper statistical tools. It is assumed that it shows the world as "it really is" (Omodan, 2022). An example relevant to my research work is determining if a therapy is effective or not. This could be tested by comparing quantified measures before and after therapy between a treatment group and a control group, where participants are randomly allocated to each group. In this example, the results exhibit whether the effect of the therapy is significant or not and provide a degree of the effect if it exists (e.g., low effect size). In conclusion, the positivist paradigm implies that the reality or the relationship between variables can be gleaned from numerical analysis with statistical power (Turin et al., 2024).

The main goal of the interpretivist paradigm is to understand how people experience and make sense of their world (Kivunja & Kuyini, 2017). This approach focuses on understanding the thoughts and perspectives of the individuals being studied rather than imposing the researcher's own viewpoint or analytic tools. The aim is to see things

through the subject's eyes and interpret the meaning they create within their context. The paradigm emphasises that reality is not fixed but is shaped by social interactions and individual interpretations. For this reason, it is sometimes referred to as the “constructivist” paradigm. In this approach, research does not begin with a pre-existing theory; instead, theories emerge from the data collected during the research process (Kivunja & Kuyini, 2017).

The pragmatic paradigm argues that a singular method cannot answer a question about reality, but combining the positivist and interpretivist paradigms can. This paradigm encompasses research approaches that are more practical and multi-methodological, utilising a combination of methods. The pragmatic paradigm promotes the use of mixed methods to understand human behaviour. It is based on the idea that research approaches should be flexible and chosen based on what suits the study best (relational epistemology). It assumes that reality is not singular, as everyone has their own unique perspective (non-singular reality ontology). This paradigm emphasises practicality and adaptability in research methods (Kivunja & Kuyini, 2017). Pragmatism is valuable for social justice research as it brings together diverse perspectives and can empower marginalised communities. It offers solid evidence for discussions at all levels, from local to global. Focusing on practical insights helps social researchers design more impactful investigations (Kaushik & Walsh, 2019).

This research work followed a pragmatic paradigm. The systematic review collated and synthesised the evidence regarding the benefits of CAT in improving the mental health of refugee adolescents and shedding light on the purposes for which CAT was used, the practices implemented, and the challenges and research limitations faced. For

these objectives, an interpretivist approach was employed, while a positivist approach was adopted by collating effect size values for outcomes across the four quantitative studies. Similarly, an interpretivist approach was used to generate the Delphi statements and synthesise the themes of practice adaptation, as the literature was insufficient in terms of the number of studies and level of detail in reporting favourable practices. In addition, the first round of the Delphi was designed to obtain a deep understanding of the experiences and perspectives of participants who could contribute to answering the research questions. According to the philosophical paradigms and benefited from conclusions of Kivunja and Kuyini (2017), I recognised that identifying best CAT practices in my context could be derived from the opinions and perspectives of relevant stakeholders. The overall paradigm of the Delphi three rounds is pragmatic, aiming to provide both insightful perceptions and propositions on approaches and behaviours through a qualitative lens while simultaneously adding objectivity through a quantifying survey that encompasses more nuanced practices.

I acknowledge the importance of positioning myself within the study, drawing on my sociocultural and academic background, as well as my professional experiences, to influence my interactions with participants, data collection, and the interpretation of findings. As I am not an art therapist, I recognise that my role may have affected the analysis and interpretation of therapists' and practitioners' narratives. To address this, I maintained a neutral position and actively sought input from art therapists to capture their perspectives and technical insights related to the therapeutic context. My perspective was shaped by both my insider and outsider positions. My outsider status allowed me to approach the research with an objective and academic lens. Still, it also meant that I could not fully

experience or understand the emotional and psychological complexities of being a refugee adolescent. As an insider, I had clinical and research experiences with Syrian and Palestinian refugees in Jordan. I have a similar sociocultural background to the participants, in addition to speaking the same mother tongue. My understanding of community dynamics allowed me to build rapport with participants and gatekeeping organisations, which helped foster trust during interviews and surveying. From a pragmatic standpoint, I aimed to generate knowledge that is not only theoretical but also directly applicable to improving the experiences and mental health of refugee adolescents. My research gave voice to participants, ensuring their experiences are heard and understood in ways that can lead to positive practical change. I recognise that my belief in the therapeutic potential of CAT and my commitment to advocating for the psychosocial well-being of refugee adolescents may have led me to emphasise certain findings or interpretations. To mitigate such biases, peer review and guidance from supervisors were sought throughout the research process to ensure that my conclusions remained grounded in the data and accurately represented the perspectives of participants.

2.4 Current study

2.4.1 Methodology rationale

The selection of the research questions, terminologies, methodologies, and reporting approaches was guided by knowledge and insights from previous literature. It incorporated implications and recommendations related to CAT with refugee adolescents, as well as broader research on refugees and non-refugee populations. CAT evidence in improving the mental health and wellbeing of refugee populations was found promising but inadequate (Annous et al., 2022; Beck et al., 2018; Feen-Calligan et al., 2023; Feen-Calligan et al.,

2020; Grasser et al., 2019; Schaeffer & Cornelius-White, 2021; Scott & Williams, 2024; Zadeh & Jogia, 2023). A thorough review of systematic reviews on CAT with different populations and outcomes highlighted significant discussions about inconsistencies in CAT design, providers qualifications, art media and activities, duration, and outcome assessment tools, which pose barriers to establishing a robust evidence base for CAT (Bowen-Salter et al., 2022; Braito et al., 2021; Chiang et al., 2019; Schnitzer et al., 2021). Similarly, the literature recommended studying CAT within specific population groups and contexts, with greater emphasis on tailoring practices to recipients from diverse racial, ethnical and cultural backgrounds (Fancourt & Finn, 2019; Schouten et al., 2015; The Red Pencil, 2021; Zadeh & Jogia, 2023), and which components and approaches are acceptable to, and successful with refugees and which barriers to overcome (Scott & Williams, 2024). These questions could be answered by involving CAT providers and beneficiaries as participants in research (Akthar & Lovell, 2018; Kaiser & Deaver, 2013; Schaeffer & Cornelius-White, 2021; Van Lith, 2016). The results of the systematic review provided a robust foundation for justifying the methodological approaches in the Delphi, including the thematic analysis.

2.4.2 The systematic review

Systematic reviews are conducted to collate existing literature and address a specific research question or identify knowledge gaps (Moosapour et al., 2021). In my review, the first step is phrasing a research question that captures time, outcome, participants, intervention, and comparisons. I used the PICO framework, which encompasses the target population, the intervention or exposure of interest, the comparison or control group, and the outcome (Aslam & Emmanuel, 2010). Then, eligibility criteria were set to catch studies

relevant to the research question. A protocol for the entire concept and process was developed and registered in PROSPERO (CRD42022372538), and it was periodically updated. I searched for studies that employed active CAT with participant groups consisting of refugee adolescents, all of them aged 10 to 24. Afterwards, sequential steps are followed to achieve the objectives of the systematic review. The search terms were applied, and the reviewers screened the titles and abstracts of the matching studies before reviewing the full texts of those that met the criteria. In alignment with Cajal et al. (2020), data extraction was conducted on eligible studies, and the extracted data were narratively analysed. The results were then synthesised and reported. A subject librarian based in Trinity College Dublin was consulted during the development of the search strategy. The search terms were piloted in multiple databases and knowledge hosts providing literature in various languages. The reliability of screening and extraction could be strengthened by involving more than one independent researcher (Johnson & Hennessy, 2019). Therefore, two researchers participated in the title and abstract and full-text screening, and we had discussions to resolve any conflicts. I included grey literature in the search strategy. The search process can be extended beyond peer-reviewed literature to include unpublished studies, organisational websites and reports, thesis and dissertation, and conference abstracts (Johnson & Hennessy, 2019). The most common systematic reviews examine the effectiveness of an intervention or therapy, which can indicate how much an intervention achieves its planned outcomes when implemented appropriately (Munn et al., 2018). These reviews do not account for why or how an intervention or therapy was effective or not, which could be understood through experiential or qualitative systematic reviews. These reviews analyse and synthesise experiences and perspectives around a specific phenomenon. An example provided by Munn et al. (2018) involves studying the

determinants of engagement in an intervention from the perspectives of relevant individuals. Recalling that evaluating the effectiveness of CAT interventions was an objective of my systematic review, I recognise that my review primarily adopted an experiential (qualitative) approach, exploring the characteristics, features, and impediments of CAT when delivered to refugee adolescents.

2.4.3 The Delphi study

2.4.3.1 Procedures and tools

The Delphi technique is used to gather the opinions of a panel of experts on a specific topic, incorporating both quantitative and qualitative components. An iterative process is employed to enrich discussions and facilitate the cross-sharing of opinions, thoughts, and perspectives, ultimately aiming to reach a consensus or higher level of agreement among experts. The level of knowledge and experience could not be measured quantitatively, and the purpose of involving experts in Delphi studies is to enrich the qualitative explanation of the obtained consensus or agreement (Nasa et al., 2021). Delphi design has extensive applications, such as building or evaluating clinical guidelines through a series of repeated rounds where experts review and revise their own and other experts' judgments and feedback from the previous round, and based on that, they may change their opinions. The main characteristics of Delphi are the anonymity of experts, iteration, and feedback (Shang, 2023). Through a Delphi design, the forecasting of a specific event or scenario, as well as the identification and prioritisation of actions, recommendations, practices, or other measures, can be sought using a rating or scoring system. Additionally, the qualitative component can aid in building a conceptual or theoretical framework around the same or a related topic (Okoli & Pawlowski, 2004). The Delphi design has weaknesses reflecting difficulties in defining experts, attrition across rounds,

inadequate opportunities for discussions among experts, urging for consensus and the resultant questioned acceptability of outcomes (Chan et al., 2019). Consensus is commonly treated with high importance in Delphi studies; however, the definition of consensus tends to vary across studies and is often poorly reported in articles (Chan et al., 2019; Shang, 2023). Therefore, following defined criteria when reporting the methodological components of Delphi design is needed (Diamond et al., 2014). It is recommended to utilise literature-derived guidelines to develop and conduct Delphi studies, focusing on the commitment of the panellists to the research topic, and to employ clear and consistent decision-making processes, rules, and layouts (Veugelers et al., 2020).

The most common form of Delphi methods, called “classic” Delphi, typically involves two to three rounds, with the first round consisting of a questionnaire with open-ended questions or interviews with experts to generate primary statements (Trevelyan & Robinson, 2015). The “modified” Delphi design is similar to the classic Delphi method, except that statements are constructed from existing literature (Scott et al., 2023). Häder (2009) described four shapes of Delphi methods. First, the “aggregation of ideas” is achieved through qualitative approaches to collect information and generate statements. This design often involves a lower number of panellists than the others. The second type seeks the highest and most accurate degree of consensus by enrolling a large number of panellists—hundreds or thousands—with stringent criteria for their selection. The third, which aligns with the design I implemented, aims to gather panellists’ opinions on broad or less-defined issues primarily through a quantitative tool and a more intentional selection of panellists. The final shape stresses the attainment of the highest possible consensus

on a specific idea or issue, relying on multiple rounds and experts selected based on a pre-defined thematic framework.

A classic Delphi method was employed in this study, equivalent to Häder's (2009) third approach, with the first round consisting of semi-structured interviews with eligible CAT experts. The subsequent two rounds contain a Likert scale-based questionnaire. The feedback of the panellists is shared in the third round to foster research rigour (Shang, 2023). To design my Delphi, I followed guidelines and best practices for designing, implementing and reporting Delphi studies (Chan et al., 2019; Jünger et al., 2017). The structure and tools used in the Delphi were explicitly illustrated in Chapter 5 and the published protocol (Ramadan et al., 2024b). The interview guide was developed based on broad descriptions of CAT practice for refugee adolescents, which I used to create categories, ensuring that every question addressed a specific area of concern.

Qualitative research can strengthen quantitative research by helping to understand the intervention's aims, design principles, and delivery process, as well as the needs and preferences of the panellists or experts within the surrounding environment and the broader context (Shang, 2023). The term "expert" refers to a person who possesses specialised knowledge and experience in a particular topic or subject. For therapeutic research, 'expert by experience' is used alongside professional experts and adolescents tried a therapy before are regarded as 'experts by experience'. For studying therapeutic practice, qualitative methods, such as interviews and focus groups, aim to explore a person's opinions, perspectives, and experiences in depth to gain a contextual understanding of topics like practices and approaches, which other methods, like quantitative ones, may not be able to accomplish (Saunders et al., 2023). To gather detailed

information on the practices employed during CAT with refugee adolescents, the first round of the Delphi study employed semi-structured interviews with both practitioners and adolescent therapy recipients. I decided to conduct a thematic analysis to understand the pattern of CAT adaptations in the context of refugee adolescents, and at the same time, guide statements' development.

The Delphi surveys were designed in SurveyMonkey. The surveys were created in SurveyMonkey in English and then downloaded in Excel format, translated into Arabic, and re-uploaded to SurveyMonkey. SurveyMonkey did not accept font and style changes for the Arabic statements, as well as the feedback scores and comments, in the third round. This resulted in the Arabic third-round questionnaire for adolescents being condensed and unreadable. To address this, only the statements were provided in SurveyMonkey, and the scores of the conflict statements from the second round, along with the comments shared by the panellists (i.e., feedback), were included in printouts. As shown in Appendix A, I used shapes and icons to make the printouts visually acceptable for the refugee participants.

2.4.3.2 Participants

Through all studies, I maintained strict criteria for the age range as I assumed that generalising results to refugee participants of varying age groups could be inaccurate for refugee adolescents aged 10-24. I expected that CAT interventions designed for refugee children under six are likely to differ from those for refugee adults, owing to the distinct developmental characteristics and needs of these groups. In the systematic review, only studies with all included participants aged between 10 and 24 were included. This criterion was kept in Delphi's

eligibility criteria. Regarding art therapists and practitioners as candidature participants, the systematic review results showed that certified art therapists did not always lead CAT sessions in humanitarian settings. Thus, I included practitioners who had experience in delivering CAT to refugee adolescents who could be trained artists or psychologists. Additionally, I included researchers who were involved in the design and implementation of CAT intervention studies with refugee adolescent participants. The sampling process and selecting participants were the same across the Delphi rounds. The eligibility criteria for professional participants are explained in further depth in Chapter 5.

To reflect the viewpoints and perspectives of individuals who received CAT, I enrolled refugee adolescents who received CAT as experts by experience. The interview schedule remained flexible to capture and incorporate emerging concepts and new points raised by the interviewees, as recommended by Ayre and McCaffery (2022). The Palestinian adolescent participants in this study were descendants of refugees who fled Palestine due to the armed violence and massacres commited by Israeli militias during the 'Nakba' in 1948 and the 'Naksa' in 1967. Two of them were undergraduate students, and the rest were secondary school students. The refugees inhabiting ‘Gaza’ camp do not have a national Jordanian passport. Consequently, they have fewer opportunities to work, education, and health than people with Jordan’s identification. The two Gazan participants left Gaza with their teacher for a talent competition in Japan, and they could not go back due to the war that started on October 7, 2023. They and their families were refugees who were displaced from most areas of Palestine to reside in Gaza.

2.4.4 Data analysis across all studies

The data analysis procedure for each study compenent iss explicitly illustrated in each corresponding chapter. Data synthesis in the systematic review was conducted using an Excel spreadsheet. The effect size and significance of outcomes were compiled to report on effectiveness in extracted quantitative studies. Analysis based on aggregation and configuration synthesis logic (Sandelowski et al., 2012) was used to identify the CAT used, intervention components, implementation challenges and research limitations.

For the first Delphi round, an Inductive/deductive hybrid approach coding and thematic analysis was used for data analysis of interviews (Proudfoot, 2022). Ramanadhan et al. (2021) advised that a two-step coding could produce viable results time-efficiently. They proposed an example using framework-derived deductive coding, followed by a deep, less restrictive analysis (i.e., inductive coding) to strengthen the themes (Ramanadhan et al., 2021). I believed that commencing with inductive coding and theme building could enable a comparison with the categories gleaned from the literature. Therefore, I followed Proudfoot's (2022) approach. Inductive analysis was performed following the steps of Braun and Clarke's (2006) thematic analysis using NVivo Plus software. Following the flexible inductive coding and thematising of data, I compared the resultant themes with the categories identified in the systematic review and suggested in my Delphi protocol (Ramadan et al., 2024b). The codebook was shared with the study authors (project supervisors), who iteratively reviewed the themes without incorporating inter-rater reliability approaches. Seeking inter-rater reliability is a matter of debate among researchers. Using statistical tools like the Kappa coefficient to measure agreement may not be necessary or meaningful when coding qualitative data and synthesising the broad meaning of the thematically organised data (Saunders et al., 2023).

In the second Delphi round, Excel was used for consensus and agreement analysis (please see Appendix B), and Mann-Whitney U test (Wilcoxon rank-sum test) was performed using R Studio to compare agreement levels between the two panel groups. No statistical analysis was performed in the third round, as the primary objective was to resolve conflicting statements and expand the qualitative discussion within and between the professional and adolescent panels. In the surveys, I set a consensus level of 80%, which aligns with recommendations in the literature (Ramadan et al., 2024b). Owing to the higher tendency of refugee adolescents to agree, I decided that a statement should have consensus from both groups to be considered essential. By this, essential statements reflect practice supported by professionals and accepted by refugee adolescents. Statements with discrepant agreement between the panels were referred to as conflicts, defined as instances where one panel had less than 60% agreement and the other had 80% or more agreement. They were forwarded to the third round for further discussion, as these statements have generated several comments and extended arguments. I presented and discussed the statements with the lowest agreements (less than 60% agreement) with the same importance as those with consensus, assuming they hold the same importance for use or avoidance.

2.4.5 Ethical consideration

For the three Delphi rounds, ethical approval for the professional panel was obtained from the Trinity College Dublin (TCD) School of Medicine Ethics Committee (Reference No: 2442). Approval for the adolescent panel was granted by the Faculty of Health Sciences Research Ethics Committee at TCD (Reference No: 231002) (please

see Appendix C). The fieldwork conducted in Jordan was ethically permitted by the Institutional Review Board of the School of Medicine at Hashemite University (Approval No: 29/1/2023/2024). Data privacy and confidentiality for the panellists were maintained in accordance with the European Union's General Data Protection Regulations (GDPR). The informed consent form and the participation information leaflet provided explicit elaboration on personal data management and storage, as well as participation rights. Adolescent panellists under 18 were asked to provide verbal assent and sign an assent form written in simple Arabic for their understanding. At the same time, their caregivers or legal guardians were requested to sign the informed consent form. Contacting the participants was done by Trinity email. The interview recordings and scripts, and the Excel sheets exported from SurveyMonkey were saved in TCD-protected OneDrive. The personal data was only needed to identify participants who participated in multiple rounds. Therefore, after completing the analysis and reporting the results, the interview recordings were deleted, and the interview scripts and questionnaires were fully anonymised. During the interviews, the professionals had the right to open and close their cameras and take breaks as needed. In Jordanian culture, interviewing a female participant alone in a closed room is likely inappropriate and discomforting to the participant. Therefore, I conducted the interviews while keeping the door and window of the room open and asked the participants if they preferred the presence of another participant, a family member or a member of the association. I also left the room after delivering the questionnaires to make the female participants feel more comfortable. I allowed their caregivers to sit beside them while they filled out the questionnaire. I began with a friendly chat with participants and clearly explained the procedure and the aims of the study to relieve their stress. I faced some difficulties in receiving responses to surveys from professionals

and researchers from Lebanon in the third round due to the Israeli bombardment and invasion of Lebanon in 2024.

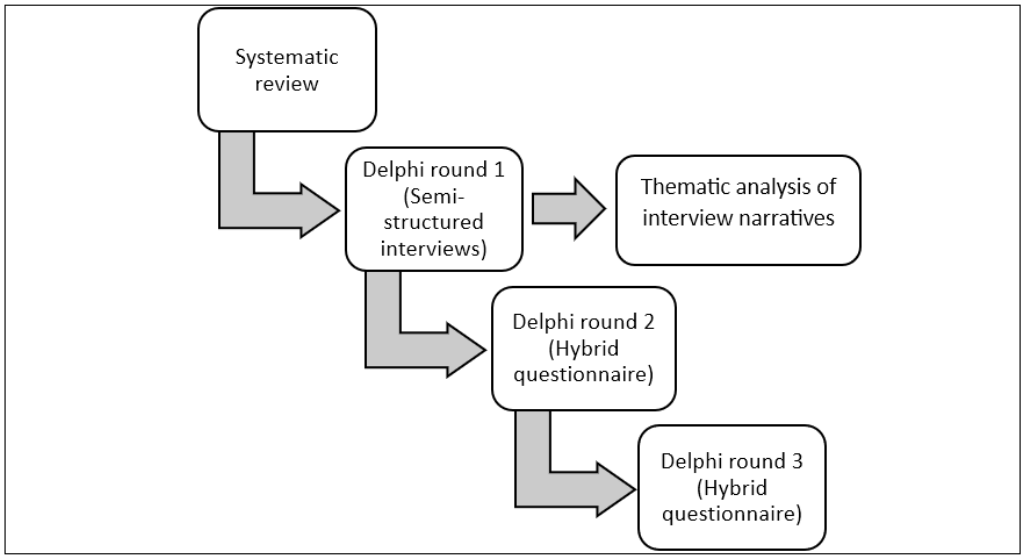

Figure 1. *Research Methods Followed to Study the Use of CAT to Improve the Mental Health of Refugee Adolescents*

Chapter 3: The use of creative art therapy to address the mental health of refugee adolescents: A systematic review

3.1 Introduction

3.1.1 Refugee youth and mental health

Refugees must contend with debilitating stressors like the lack of shelter, safety, and stability (Sultana et al., 2023). Approximately half of the displaced populations globally are children and adolescents (Dangmann et al., 2022), who are particularly vulnerable to psychological distress and adverse mental health outcomes (Kien et al., 2019). The experience of forced displacement can interfere with the typical developmental milestones of children and adolescents (Kien et al., 2019). Adolescence is a sensitive transitional phase between childhood and adulthood that ranges from 10 to 24 years (Sawyer et al., 2018) and is a period of learning and development, particularly of emotional regulation and social skills (WHO, 2020). Many environmental factors can affect growth and development in adolescence, including physical, familial, social, and economic factors (Basu & Banerjee, 2020). These factors can be negatively affected by displacement, from the pre-migration and migration experiences, continuing alongside resettlement and acculturation challenges, including potential exposure to xenophobia and discrimination (Blackmore et al., 2020). Additionally, refugee youth may find it challenging to express emotions, socialise, build friendships, and adapt to new environments (Schwartz et al., 2021). Creative art therapy (CAT) is ascending in popularity as a means of promoting positive mental health among adolescent refugees accompanied by interdisciplinary interventions engaging families and communities (Blackmore et al., 2020; Reed et al., 2016, pp. 149–165).

3.1.2 Creative art therapy (CAT)

The concepts of art therapy and creative art therapy are used interchangeably in research, reflecting variant application in the literature. Art therapy is the use of artistic methods to manage psychological problems and enhance mental well-being through creative expression techniques (Van Lith, 2016). CAT is a collective concept that encompasses one or more art media, including musical engagement, visual arts, body movement, and dance, drama/theatre, and expressive/creative writing, in a therapeutic context (Stuckey & Nobel,2010). There is growing evidence to support the successful use of arts as a mental health treatment and a potential assistive assessment tool (Fancourt & Finn, 2019; Hu et al.,2021). A 2019 scoping review concluded that art-based therapies can promote positive health and well-being and prevent and manage mental health problems by stimulating psychological, social, and behavioural responses (Fancourt & Finn, 2019). CAT research has been burgeoning in the last 10 years but this growth lags behind the real-world application of CAT and does not reflect more than eight decades of practice (Rodriguez Novo et al., 2021). Several systematic reviews on the use of CAT with different subgroups (e.g. children, adults) for the treatment of mental health illnesses have identified poor methodological quality, small sample sizes, a wide variety of programmes and interventions that defy comparability, with therapists' qualifications generally under-reported (Braito et al., 2021; Chiang et al., 2019; Schouten et al., 2015). There is a need for additional research on the use of CAT to deepen understanding of the therapeutic procedures and techniques deployed with particular populations (Kaiser & Deaver, 2013). This is particularly necessary in humanitarian settings, where psychotherapies are subject to adaptations, with the potential for substantial inconsistency even across relatively similar interventions (Taylor et al., 2023). Art therapists emphasise that expressive art therapy can facilitate

adolescent refugees to communicate, be heard, and heal in a safe environment (Akthar & Lovell, 2018).

3.1.3 Rationale for the study

At time of writing, the extant literature reporting the use of CAT as part of a diagnostic or treatment intervention supporting the mental health of refugee adolescents has not been subject to systematic review. To bridge this gap in the literature, I conducted a systematic search of multiple bibliographic databases and grey literature sources to identify and critically evaluate all forms of CAT focusing on the mental health of refugee adolescents aged 10–24 years.

3.1.4 Objectives

This systematic review aims to describe the uses of CAT and shed light on its effectiveness in preventing and managing psychological conditions, while promoting positive mental health in refugee adolescents aged 10–24 years. I aimed to collate CAT intervention components in terms of design, implementation, adaptation, and effectiveness, and to highlight challenges in practice and limitations in research.

3.2 Methodology

3.2.1 Eligibility criteria

3.2.1.1 Population

The term ‘asylum seeker’ describes people who seek international protection and may not have or not yet have been granted asylum status, while the term ‘refugees’ encompasses asylum seekers regardless of their permission or protection status (Bradby et al., 2015). The definition of internally displaced populations (IDPs) is the same for refugees except that it refers to people who did not cross borders for safety or protection (Thomas et al., 2008). I included

empirical studies where all the participants were refugee or asylum-seeking adolescents aged 10–24. This review included those who fled during childhood (either as an unaccompanied minor or with a family member) and those born to refugee parents. Studies that enrolled non-forced migrants or non-refugees (IDPs) were excluded. There were no restrictions regarding geography, nationality, culture, or religion.

3.2.1.2 Intervention

Davies et al. (2012) conceptualises the arts in five forms: 1) performance-based art, 2) visual arts, 3) art-designed events, like festivals, 4) literature, and 5) digital or electronic arts. Studies that included one or more active or passive art forms as part of the intervention were considered. Art forms included in my study were drawing, painting, mandala, collage, sculpture, clay arts, singing, music listening and play, dancing, drama or theatre play, sandplay, story-telling, and expressive writing, and all others identified in the literature that fit the definition provided by Davies et al. (2012). Studies that used art or CAT in parallel with or following other psychological or psychiatric interventions or therapy (e.g. Cognitive Behavioural Therapy, Mindfulness-based practices) were excluded. Studies exploring the use of CAT in the treatment of physical aspects of health were also excluded.

3.2.1.3 Design and setting of studies

I searched for primary studies from 2012 to 2022, comparators and non-comparators that used qualitative, quantitative, or mixed methods and demonstrated clear outcome measures. Case studies, intervention evaluation studies, pilot studies, quasi-experimental studies, pre- and post-test studies, randomised controlled trials (RCTs), and non-randomised controlled trials that examined CAT

interventions conducted in-home- or community-based (schools, youth centres, camp facilities, etc.) settings or in a healthcare setting, were included. As I included quantitative and qualitative studies, I did not conduct a meta-analysis.

3.2.1.4 Intervention outcomes

The search strategy included non-peer-reviewed dissertations, theses, and other sources that reported the outcome of an arts-based intervention/programme focused on the mental health of refugee adolescent participants. I included studies with outcomes capturing symptoms or diagnoses of the following mental disorders according to the ICD-11 for Mortality and Morbidity Statistics (WHO, 2018): Anxiety or Fear-related Disorders: Generalised Anxiety, Social Anxiety, Separation Anxiety, and Panic Disorder. Symptoms: (e.g. excessive arousal, apprehension, nightmares, avoidance behaviour, and others), including associated impairment in personal, family, social, educational, or other important areas of functioning; Disorders Specifically Associated with Stress: Post-traumatic Disorder (PTSD) and Complex PTSD (CPTSD), Symptoms: (dissociative behaviour, emotional distress, social withdrawal, somatic complaints, and others), including associated impairment in personal, family, social, educational, or other important areas of functioning; Depressive Disorders: Features: (e.g. depressed mood, decreased engagement in pleasurable activities, decreased energy levels, disruptions in sleep or eating), and other cognitive, behavioural, emotional, or neurovegetative symptoms that significantly affect the individual's ability to function. Wellbeing and quality of life indicators were embedded in the analysis only when studied in adjunct with mental health outcomes and to be discussed as health promotive factors. Otherwise, there are no secondary outcomes for this study. I did not

consider data from other participating groups like teachers or parents of the refugee adolescents.

3.2.2 Search strategy

A systematic search was conducted in black and grey literature from 2012 to 2022, in either English or Arabic. Peer-reviewed literature databases included CINAHL Complete, PsycNET, PsycINFO, MEDLINE, Scopus, and EMBASE. Grey literature was searched through ProQuest Dissertations & Theses Global, Refworld, MHPSS, and manual Google search using the study search terms limited to the first 10 pages of results.

3.2.3 Search plan concepts

The following search strategy was applied iteratively: Art OR creative OR drawing OR painting OR calligraphy or drama OR psychodrama OR music OR danc* OR DMT OR movement OR visual OR mandala OR collage OR theatre OR sing* OR poetry OR Clay OR sculpt* OR sandplay OR “expressive writing” OR storytelling AND Therap* OR treat-men* OR interventio* AND “mental health” OR depressi* OR anxiety OR somatic OR somatoform OR “panic disorder” OR PTSD OR “post-traumatic stress” OR dissociati* OR distress* AND Refugee OR displaced OR “asylum seek*” OR “forced migra*” AND Adolescen* OR “young adults” OR teenager* OR youth OR minors.

3.2.4 Data extraction

Studies were exported to Covidence before the first author (reviewer) screened the titles and abstracts. The second reviewer (PC)— a global health PhD candidate— ran title and abstract screening for 25% of the hits. Disagreements between the first and the second reviewer were resolved through discussion, with the third reviewer (AN) making the

final determination where an agreement could not be reached. Similarly, the full-text review was conducted against the inclusion and exclusion criteria by the first reviewer, with the second reviewer conducting full-text screening for 15% of the filtered hits to check for bias and errors and the same disagreement-solving approach was used at this stage. I operated data extraction via a data extraction Excel sheet fitted to satisfy the review objectives. The sheet contains pre-defined variables comprising participants' characteristics, art media, research methods and intervention description, location and setting of the implementation, outcome measurement(s), findings, challenges, and limitations.

3.2.5 Quality and bias assessment

The methodological and reporting quality of the included studies was conducted using The Mixed Methods Appraisal Tool (MMAT) version 2018 (Hong et al., 2018). The first and the second reviewers appraised all the articles for data extraction. Disagreements between the first and the second reviewers were resolved through discussion.

3.2.6 Data synthesis

Following the PRISMA checklist, I first summarised the findings of each study before synthesising the results of the extracted studies against each objective. For the first objective, I sorted the uses of CAT benefiting from Fancourt and Finn's (2019) themes: prevention and promotion, assessment and treatment. Under each theme, I described the use of CAT, the outcome measure used, and the outcomes of the CAT in terms of validity and effectiveness. I looked for Cohen's d for effect size and p-values for significance to report on effectiveness in quantitative studies. The findings for the second and third objectives were analysed in aggregation and configuration synthesis logic (Sandelowski et al., 2012). I identified the intervention

components, implementation challenges and research limitations before aggregating the common ones to amplify their mutuality across the studies. The common findings were then meshed with the non-mutual findings via a configuration approach to capture all the findings (i.e. components, challenges, and limitations). The intervention components imply design, implementation, and adaptation. The challenges in this study point to the roadblocks in implementing the CAT endeavour, while limitations tell the methodological constraints in conducting the research.

3.3 Results

3.3.1 Screening results

The search resulted in 397 documents imported to Covidence, of which 185 were duplicates. From this, I had a total of 212 documents (164 peer-reviewed articles and 48 documents from grey literature sources) for title and abstract screening. Upon resolving any conflicts through group discussion, 27 documents were retained for full-text screening against inclusion and exclusion criteria. Ultimately, this resulted in five journal articles included in this review. The screening process and reasons for exclusion are reported in the PRISMA chart shown in **Figure 2**.

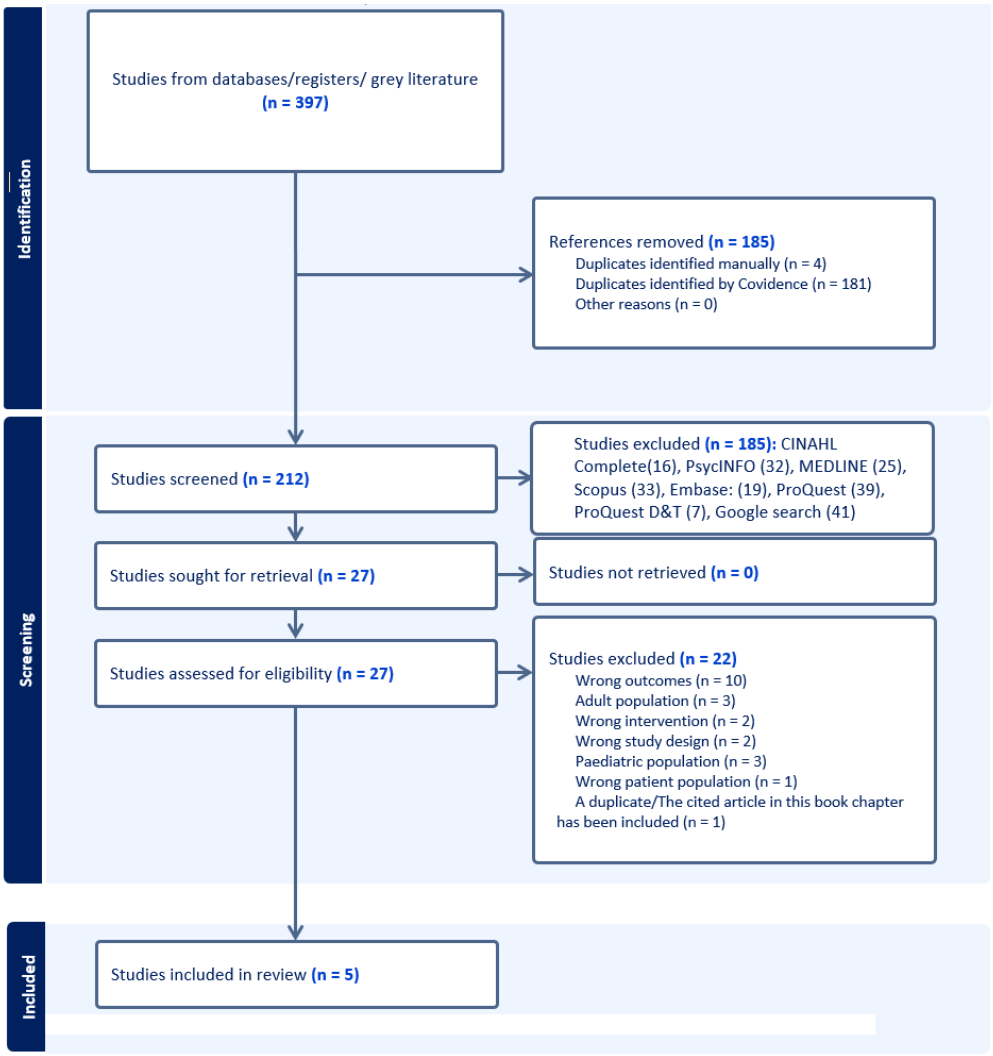

Figure *2.* *PRISMA Chart*

3.3.2 Studies' characteristics

Table 1 contains an overview of the five included studies describing the study design, participant characteristics, setting, providers and the art media researched. All studies were published between 2012 and 2019. Only one study was conducted in a LMIC (Iran), compared to the other studies conducted in the USA, The Netherlands, Australia, and Norway. Four studies adopting CAT as a treatment intervention were quantitative (two randomised controlled trials [RCTs], one non-randomised controlled trial, and one pre-post-

assessment design). The fifth study followed a qualitative design. Regarding the setting, two were structured in community schools, one in a camp school, one in a psycho-trauma centre, and one at an arrival centre. Two studies used a solo art medium, Sandplay, and expressive writing, while three drew on mixed art medium programmes [Expressive Arts in Transition (EXIT)], Home of Expressive Arts in Learning (HEAL), and Burma Art Therapy Programme (BATP)). The five studies enrolled a total of 278 refugee adolescents (215males, 63 females), with a sample size of between 12 and 143 participants. Therapy providers varied across the studies; generally, no study adequately reported the tasks and roles of the facilitators. Expressive arts therapists led the EXIT programme, and art psychotherapists and music therapists led the HEAL programme. At the same time, master's level clinicians guided the sessions in BATP, and a trained psychotherapist conducted the assessment through sandplay (Dobretsova & Wiese, 2019). Kalantari et al. (2012) did not elaborate on the therapy team. Two studies had participants from only one country of origin: Burma and Afghanistan, respectively. Refugees in the other studies were mainly from the Middle East, East Asia, and Africa. Two studies chose refugee adolescents with specific baseline characteristics or enrolment criteria, like a confirmed diagnosis of PTSD (Dobretsova & Wiese, 2019), the highest level of grief (Kalantari et al.,2012), or recent arrival in the hosting country (DeMott et al., 2017).

Table 1. *Characteristics of Extracted Studies*

Authors	**Country**	**Study Design**	**Setting**	**Therapy providers**	**Art medium(s)**	**Number of participants**	**Participants' age range**	**Participants' place of origin**	**Participant description**
Dobretsova & Wiese, 2019	The Netherlands	Qualitative	Psycho-trauma centre	Trained psychotherapist	Sandplay	12 (M=6, F=6)	15-17	Democratic Republic of Congo (DRC), Rwanda, Benin, Guinee, Ivory Coast, Togo, Angola	Unaccompanied asylum-seeking adolescents diagnosed with PTSD and with a history of sexual and or physical abuse.
Quinlan et al., 2016	Australia	Controlled trial	School programme	Art and music psychotherapists	Home of Expressive Arts and Learning (HEAL) (1)	42 (M=17, F=15)	*13- 17* n=22, control=20	Middle East, East Asia, and Africa	
Rowe et al., 2017	USA	Quantitative. Pre and post-test evaluative study	School	Master's degree clinician	Burma Art Therapy Programme (BATP)	30 (M=20, F=10)	10-20	Burma	Burmese refugee adolescents attending middle and high school.

Kalantari et al., 2012	Iran	Randomised controlled trial	Camp School	N/A	Writing for healing	61 (M=29, F=32)	12-18, Intervention=32, Control=32	Afghanistan	Highest bereaved Afghani students based on teachers' recommendations
DeMott et al., 2017	Norway	Randomised controlled trial	Arrival Centre	Expressive arts therapist	Expressive Arts in Transition (EXIT) Programme (2)	143 (M=173, F=0)	15-18, Intervention=70, Control=73	Afghanistan, Somalia, Iran, Western Sahara, Palestine, Algeria	Unaccompanied asylum-seeking adolescents at the arrival centre.

1. Mixture of visual arts, storytelling & drama, musical activities, dancing, performance in parades & school events
2. Combination of movement, visual art, music, poetry, drama, film, etc.

3.3.3 Results of individual studies

The outcome measures and results of each study are shown in **Table 2**. The study by Dobretsova and Wiese (2019) is the only one that used expressive arts through sandplay to assess symptoms of post-traumatic stress in 12 adolescents from several African countries diagnosed with PTSD and residing in the Netherlands. A qualitative analysis of the sandplay scenes drew on literature-based thematic modules. Participants chose titles for their sand works that implied violence, disorganisation, and transformation. There was a common use of mini toys linked with war and home, like soldiers (in 50% of scenes) and African drums (35%). All of the works exhibited incomplete representational sand world –a theme that infers trauma exposure. Themes that indicate trauma were presented in 8–20% of scenes. All participants displayed themes of wounding, healing, and transformation (two themes), except one participant expressed only wounding themes. The other four studies used CAT as a treatment. Quinlan et al. (2016) studied the effect of the HEAL programme on the mental health conditions of recently arrived refugee adolescents attending school in Australia. Using a controlled trial, the study tested for effects on anxiety, depression, and somatisation symptoms among the participants compared to the control group. The outcomes showed lesser emotional symptoms in the intervention group compared to the control group (Cohen's d = .66, p = .004), but no significant relief of behavioural difficulties (Cohen's d = .17, p = .56), anxiety (Cohen's d = .17, p = .6), depression (Cohen's d = .1, p = .75), or somatic symptoms (Cohen's d = .13, p = .67). In a randomised controlled trial design, Kalantari et al. (2012) carried out a "writing for recovery" group intervention for bereaved Afghani refugee adolescents in a camp school in Iran. The results revealed 19% less traumatic grief scores in the intervention group compared to the control group (p < .001) (Cohen's d = .67, $p \leq .005$). The final study, a randomised controlled trial by DeMott et al. (2017), aimed to measure the long-term psychological outcomes and change in life satisfaction of newly arrived unaccompanied minors after enrolling in a structured, mixed art programme (EXIT), primarily based on creative body movements and colouring activities. The study took place in an arrival centre in Norway, where minors

who arrived less than 3 weeks prior were eligible to participate. The control group was enrolled in an information programme and sports and dance activities. Assessments were done at baseline (T1), after 6 weeks (T2), and after 5, 15, and 25 months (T3-T5). Results were non-significant for psychological distress and post-traumatic stress at follow-up compared to the control group. However, current and expected life satisfaction and concomitant hope for the future were significantly higher in the intervention group at T2 (p = .048), T4 (p < .001) and T5 (p= .003) but not at T1 and T3 ($p \geq .06$) – effect size could not be obtained. In the United States, Rowe et al. (2017) conducted a pre- and post-test evaluative study to evaluate the benefits of BATP – a mixed art media programme – on middle and high-school refugee students' mental health. After completing the programme's sessions, anxiety symptoms were significantly lower compared to the pre-test, and the percentage of participants who reported anxiety-free status increased from 50% to 65.4%. No improvements in severe school difficulties and self-concept were found. The study did not report statistics and the results for depression and trauma symptoms.

Table 2. *Extracted Study Aims, Outcome Measures, and Findings.*

Authors	**Targeted mental health aspects**	**Type of outcome measures**	**Findings**
Dobretsova & Wiese, 2019	Manifest Post Traumatic Stress Disorder through sandplay images	Sandplay scenes were analysed concerning title, mini toys, organisation and process using the following themes: • Lowenfeld's world themes (Hutton, 2004). • Buhler's World Test (Turner, 2005). • Harper's world themes (Harper, 1988).	• Titles implied violence, disorganisation, and transformation. • Themes: 0% complete representational world, 58 % incomplete representational and mixed worlds. Aggressive (20%), empty (20%)/closed (20%), disorganised (16%), need for protection (20%), nurturance (16%), chaotic (8%), depression and loss (8%), sexual and fantasy fulfilment (8%).

Quinlan et al., 2016	Effectiveness of school-based creative arts-based intervention in alleviating Anxiety, Depression, Somatic symptoms, Behavioural and emotional difficulties.	• Hopkins Symptom Checklist (HSCL-25) includes two scales for anxiety and depression and a third for somatic symptoms (Mollica et al., 1987). • Behavioral difficulties: SDQ-T (Achenbach et al., 2008).	Lower emotional scores in the intervention group (Cohen's *d*= .66, *p* = .004) Anxiety: (Cohen's *d*= .17, *p* = .6), Depression: (Cohen's *d*= .1, *p* = .75), Somatic symptoms: (Cohen's *d*= .13, *p* = .67), behavioural difficulties: (Cohen's *d*= .17, *p* = .56).
Rowe et al., 2017	Effect of art therapy intervention in alleviating Anxiety, Depression symptoms, trauma experience, and promoting Self-concept.	• The Piers-Harris Self-Concept Scale (PHSCS) (Piers, 1984). • The Hopkins Symptom Checklist (Derogatis et al., 1974). • The Harvard Trauma Questionnaire (Mollica et al., 1992).	Reported anxiety symptoms decreased from 20.0% at baseline to 19.2% at follow-up. "Free from anxiety" increased from 50.0% at baseline to 65.4% at follow-up. No *p*-values were reported. No reports of depression and trauma scores. Insignificant results for self-concept.
Kalantari et al., 2012	Effectiveness of "Writing for Recovery" in alleviating traumatic grief symptoms.	• Traumatic Grief Inventory for Children (TGIC).	Lower traumatic grief by 19% in the intervention group (56.3 to 44.9) (*p* = .001). Significance persisted within the intervention

			group following the covariate analysis (p < .001). (Cohen's d= .67, p <= .005).
DeMott et al., 2017	Effectiveness of early art therapy in alleviating psychological distress and trauma and stimulating life satisfaction and hope.	• Hopkins Symptom Checklist (HSCL-37-A). • Harvard Trauma Questionnaire (Mollica et al., 1992). • Current life satisfaction (CLS) and expected life satisfaction (ELS) in one year (Cantril, 1965).	Post-traumatic stress (p ≥ .053). Psychological distress (p ≥ .18). Increase CLS & ELS: T1[1] and T3 (p ≥ .060), T2 (p = .048), T4 (p < .001) and T5 (p = .003). Means and standard deviations were not reported.

1 Periods of follow up and assessment, T1: Baseline, T2: 6 weeks, T3: 5 months, T4: 15 months and T5: 25 months.

3.3.4 Combined results

3.3.4.1 How is CAT used for refugee adolescents?

All studies included in my review used CAT for psychological treatment, assessment, and mental health promotion. Four of the five studies were quantitative, controlled trials (one non-randomised and two randomised trials) implementing creative arts as a therapeutic intervention and a pre-post-test study evaluated a mixed art therapy program (BATP). The fifth study was different as it tested sandplay as a trauma assessment tool for participants with a baseline diagnosis of PTSD (Dobretsova & Wiese, 2019). The use of CAT is displayed alongside the targeted psychological disorders or symptoms in addition to the assessment tools to measure outcomes and findings in **Table 2**. First, two studies targeted anxiety and depression using the Hopkins Symptoms Checklist (Mollica et al., 1987) to measure improvements following the intervention. Another similarity is that the interventions in both studies were structured programmes that adopted several activities and art media. Both studies did not find significant relief of depression symptoms. Rowe et al. (2017) saw a decline in anxiety (20% lower in the post-test, $p < .001$), while Quinlan et al. (2016) did not (Cohen's $d = .17$, $p = .6$). Quinlan et al. (2016) found significantly lower emotional symptoms (Cohen's $d = .66$, $p = .004$) but no significant change in behavioural difficulties (Cohen's $d = .17$, $p = .56$) in the intervention group. CAT appeared to have neither an impact on somatic symptoms (Cohen's $d = .13$, $p = .67$) (Quinlan et al., 2016) nor self-concept and trauma experience scales (Rowe et al., 2017). Early Creative Arts (EXIT) programme had no significant effect on psychological distress ($p = .18$) or Post-Traumatic Stress Symptoms (PTSS) ($p = .053$). However, the EXIT programme had a significant effect on current and expected life satisfaction among newly arrived refugee adolescents in three follow-up times after 6 weeks ($p = .048$), 15 months ($p < .001$) and 25 months ($p = .003$) (DeMott et al., 2017). Writing for recovery presented remarkable outcomes in moderating traumatic grief symptoms (Cohen's $d = 0.67$, $p < .005$) (Kalantari et al., 2012). In the context of assessment, an "incomplete representational world", a theme inferring trauma exposure, was presented in 58% of the sandplay scenes created by refugee

adolescents diagnosed with PTSD. Several themes of “wounding” and “healing” were inferred in up to a fifth of the sandplay scenes (Dobretsova & Wiese, 2019). All five studies included in this review pointed to the use of CAT in psychological assessment, treatment, and mental health promotion for refugee adolescents but failed to demonstrate clear benefits of CAT for any of these purposes.

3.3.4.2 Description of practice components

Various CAT components were employed due to the diversity of the studies’ aims, participants, and settings. All the four therapeutic interventions (EXIT, BATP, HEAL, & Writing for Recovery; **Table 3**) were conducted in a group format, adopting creative arts interventions/programmes for therapeutic purposes. Three were based on weekly sessions offering different art styles (DeMott et al., 2017; Quinlan et al., 2016; Rowe et al., 2017) with two facilitated access to individual sessions (Quinlan et al., 2016; Rowe et al., 2017) and two integrated others in parallel activities like play and breathing exercises (DeMott et al., 2017; Quinlan et al., 2016). Regarding the providers, Kalantari et al. (2012) did not report on who led writing for recovery. Two studies reported that specialised art therapists took the lead in intervention delivery. In the first, arts and music psychotherapists (Quinlan et al., 2016) and expressive arts therapists in the second (DeMott et al., 2017), whereas non-arts professionals who were trained master’s level clinician (Rowe et al., 2017) and a psychotherapist (Dobretsova & Wiese, 2019), were the main facilitators in BATP and sandplay, respectively. The intervention was described as structured by DeMott et al. (2017), alluding that the sessions were in priori designed to guide the therapists and participants. In another approach, writing for the recovery began in an unstructured form, allowing autonomy and spontaneity for the participants, and moved to more structured components drawing on outputs of subsequent sessions (Kalantari et al., 2012). More flexibly, participants in the Burma Art Therapy Programme (BATP) could opt for structured or unstructured forms (Rowe et al., 2017). Communication before, during and after the sessions were highlighted in three studies, like welcoming and ending activities (DeMott et al.,

2017), presenting the aims and the procedure of the study (Kalantari et al., 2012), confidentiality and rights of participation (Rowe et al., 2017), and therapist-beneficiary bond building (Dobretsova & Wiese, 2019; Rowe et al., 2017). Among studies that used multiple art media, Quinlan et al. (2016) reported that participants chose the art form they preferred. Other approaches adjusted design and activities to gender (Kalantari et al., 2012), gender and culture (Quinlan et al., 2016) or age and culture (Dobretsova & Wiese, 2019). Contents and topics of artworks and performances presented themes of past experiences, future aspirations, feelings, imagination, and lessons learned by the participants (DeMott et al., 2017; Kalantari et al., 2012). Owing to the inconclusive outcomes and limited reporting of interventions contents, I could not ascertain which components were more acceptable or impactful.

Table 3. *Common CAT Intervention Components in Extracted Studies*

	Dobretsova & Wiese, 2019 **(Sandplay)**	Quinlan et al., 2016 **(Mixed arts)**	Rowe et al., 2017 **(Mixed arts)**	Kalantari et al., 2012 **(Writing for Recovery)**	DeMott et al., 2017 **(Mixed arts)**
Weekly sessions		x	x		x
Group sessions		x	x	x	x
Individual sessions	x	x	x		
Structured design	x		x1	x2	x
Option to choose the art media		x	x		
Simultaneous activities (e.g., breathing exercises)		x			x
Focus on therapist-client rapport.			x		x
Multiple art media		x	x3		x

Embrace home/culture of clients	x	x	x		
Embrace past/future	x			x	x
Welcome and end sessions					x
Tailor intervention to gender/culture/age	x	x		x	
Sharing/presentation/discussion in sessions	x		x	x	x

1 The participants opted for structured or unstructured assignments

2 The implementation moved from unstructured to structured

3 Creative art media were not reported

3.3.4.3 Challenges and limitations

Table 4 describes the implementation challenges and research limitations of the extracted studies. Cultural barriers to the effective implementation of CAT were reported in three studies (Dobretsova & Wiese, 2019; Quinlan et al., 2016; Rowe et al., 2017). According to the limited information in the studies, these barriers tended to be drawn from the implementers' feedback around the cultural backgrounds of the participants themselves. Moreover, language barriers were reported in two articles (Dobretsova & Wiese, 2019; Rowe et al., 2017). The implementers used different methods to overcome language and literacy barriers in accordance with the intervention's setting. In the mildest form, Kalantari et al. (2012) did not face a language barrier in writing for recovery because the adolescents were all Farsi speakers (the predominant language in Iran). In Dobretsova and Wiese's (2019) study, the leading psychotherapist who led the sandplay implementation could speak the adolescent's original language. A mixture of translated item versions, ad hoc telephone interpreters, and body language against difficult-to-translate concepts were used by Quinlan et al. (2016). DeMott et al. (2017) adopted a sophisticated system comprised of a translator and multi-lingual computer-assisted interviews and sound files for illiterate clients. Rowe et al. (2017) alluded to linguistical difficulties arising in the BATP, but they did not recruit a translator to maintain the confidentiality of participants. Three studies acknowledged limited generalisability of results attributed to the restricted country of origin or the affiliation of the participants to a local society (DeMott et al., 2017; Dobretsova & Wiese, 2019; Kalantari et al., 2012). Quinlan et al. (2016) and Rowe et al. (2017) appraised the self-reported quantitative outcome measurement tools and advocated for integrating qualitative tools. Rowe et al. (2017) suggested arts-based assessment techniques like the Diagnostic Drawing Series (DDS), a psychological assessment tool using three stepwise drawing tasks to measure potential improvements in mental health following an intervention. On the other hand, Dobretsova and Wiese (2019) argued that the subjectivity of the qualitative outcome assessment of sandplay sculptures imposed an insurmountable limitation of their study. Additional limitations

reported in these studies included participants lost-to-follow-up and control group dropouts (DeMott et al., 2017; Kalantari et al., 2012; Quinlan et al., 2016). DeMott et al. (2017) and Quinlan et al. (2016) reported a small sample size, heterogeneity of the components within the interventions, and exposure to many different art media and therapists, while Dobretsova and Wiese (2019) highlighted the outdated sandplay-relevant literature used in the analysis. Incomplete blindness and randomisation of participants presented in controlled trials were reported by Quinlan et al. (2016) and DeMott et al. (2017).

Table 4. *Intervention Implementation Challenges and Methodological Limitations Reported in the Extracted Studies*

	Dobretsova & Wiese, 2019	Quinlan et al., 2016	Rowe et al., 2017	Kalantari et al., 2012	DeMott et al., 2017
Small sample size	X	X		X	
Questioned credibility of outcome measures	X	X	X		
Short duration of intervention			X	X	
Methodological incompleteness (randomisation, blinding)		X			X
Attrition and follow-up difficulties		X		X	X
Diversity within intervention		X	X		X
Limited generalisability of results or sample representativeness	X			X	X
Language barriers*	X		X		
Cultural barriers*	X	X	X		

Note: limitations and challenges are listed as reported in the body of the studies.

* Implementation challenges

3.3.4.4 Results of quality and bias assessment

We provided details in comments around each item in **Table 5** following recommendations by MMAT authors. All quantitative studies did not explicitly report adherence to the interventions and how much they were administered as intended. Rowe et al. (2017) and Quinlan et al. (2016) might be in need to clarify the existing confounders or covariate analyses. In RCTs, Kalantari did not elaborate on randomisation, whereas DeMott acknowledged incomplete randomisation of group participants. Sample representativeness to the population of refugee adolescents can be very limited in Quinlan et al. (2016) and Rowe et al. (2017) studies as they sampled participants from one origin, and quite broader in Dobretsova and Wiese (2019), who enrolled participants from African countries. Incomplete outcome data, particularly statistics, were noticeable in the studies of DeMott et al. (2017) and Rowe et al. (2017). Dobretsova and Wiese (2019) showed good coherence in data collection, analysis, and interpretation, though they relied on relatively old literature to draw their conclusions. Finally, the quality assessment echoes my results around limited reporting at the procedure, analysis, and outcomes level.

Table 5. *Quality Assessment via Mixed Methods Appraisal Tool (MMAT) Version 2018 Following Consensus of First and Second Reviewers.*

Study	Quality criteria	Yes	No	Can't tell	Score	Comments
Dobretsova & Wiese, 2019)	1.1			X	(3/5)	• Unexplained missing data describing sandplay works' titles • Small sample size, all African, no titles for 4 participants, and variety in mental morbidities among • participants. • Questioned subjectivity and potential bias in their tools in addition to being gleaned from old • literature
	1.2			X		
	1.3	X				
	1.4	X				
	1.5	X				

Quinlan et al., 2016	3.1			X	(2/5)	• Dearth of description of implementation • Difficult to ascertain if the procedures were carried out as planned • Poor elaboration on participants' adherence during the implementation and insufficient • detailing of the activities allocated for the control groups • Did not conduct adjustment of confounders where potentially needed • Argued the appropriateness of outcome assessment tools
	3.2	X				
	3.3	X				
	3.4		X			
	3.5			X		
Rowe et al., 2017	3.1			X	(1/5)	• Dearth of description of implementation • Difficult to ascertain if the procedures were carried out as planned • Difficulties in follow-up and attrition
	3.2			X		
	3.3	X				
	3.4			X		
	3.5			X		
Kalantari et al., 2012	2.1			X	(1/5)	• Incomplete randomisation of participants • Might not represent the overall population • Argued appropriateness of outcome assessment tools
	2.2			X		
	2.3		X			
	2.4			X		
	2.5	X				
DeMott et al., 2017	2.1	X			(2/5)	• Dearth of description of implementation • Poor elaboration on participants' adherence during the implementation and insufficient • detailing of the activities allocated for the control groups • Difficulties in follow-up and dropouts
	2.2			X		
	2.3	X				
	2.4			X		
	2.5			X		

						• Argued appropriateness of outcome measures

3.4 Discussion

The results indicate a paucity of research on CAT for refugee adolescents, especially as an assessment tool, and did not identify any grey literature sources describing CAT interventions with this population. The profiles and roles of the therapists were not clearly outlined in any of the included studies, and in general, intervention development methods, core components of the intervention, and outcomes were poorly described, notwithstanding the fact that some interventions had been implemented previously (e.g. Writing for Recovery). Four studies tested CAT's effectiveness through self-reported survey measures, advocated for using arts-based outcome assessment and recommended going beyond effectiveness by integrating qualitative elements in empirical studies. After acknowledging the heterogeneity of the studies' methodologies and CAT components, the therapeutic effectiveness results were mixed. In Quinlan et al.'s (2016) findings, CAT significantly reduced emotional distress with a medium size effect, but the results were non-significant and the effect size was small for depression, somatic symptoms and behavioural difficulties. The 'Writing for Recovery' program reduced traumatic grief significantly with a medium effect size. Rowe et al. (2017) and DeMott et al. (2017) did not report other than percentages and p-values in their articles. As such, the intervention outcomes of the five studies included in this review were unable to demonstrate the effectiveness of CAT interventions supporting the mental health of refugee adolescents.

This review describes the use of CAT as an assessment or therapeutic intervention for supporting the mental health of refugee adolescents. It is not possible to determine which components of the interventions were either effective or valid. Furthermore, no literature was found that tested the

acceptability and feasibility of CAT in different settings. The five studies included in my review reported some common components in terms of the design, implementation, and adaptation of CAT interventions. However, the interventions in practice allowed various levels of flexibility in group sessions with differing degrees of autonomy, spontaneity, and optionality reported. Through interactive and participatory approaches, it was reported that adolescents could communicate, share feelings, thoughts, and imaginings, and talk about home, their culture, or the future. All five studies reported limitations and challenges in terms of literacy, language and cultural differences that appeared to impact on communication between the therapists and the young participants while undermining trust and relationship-building in the group sessions. Additionally, the studies included in this review reported small sample sizes, inconclusive assessments and outcomes, and short time periods between intervention stages and follow-up. Refugee adolescents are not a homogenous group as such precluding generalisable results on the effectiveness of CAT with this population.

The inconsistency between the research methodologies and the differing components of CAT interventions responding to the mental health of different populations has been highlighted by other systematic reviews on children (Braito et al., 2021) and adults (Schnitzer et al., 2021; Schouten et al., 2015). I found a paucity of studies assessing the feasibility and acceptability of CAT by youth in humanitarian settings and those I did identify did not describe the therapists' role, the intervention steps or the activities in detail. This review therefore concludes that there is not yet sufficient evidence supporting the effectiveness of CAT as a diagnostic, treatment, or mental health promotion interventions for refugee adolescents. However, there are some common programming components comparable with similar studies responding to other health issues including the use of interactive and participatory group approaches (Burton &Van Viegen, 2021; Edelbi, 2020; Feen-Calligan et al., 2020; Grasser et al., 2019; Gulbay, 2021; Kalaf & Plante, 2019; Millar & Warwick, 2018; Rousseau et al., 2014), and an emphasis on spontaneity and improvisation to

prompt imaginative engagement, stories, culture, and the realisation of hopes and personal strengths (Edelbi, 2020; Feen-Calligan et al., 2020; Kalaf &Plante, 2019).

3.5 Strengths and limitations

This study is the first systematic review to collate and synthesise the application of CAT for refugee adolescents in the assessment, treatment and promotion of mental health. The methodology comprised a thorough exploration of the black and grey literature. To reduce bias, a second reviewer screened a proportion of the hits. I tried to minimise publication bias by including grey literature, but unfortunately, no unpublished documents met the eligibility criteria. My eligibility criteria were relatively narrow and I excluded studies that enrolled a proportion of participants outside the 10–24 age range, migrants and IDPs, and studies published before 2012, which may have limited the scope of my results. A further review of the extant literature that includes input from therapists, parents, teachers, and adolescent refugees themselves may add value to existing knowledge in this field.

3.6 Conclusions

Given the lack of research and the low quality of some included studies, I am unable to provide a comprehensive picture of the utility of CAT in treating mental health problems in refugee adolescents. The use of CAT as an assessment instrument does not appear to be supported by the studies I included, and the profiles and roles of the therapists were not clearly described in any of the included studies. Intervention components were also not explicitly drawn and so – while the included studies were methodologically comparable – the generalisability of my conclusions is compromised by the absence of a detailed description of the intervention type. Many of the limiting factors, including language and socio-cultural barriers to refugee adolescent engagement with CAT interventions, clearly need to be addressed at programme design and implementation levels. It is clear from this review that

more qualitative research is needed to better understand the lived experiences of refugee adolescents and their interaction with CAT as a diagnostic and therapeutic intervention supporting their mental health.

Chapter 4: Adapting creative art therapy to the context of refugee adolescents: Thematic analysis of perspectives of experts by profession and experience.

4.1 Introduction

The United Nations High Commissioner for Refugees (UNHCR) define refugees as people who are forced to flee their home country because of persecution, war, or violence (UNHCR, 2024). By the end of 2023, there were 47.2 million refugee children (under 18 years), representing approximately 40% of the total global refugee population, which is double the 2010 figure of 18.8 million (UNICEF, 2024). This increase reflects a deteriorating humanitarian context, particularly for children and adolescents. The migration experience is stressful and affects not only physical and mental health but also development and social well-being in adolescence (Abdi et al., 2023; Baker et al., 2019; Albertine et al., 2019). Key developmental milestones in adolescence are likely to be negatively affected: socialising and making new friendships, navigating self-identity and self-regulation, academic performance, and embracing the home and other cultures (Abdi et al., 2023). In a focus-group study, refugee adolescents highlighted the chance to play and socialise as unmet needs in their new lives (Baker et al., 2019). Refugee adolescents have higher post-traumatic stress symptoms and psychological difficulties than non-refugee populations (Blackmore et al., 2020; Spaas et al., 2022).

Refugee adolescents require support to mitigate the challenge of exploring and understanding the new culture and society (Pfeiffer & Derluyn, 2023). Besides, factors impacting mental health of refugee adolescents should be addressed, which include exposure to trauma, age and gender-driven differences in mental health problems, caregiver mental health and wellbeing, child-caregiver relationship quality and attachment style, family functioning, community cohesion, and academic difficulties (Scharpf et al., 2021). The existing literature on the spectrum of effective mental health interventions for children and adolescents is limited. Hettich and colleagues' (2020) systematic review found

a low number of heterogeneous intervention studies showing a positive impact on mental health problems such as PTSD in newly arriving refugee adolescents. This aligns with Della Rocca et al. (2023), who found only 14 intervention studies that showed significant positive mental health outcomes in refugee adolescents but used inconsistent methods and content. Creativity-based and play interventions can offer promising psychosocial support for forcibly displaced children and adolescents (Trimboli et al., 2021; Kevers et al., 2022; Grasser, 2022) and were found to be acceptable to caregivers of refugee children and adolescents (Lukito et al., 2023).

Creative arts therapy (CAT) is an umbrella term that captures a therapeutic paradigm using artmaking in the form of visual arts, dance movement, drama or psychodrama, and music and poetry/bibliotherapy to improve health and wellbeing within the context of a therapeutic relationship (Orkibi & Keisari, 2023; Shafir et al., 2020). Creative arts-based interventions include arts-based community psychosocial programmes (Morison et al., 2022), which, for this paper, will be included under the CAT umbrella term. Oepen and Gruber (2023) found potential benefits of CAT in improving the mental health of refugees, including children and adolescents after displacement, like lowering traumatic stress and anxiety symptoms and improving life satisfaction and social behaviour. Zadeh and Jogia's (2023) systematic review found that CAT interventions might mitigate the impact of trauma and loss on refugees while supporting the reestablishment of social bonds and feelings of trust. CAT provides a safe and friendly environment where participants may share and re-tell their stories (Zadeh & Jogia, 2023). Consistently, researchers and art therapists have asserted that CAT can overcome language barriers in mental health treatments and break the silence by relieving distress and stimulating expression in refugees, thereby enhancing resilience and bridging the gap between past and present lives (Akthar & Lovell, 2018; Kola, 2023).

Despite the increased number of art therapy associations and educational programmes, more work is needed to understand CAT concepts, structures, and

uses and advance art therapy as a profession (Kaiser & Deaver, 2013). CAT research focuses on specific populations, such as veterans (Schnitzer et al., 2021) and children and adults in urban settings (Braito et al., 2021; Schouten et al., 2015) and encompasses variant designs like creative arts initiatives, programmes, or specialised therapies. Despite the presence of mixed-method research and the claims that creative arts could be used with individuals of all ages and health conditions and can enhance psychosocial wellbeing (Shafir et al. 2020), the effectiveness evidence for different populations and mental health symptoms and disorders is poor (Annous et al., 2022; Ramadan et al., 2024a; Bowen-Salter et al., 2022; Chiang et al., 2019).

A systematic review by Ramadan et al. (2024a) found limited empirical research and inconsistent mental health outcomes of CAT for refugee adolescents. The varying quality of the studies hinders a comprehensive understanding of the effectiveness of CAT for refugee adolescents. There was insufficient information about the therapists' profiles and roles, procedures, and a diversity of the reported activities. Language and socio-cultural barriers to engaging refugee adolescents in CAT interventions need to be considered during intervention design and implementation. Owing to lack of detailed descriptions of the interventions, results generalisability was hampered, and it was not possible to identify which components, activities, and adaptations were acceptable to the participants, impactful, or fit the context. This echoes McCleary and Horn (2024), who argued that even when an intervention is proven effective, it is not easy to capture which components, activities, and adaptations have made the intervention effective. In summary, capturing the experiences of recipients of CAT to gain insights into the components, materials, and techniques that work best with specific cohorts, such as refugee adolescents, is strongly warranted (Ramadan et al., 2024a; Akthar & Lovell, 2018; Kaiser & Deaver, 2013). On the same side, qualitative research exploring the reflections and perspectives of relevant therapists and practitioners on favourable components and adaptations of CAT for refugee adolescents would be a step forward to

understanding successful and effective CAT intervention (Ramadan et al., 2024a).

4.2 Aims

Context relevancy and cultural compatibility are core when using therapeutic interventions with refugee populations (Lau & Rodgers, 2021). To date, no studies or frameworks have described how to design and implement CAT to fit the characteristics and needs of refugee adolescents in a humanitarian context. This study aims to understand how to optimise CAT to foster the mental health of refugee adolescents and explore the elements and modifications needed for appropriate, acceptable, and effective practice. Here, I explore the perspectives of CAT experts – including both providers and recipients – to offer practical guidance on how CAT should be adapted for implementation with refugee adolescents. This study was conducted in the context of the first round of the Delphi study (Ramadan et al., 2024b), that will be discussed in more detail in the following chapter.

4.3 Methods

4.3.1 Study design

To outline CAT components, activities, and adaptations to foster the mental health of refugee adolescents, I interviewed CAT professionals who delivered CAT for refugee adolescents and refugee adolescents who previously received CAT intervention. **Figure 3** illustrates the overall process of the Delphi study, including the qualitative analysis of the interviews conducted for this research. I chose hybrid approach coding and thematic analyses (Proudfoot, 2023) of the narratives to achieve the research objectives. I followed the consolidated criteria for reporting qualitative research (COREQ) checklist (Tong et al., 2007). The authors understand adaptations as the “intentional modifications of an evidence-informed intervention to achieve a better fit between an intervention and a new context” (Moore et al., 2021).

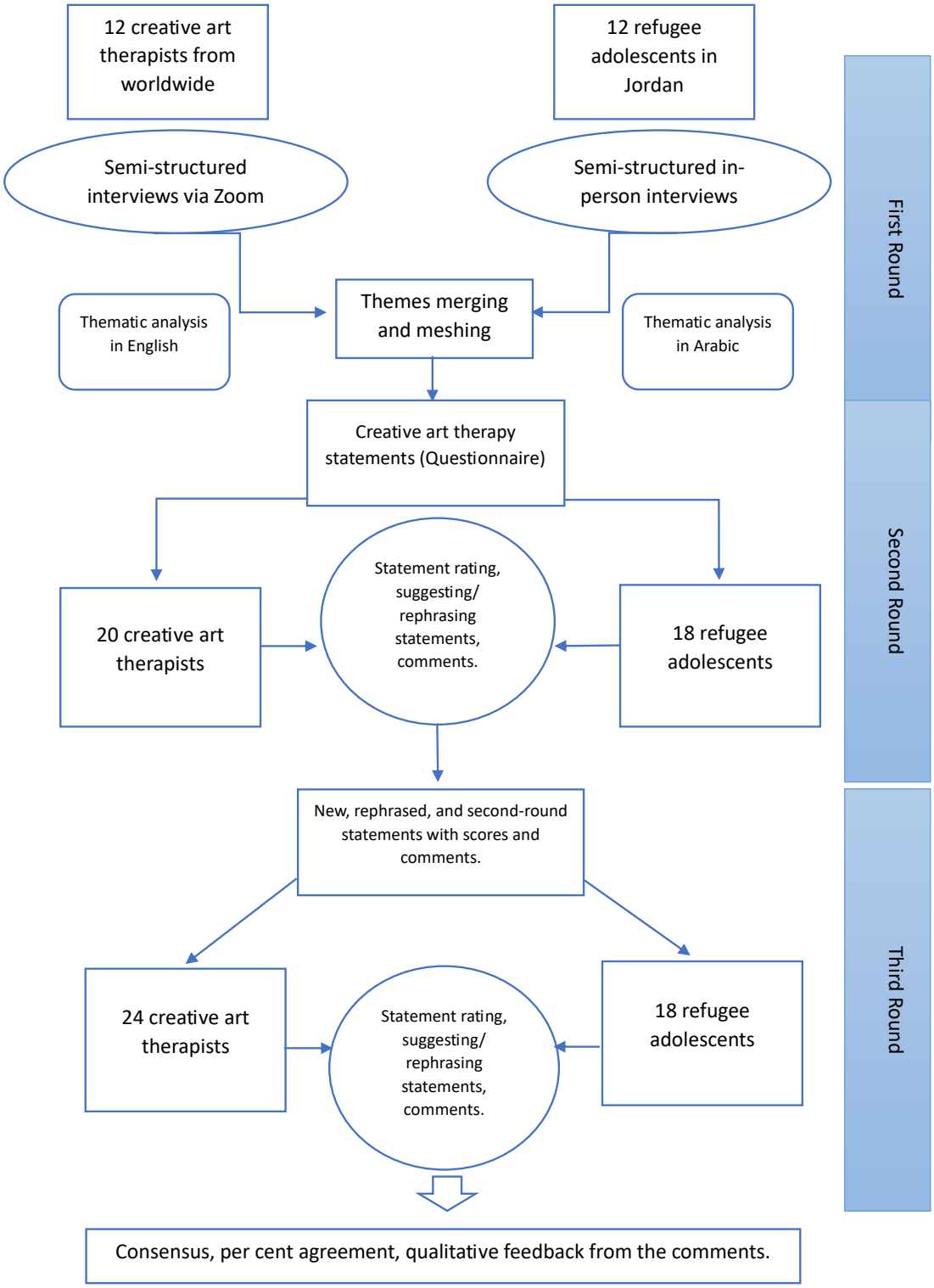

Figure 3. *Design and Process of the Delphi.*

4.3.2 Participants

The sample in this study comprised of both creative arts professionals and refugee adolescents. 12 creative arts professionals (defined for the purpose of this study as certified art therapists, relevant practitioners and researchers) with experience in delivering CAT for refugees took part. I did not exclusively include art therapists, as I was guided by Ramadan et al.'s (2024a) findings that showed practitioners with different types of qualifications were facilitating CAT interventions. Relevant practitioners included psychologists, psychotherapists, academics, and artists, among others (see **Table 6**). Professionals had to fulfil at least one of the two inclusion criteria to take part: (1) At least three years of experience working in creative art therapy with active participation in at least one creative arts intervention for refugee adolescents, (2) Researchers/academics with at least one peer-reviewed intervention study in the field of creative art therapy for refugee adolescents. The adolescent expert panel comprised 12 refugee adolescents aged 10-24 living in Jordan who had participated in at least one arts-based intervention or therapy (see **Table 7**). I included those aged 10-24 years in line with Sawyer et al.'s (2018) definition of adolescence. Jordan, significantly impacted by the Palestine and Syria crises, has the second-highest number of refugees per capita in the world, with around 730,000 registered with UNHCR, mostly from Syria, along with notable numbers from Iraq, Yemen, Sudan, and Somalia (UNHCR, 2025).

Table 6. *Sociodemographic Characteristics of Professional Participants*

Age (Years)	Range: 26-67 *(M*=45*, SD*=12*).*
Gender	Female (*n*= 11), Preferred not to say (*n*=1)
Art media the participants have experience with	Digital arts, drama, mixed arts, storytelling, visual arts
Years of CAT experience	Range: 2- 44 *(M*= 12.5)
Nationality	Jordan (*n*= 2), Ireland (*n*= 2), Thailand (*n*= 2), USA (*n*= 2), Australia (*n*= 1), Canada (*n*= 1), England (*n*= 1), Lebanon (*n*= 1)

Profession	Art therapist/psychotherapist (*n*= 6), academic professor (*n*= 2), researcher (*n*= 2), artist (*n*= 1), programme director/practitioner (*n*= 1)
Country of origin of refugee adolescents with whom professionals had CAT experience	Afghanistan, Bangladesh, Cameroon, Central African Republic, Colombia, Congo, East Africa, Ecuador, Gambia, Iraq, Libya, Myanmar, Nicaragua, Nigeria, North Africa, Palestine, Pakistan, Somalia, Sudan, Syria, Turkey, Ukraine, Venezuela, Yemen, Zimbabwe.
Gender of refugee adolescents the professional delivered CAT to (n= number of professionals)	Females only (*n*= 1), Females & males (*n*= 9), Female & male & other gender identities (*n*= 2)
Setting(s) the professionals have CAT experience in	Arrival centres, community-based societies, education settings and schools, international organisational settings, mental wellbeing centres, refugee camps, transit and detention centres.

Table 7. *Sociodemographic Characteristics of Refugee Adolescent Participants*

Age (Years)	Range: 10-21 *(M*= 15.3)
Gender	Female (*n*= 6), male (*n*=6)
Art media the participants have experience with	Mask making, murals, painting, play theatre, poetry, storytelling.
Number of participations in CAT	Range: 1-4 (*M*= 1.75)
Country of origin	Syria (*n*= 4) Palestine (*n*= 8)
Living location	'Gaza' Refugee Camp, Jerash governorate- Jordan (*n*= 8), Irbid governorate (*n*= 4)
Year of last CAT participation	2023 (*n*= 11) 2019 (*n*= 1)

Setting(s) the adolescents have CAT experience in	Refugee camp setting (*n*= 8), urban setting (*n*= 4)

4.3.3 Sampling

We used two sampling methods: purposive and snowball. Purposive (judgemental or selective) sampling involves the investigators intentionally inviting participants who are knowledgeable about the study's phenomenon (Gill, 2020) based on the specific purpose of the study (Crewell, 2018). In parallel we adopted Snowball (chain) sampling, a sampling method through which selected participants recommend other candidature participants who are willing to take part in the study, which is practical, cost-effective and helpful in reaching and quicker gaining the trust of more participants (Gill, 2020). Accordingly, I enrolled 12 CAT professionals and 12 refugee adolescents through purposive sampling and snowballing. Knowing that data saturation is a judgemental process, at the end of all interviews, the authors were confident that optimum data saturation had been reached.

To reach eligible professional candidates, professionals known by the authors were contacted. At the same time, I sent invitation emails to the Irish Association of Creative Arts Therapists (IACAT), The British Association of Art Therapists (BAAT), International Expressive Arts Therapy Association, European Federation of Art Therapy (EFAT), American Art Therapy Association (AATA), Canadian Art Therapy Association(CATA), The International Association for Creative Arts in Education and Therapy (IACAET), Association for Creative Arts Therapies in Australia, New Zealand and Asia (ANZACATA), South African National Arts Therapies Association (SANATA), The Red Pencil (in Singapore), and smaller art therapy entities. The third route was searching social media platforms for art therapists, art therapy studios and foundations, and researchers, including Facebook, Instagram, X, and LinkedIn.

In Jordan, I contacted local community-based societies known for implementing or facilitating CAT interventions to be the gatekeepers. Al-Takaful Charity Association is a community organisation that provides health, social, and community development services for host and refugee communities in northern Jordan. Sama Gaza is a local community organisation offering community development programmes for Palestinian refugees in the Gaza camp in the Jerash governorate north of Jordan. These two organisations connected the study team with eligible Syrian and Palestinian adolescents and their guardians. Each participating adolescent was remunerated €5.

4.3.4 Procedure

4.3.4.1 Research team

The first author (MR1) conducted the data collection. MR1 is a PhD candidate in global health and a medical doctor and epidemiologist from Jordan with experience working with refugee populations. LD has an educational background in art therapy and was a global health master's student at the time of implementation. LD contributed to the Delphi study as a research assistant. The rest of the authors are professors in psychology (KH), global health (MR2, TB), social work and social policy (AN). They assisted MR1 in developing the methodology, data analysis, theme synthesis, and write-up.

4.3.4.2 Ethical approval

We obtained approval from Trinity College Dublin (TCD) and the Hashemite University (HU) in Jordan for the adolescent group. Before participating, the professionals and guardians of adolescents under 18 received and signed consent forms and participation information leaflets (PIL). After reading the PIL, participants aged 18+ were asked to sign consent forms, while those under 18 provided verbal assent. Personal data and consent forms were saved in TCD-encrypted OneDrive. Professionals and adolescents were anonymised after data analysis to protect the interviewees' privacy.

4.3.4.3 Topic guide

The interview questions were derived from the systematic review by Ramadan et al. (2024a). MR1 translated the interview questions into Arabic, as shown in Appendix D, and they were then reviewed by a native Arabic-speaking clinician (ES) fluent in English. The refined interview guide consists of five sections: sociodemographics, before the intervention, during the intervention, after the intervention, and 'through all intervention stages'. MR1 piloted the interview guide with LD. The interview guide was designed to construct statements on the best practices of CAT for refugee adolescents. These statements went through two Delphi survey rounds simultaneously with this study (Ramadan et al., 2024b).

4.3.4.4 The interviews

I conducted pilot interviews with colleague researchers at TCD centre for global health, and with non-refugee adolescent in Jordan, to examine the flow and consistency of questions and the needed time to answer them. The interviewees were informed about the expected duration of the interviews which was around 60 minutes. CAT professionals were interviewed from September 2023 to February 2024, and interviews were recorded via Zoom. The adolescents were interviewed in person either at home or in the space of the corresponding society in December 2023, and the interviews were recorded using a mobile recorder. The interviews lasted an average of 77 minutes (range: 29–111 minutes, *SD* = 20.5). Because the MR1 is a man and many girls and women in Jordan do not want to spend time individually with a man, when three female adolescents asked to be interviewed together, MR1 facilitated this. Thus, nine adolescents had one-on-one interviews, and three had a group interview. Generally, the adolescents' interviews were shorter than the professionals, which could be explained by the professionals elaborating more than the adolescents. MR1 wrote notes during the interview for both groups and matched them with the transcripts later. I repeatedly listened to the recordings and checked the transcripts for accuracy. MR1 manually transcribed the adolescents' interview recordings and coded their narratives in Arabic.

Then, the resultant codes were translated into English and reviewed with ES to ensure they had the closest meaning in both languages.

4.3.4.5 Data analysis

Ie adopted a hybrid approach for coding and thematic analysis of the interview data — comprising both inductive and deductive coding— to create my themes (Proudfoot, 2023). First, I performed inductive coding using good practices in thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2022). The first step was iteratively and thoroughly reading the transcripts and the notes before generating the codes using NVivo Plus 12. Then, I nested the created initial codes into broader themes that appropriately represented the data. The study team conducted a series of meetings to discuss and review the codebook and the thematic map. Simultaneously, the codebook was shared back and forth between the authors for refinement. Under each theme, I described data patterns and supported their credibility and trustworthiness with interviewee quotes. At this stage, I translated the codes from adolescents into English and continued the analysis together with codes from professionals. Next, I conducted deductive coding by comparing the codes generated in the first stage with the results in Ramadan et al.'s (2024a) systematic review and categories in Ramadan et al.'s (2024b) Delphi study protocol. The deductive coding was oriented to the art therapy triad, which is based on the triangular relationships and alliances between the therapist, the beneficiary, and the artwork (Gazit et al., 2021; Masters, 2018).

4.4 Results

Four key themes were identified describing the adaptations needed for CAT when working with refugee adolescents: (1) Stability, (2) Enablement, (3) Inclusion, and (4) Integration (See **Figure 4**). Overall, these themes converge around mitigating refugee adolescents' insecurities, underpinning their strengths and self-agency, acknowledging their differences and needs for equitable participation, and strengthening connections with and being

supported by their social environment. In this section, the term 'participants' refers to CAT recipients in general, rather than the specific participants of the current study, who will be referred to as adolescent interviewees.

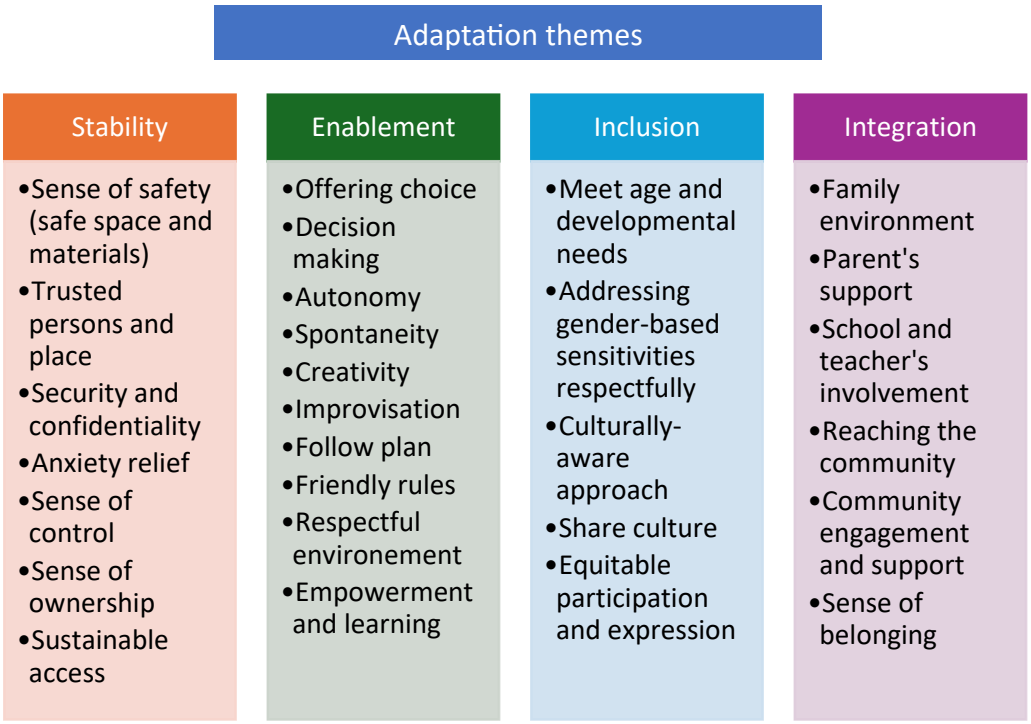

Figure 4. *Thematic map of CAT adaptations to the context of refugee adolescents*

4.4.1 Stability

This theme describes the importance of facilitating a feeling of safety before and during participation. Ensuring security and confidentiality and mitigating anxiety among participants early are vital to acceptability and engagement. The refugee adolescents should trust the persons, space, and process, be oriented to the intervention activities, and develop a sense of control and ownership over the artwork. This could be accomplished through adaptations in the therapist's approach, therapeutic space, creative arts media, and adjuvant activities.

> Maintaining confidentiality and a sense of trust and safety during the intervention is about clarity and predictability. I have to be very clear from the beginning of a structure, like what days and times I are meeting and what I will do, then I begin the group on time, and then I finish on time, and I let them know I have 10 minutes left for the session to finish. (Art therapist, Ireland)

Adolescents agreed that therapists can build trust with participants by being active listeners, humble, spontaneous, and transparent regarding the confidentiality within the intervention before starting. An 18-year-old Palestinian adolescent shared: *"I feel comfortable with therapists and facilitators who are smiley, patient, interactive, listen to me and are open to talk to and know about me*".

The professionals did not recommend a particular place for intervention delivery. Still, they agreed that CAT space should be known, safe, and familiar to the participants and their parents, as well as commutable and able to accommodate the needs of the participants. *"I imagine a room without any disturbance, big enough to hold a group, well-lit, with access to art materials, sink, chairs, tables so that they can make a mess and can clean up without any fear"* (Art therapist, England). A practitioner from the USA said:

> The space should be a physically, emotionally, and psychologically safe place. I advise choosing a place that the parents and the community trust or a centre run by the church that fits the situation and available structure…I cannot say one place is better than another.

Both professionals and adolescents reported that sports, play, and games can lower anxiety and enhance trust with persons and place. "*Just give the participants the opportunity to play and run around, which is really good for the body and mind*" (Art therapist, England). Further, breathing exercises, grounding techniques, body scans, and meditation were linked with improved

focus and concentration. Involving interpreters from the same nationality as adolescents was identified as potentially helpful in improving communication and acceptability by overcoming language barriers. Additionally, introducing participants and their caregivers to the intervention and ensuring they understand it is key to achieving a sense of safety and expectancy.

> I would communicate with the help of the Arabic volunteer. Permission from the parents of accompanied minors or social workers for those unaccompanied is essential. A clear contract/agreement stating general rules of who I am, what I will be doing with them for 6 weeks, activities I will be exploring, etc. (Art therapist, England)

Before starting the artwork, participants should first explore and experiment with the materials to become familiar with them and gain a sense of control. Both therapists and adolescents emphasised the importance of this preparatory phase. One adolescent participant stated, *"The participants should have the chance to try the art materials before embarking on activities"* (12-year-old Syrian adolescent). Similarly, professionals favoured a non-competitive, expressive approach using simpler art media. As one art therapist from Thailand explained, *"Art therapy design is neither laboratory nor competitive."* These perspectives highlight a shared understanding that artistic engagement should be accessible, exploratory, and free from pressure. Art therapists should be approachable and friendly. A professor and art therapist commented: "*Sometimes I check in about the people the clients are living with, whether in foster homes or residential units and in general how they are doing in their homes or schools. It's the small things that are important*." (Academic professor, Ireland).

Continuous community engagement helps amplify voices and build leadership and friendships for adolescents. Two professionals strongly agreed that access to CAT should be sustainably available in the refugee society, when possible, stated: "*There should be no closing; it should be run in the community and preferably self-sustained; I cannot say there is a closing day.*" (Practitioner, USA),

"*Doors should always be open; they can come back when they want.*" (Art therapist, Australia)

4.4.2 Enablement

This theme is centred around empowering refugee adolescents by offering them choices, decisions to take, and avenues to improvise and behave with autonomy and spontaneity while following the intervention's aims and plan. To maintain a window of freedom and creativity in artwork, the session's topics are advised to be broad, and arts media and activities should be discussed with participants. Friendly rules and a respectful environment are key to fostering equal expression and agency. The participants should be encouraged to identify their strengths and develop new competencies that can help them in their lives.

The interviewees noted that giving the participants a choice should permeate the intervention components and adaptations. *"They likely went through times without being able to do things they like…. do not guide; choice empowers them*" (Practitioner, USA). For instance, the participants should be allowed to choose their preference of creative art style, materials, or scripts they feel comfortable with, and they should also be in a position to decide if they would work in a group or individually. "*Each session has a unique theme. I use themes that are broad to give them a wide horizon and freedom to choose.*" (Art therapist, Ireland). The professionals recommended offering a variety of art styles and materials and allowing adolescents to choose freely. One therapist emphasised this idea, stating: "*As many as possible art media options should be offered to participants to choose from; a room full of materials, a mixture of creativity and body movement can break the silence of the participants.*" (Art therapist, Ireland)

Both interview groups raised the concept of improvisation. Interviewees felt that participants should not have to follow the planned topics and scenarios all the time and that the therapist should encourage creative thinking and actively listen to the participants' ideas. Professionals emphasised that free expression

through arts is the core value of CAT; "*The secret in art therapy is in free expression, not in completing a project*" (Academic professor, Ireland). Refugee adolescents tend to present topics centred around family, friends, nature, hope and future in their art-mediated works. The topic of the artwork should be chosen by the adolescents and meet their strengths and needs. A researcher presented activities to empower participants:

> We frequently see a lot of kids who are inclined to use the colours of their flags and draw flags in their artwork, even if that's not the exact directive of the session, so then, creating a space to actually do that and to reflect on their homelands…. We've done wide-spectrum things like reflecting on my sources of strength, so creating a tree. Then, all the other things about us are the leaves on the tree…. also, great activities like collage help us think about what I want for ourselves in the future and focus on some of my goals. (Researcher, USA)

The professionals highlighted the importance of following the therapeutic plan while allowing for deviations from the core components and activities where appropriate for the clients and without affecting the quality of intervention. A researcher elaborated on approaches of offering guided freedom and flexibility:

> You always want the therapist to go in with their plan and goal. For the day, you want them to have just a foundation because it helps provide a sense of structure for the session to let the kiddos know that there is structure here and that I do have a plan here. But then, everything is a choice. The language that I use is always: "I invite you to do this", "I invite you to join me", "I invite you to try", but never- "We're going to do this!" So, there is the autonomy of being participatory. (Researcher, USA)

The interviewees emphasised establishing a supportive and non-judgmental environment to ensure respect, politeness, and group identity. An arts professor (Jordan) stressed aspects of free expression platform, saying: "*In the group, there is no place for stigma, no bullying, no judgments, here everyone can talk*

freely, no good, bad, ugly, or wrong." A 16-year-old Palestinian adolescent commented: "*We should understand and respect each other's ideas and feelings in the group*". In parallel, friendly rules should be set for organising the group and fostering teamwork. A therapist outlined how setting the rules with participants can empower them:

> The rules seek to control the participants' behaviours but not at the expense of guaranteeing appropriate freedom and improvisation. Do not use boundaries; use agreements; use the concept of 'we' to set an agreement between all of us on the boundaries … The rules aim to free them, not to put chains. (Art therapist, Ireland)

A quote by an art therapist in Thailand; "*We do not seek perfectionism in art therapy*", reflects the notion that the therapeutic setting should encourage making mistakes and retrying experimentation and iterative learning. The adolescents reported that they had improved their own skills and gained new competencies and used these skills in their daily lives; "*We like to have my talents polished. I am happy I have stronger self-confidence now, and I do not become afraid of public speaking"* (17-year-old Palestinian adolescent). That echoes the professionals' perspective that the intervention should relieve mental health difficulties but also strengthen adolescent resilience by learning and acquiring new proficiencies. "*It is critical to focus on how this endeavour helped the participants, what they have learned new, and what they have learned will change you now.*" (Art psychotherapist, Canada)

4.4.3 Inclusion

This theme is centred around the diversity of the refugee adolescent population regarding age, gender, and culture. CAT should be tailored to participants' age and developmental needs and address gender-related sensitivities that intersect with their beliefs and norms. The CAT team and components should be oriented to participants' home culture, and their culture should influence their artmaking and activities.

The interviews suggested CAT adaptations that would ensure equitable participation and a positive outcome. First, the art media and activities should be age-appropriate. Adolescence ranges from 10 to 24 and involves different growth and developmental milestones (Sawyer et al., 2018). Adolescents aged 10 differ from those aged 24 regarding needs, momentum and mentality; "*Do not put the participants in one group because their language, skills, needs and emotions are different at a one time*" (Artist, Jordan). Many professionals agreed that grouping participants by smaller age brackets is more appropriate and ensures that younger participants feel more comfortable expressing themselves. For example, two art therapists from Thailand commented: "*I will put the younger participants together and the older ones together.*" (Art therapist 2, Thailand), "*Those between 18-24 were together, and that was fine with me as they are similar in characteristics.*" (Art therapist 1, Thailand).

Gender-driven sensitivities are likely associated with age and cultural and religious backgrounds of refugee adolescents. The professionals implied that where mixed-gender interactions could hinder communication among peers, segregation into subgroups based on age and gender to allow comfort for all is suggested. "*I like to play with boys like me more; I feel shy when I play with girls.*" (10-year-old Syrian male adolescent), a notion repeated in answers by male and female adolescents. In addition, some art media may not be acceptable in particular religions, traditions, or cultures; in such cases, the participant's preference is key. For instance, dancing may not be comfortable for adolescent Muslim females in the presence of male therapists or peers. In this case, grouping girls from the same country or culture could allow them to engage comfortably. Instructions for gender-oriented CAT are provided by this practitioner from the USA:

Do not force mixing males and females where that is unacceptable; mix genders if they feel comfortable about it. I do not prescribe dance if dancing is unacceptable for gender or at all. I do not impose my framework. For example,

working with women and girls in Palestine with embroidery as a culturally loved handcraft. Either gender should have the chance to try crafts that are normally common for the other gender.

Professionals and adolescents emphasised that the culture of participants is key in shaping CAT. A therapist stated: "*The culture selects the work I do.*" (Practitioner, USA), and an adolescent elaborated: "*We are so proud of my culture, beliefs and religion, and I like to show them in my arts*" (18-year-old Palestinian adolescent). The interviewees agreed that art media and performance scripts should be sensitised to and respect the cultural background of all participants and allow them to share their cultural heritage. A therapist's quote provided an example: "*I use flowers or items from their villages and homes*" (Art therapist 1, Thailand). The professionals implied that arts could be a tool to bridge the gap between old and new cultures; "*Local museums in Italy became a bridge to help them learn about the culture, sometimes they were taken to see the concerts which gave them the opportunity to showcase their work.*" (Art therapist, Australia), but adolescents could not elaborate on that as they were all born in the host country. Similarly, participants should be encouraged to represent their cultures and celebrate their cultural identities in creative media and activities. The interviewee's perspectives highlighted the potential to build a community that embraces the diverse cultures of participants using creative arts. From therapists' perspectives, CAT providers should apply themselves to understand the participants' cultural backgrounds and norms before meeting them as advised by a therapist: "*The therapist should learn about the group and where they are from; try to find interpreters beforehand. It was nice for Afghani girls to see another Muslim female with a hijab in the room; they seemed comfortable.*" (Art therapist, England)

The professionals agreed that grouping the participants according to nationalities and cultural similarities can facilitate their interaction with the intervention activities when culture emerged as a barrier; "*I separate the*

participants according to their cultures too, using culture-specific media like Henna suit the background of the participants in the subgroups" (Art therapist 2, Thailand). Still, the adolescents noted openness to and curiosity about other cultures and mixing experiences as acceptable: "*I think it is exciting to meet new people and know other cultures.*" (18-year-old Palestinian adolescent)

4.4.4 Integration

This final theme extends the adaptation lens beyond the CAT group to accommodate refugee adolescents' characteristics and needs at the family, school, and community levels. In both directions, it illustrates how CAT components and practices can foster family bonds, school accomplishment, and social cohesion and how parents, teachers, and community members can contribute to the impact of interventions. The interviewees echoed that impactful therapy should not ignore the challenges participants witness every day and agree with a comprehensive outlook that explores daily life stressors. The theme is strengthened by adolescent's narratives. Younger participants voiced a strong sense of belonging to their family and school, while older adolescents were keen to shed light on common issues in their community.

First, parents' roles in fortifying CAT's impact were an area of considerable discussion. Therapists believed that parents should be fully informed about their children's participation to ensure they feel trustful and supportive. If CAT is properly introduced to parents or guardians, they could support participation and engagement; "*Attendance of and communication with parents help improve their kids' commitment to attend sessions*" (Art therapist, Ireland). Nevertheless, parent co-participation in artmaking is not recommended, and both professionals and adolescents conveyed this point. Some refugee adolescents may have lost their parents or be unaccompanied. Therefore, exploring the family landscape is key in planning the intervention sessions and content; for example, one professional stated: "*Planning the time and frequency of sessions depends on preferences of participants and their parents such as on*

doing sessions on weekends so the parents can be available to support" (Practitioner, USA).

One professional suggested that schools could help with attendance through reducing dropout rates and it could be a good option when resources are limited. As one professional noted, "*Schools could be a good option as sessions may not be regularly attended outside of schools. Also, teachers can help run these activities for themes like working on self-esteem or building coping strategies*" (Academic professor, Ireland). Interviewees expressed different opinions about the idea of school-based CAT. Overall, in-school interventions are not the preferred setting, and the potential benefits of implementing CAT in schools rely on participants' perceptions of school environment. As one professional commented, "T*herapy should not be carried out in a daily space like schools…. schools are not the first choice, if they like their school then it would be a good place*" (Academic Professor, Jordan). Many professionals felt that involving schools or teachers in any part of CAT should be carefully considered by therapists and discussed with participants, as schools and teachers are not always seen as reliable sources of support. Older adolescents generally agreed with this view. Although younger adolescents felt a connection to their teachers and schools, they preferred to attend a dedicated CAT space and form bonds with it. The interviewees agreed that CAT should take place in a room specifically set aside for it, emphasising that participants should step away from their daily lives while in session. The role of schools is not limited to hosting the intervention. Some professionals suggested that the CAT team could work with teachers or school counsellors to share information and provide in-school support when needed. However, others warned that this could violate the confidentiality of the participants or be unacceptable to them. One professional commented that teachers should be properly trained and supported to complement the outcomes of CAT in the classroom.

Adolescents favoured raising significant issues in their community like poverty, sexual harassment, and their hopes to return to their home countries. Besides,

they are willing to introduce themselves to their social environment via public artworks like murals and carnivals, which in turn can familiarise participant's families and communities with CAT interventions. An art psychotherapist with a background in social work added:

> Usually, if we're doing an exhibit, then I have to get consent forms for all the youth to consent to share their artwork because the artwork is treated as medical information …. if we're working towards an exhibition where part of it is they feel proud of sharing their art, then, at that point, when it's public, then their families may attend like an exhibit, or something like a group show. (Art psychotherapist, Canada)

Involving local social workers and community volunteers, translators, and referral focal points in intervention planning and implementation helps connect the intervention and participants with the surrounding community and simultaneously ensures more community-oriented practice. A researcher with experience working with refugees in the United States stated*: "The surrounding community, whether refugee or host community, is part of your therapeutic team*" (Researcher, USA).

> I explore the feasibility of having volunteers or interpreters from these specific cultural spaces or places. This not only assists in overcoming language barriers but also enriches the therapeutic process by providing nuanced cultural insights and ensuring accurate communication. (Art therapist, England)

4.5 Discussion

This study provided an explicit understanding of CAT for use in fostering the mental health of refugee adolescents from the perspective of both CAT professionals and refugee adolescents with experience with CAT. The four themes describe feasible CAT adaptations for more acceptability and engagement by refugee adolescents, possibly leading to more significant impacts of this intervention. Modifications to stabilise participants are primarily

connected to selecting persons delivering CAT, place, art materials and activities that can assist participants in building trust and reducing stress. Enablement focused more on the therapist's approach, structure, content and topics of the sessions, pursuing equal expression and empowerment. Modifications to ensure inclusivity involved addressing individual differences and diversity within the group for equitable participation, while the 'integration' theme involves support networks and institutions for a multilayered extent of intervention. This study builds on the recommendations of Ramadan et al. (2024a), which highlighted the need for in-depth qualitative research exploring the perspectives and experiences of art therapy stakeholders. Enrolling both groups helps provide a comprehensive and mutual understanding of the required adjustments for more engaging CAT intervention. The findings can guide art therapists, practitioners, and researchers when designing and delivering CAT and arts-based interventions for refugee adolescents. As a result, this can make practice more consistent and facilitate measuring the effectiveness of CAT. The findings also extend beyond consolidating practice to tell how to make participation in CAT more acceptable, which add to the scarce research exploring the acceptability of psychosocial interventions by refugees (McDermott et al., 2024).

Using sandplay and music art therapy, refugee adolescents expressed themes centred around feelings of fear, distrust, avoidance, chaos, loneliness, and need for protection (Choi, 2010; Dobretsova & Wiese, 2019). These themes match the adaptations under my first three themes. In alignment with the integrity theme, Choi (2010) found that refugee adolescents suffered stressful life situations, family separation, academic difficulties, and economic hardships, in addition to losing their connections with their friends and society. The identified themes showed similarities to themes in previous literature on variant refugee populations, suggesting that the psychological and emotional responses explored through CAT may broadly apply to different refugee groups. For example, Akhtar and Lovell 2018) interviewed three art therapists and identified five themes related to CAT's benefits for refugee children. The theme

of stability in this study corresponds with their theme of “rebuilding trust-opening wounds”, while the enablement theme aligns with their themes of “exploring identity-discovering new self”, “giving voice,” and “sharing stories-healing pain”. In another study, Zadeh and Jogia (2023), through a literature review on CAT’s role in reducing mental health symptoms of refugees, highlighted themes such as working with traumatic experience/loss, rebuilding social connections and trust, and fostering nonverbal communication and self-expression of trauma. Outside humanitarian contexts, my themes differ from those of patients in psychological and psychiatric contexts, which tend to focus on symbolic expression and embodiment, relational aesthetics, pleasure, and supporting recovery through artmaking (Barrett et al., 2022; Gabel & Robb, 2017). They seem to be less broad than the themes I identified. According to the interviewees, CAT for refugee adolescents does not only aim to relieve specific mental health issues but also strengthen their ability to cope with diverse current stressors.

Feeling safe and secure was fundamental for adolescents and strongly highlighted by professionals. Previous studies stressed that ensuring a feeling of safety among refugees, especially young ages, is essential to engaging and impactful CAT (Dieterich-Hartwell & Koch, 2017; McLeod et al., 2021; Schaeffer & Cornelius-White, 2021). A physically and emotionally safe place and restoring a sense of control are key for refugees to adapt to their environment (Dieterich-Hartwell and Koch, 2017). Therapists’ approaches are key to offering a sense of safety. Oppegard et al. (2005) concluded that art therapists are likely to be active listeners, possess solid interpersonal and social skills, and have a passion for helping others. Both professionals and adolescents saw these competencies as important to make participants feel secure and trust the therapist. The interviewees agreed that confidentiality and informed consent are essential determinants of stability. According to Pavarini et al. (2021), early considerations for ethical standards lead to more meaningful and comfortable interventions for traumatised children and adolescents.

The interviewees stressed that flexibility in expression strengthens participation (Bosgraaf et al., 2020), and empowerment could be obtained by mitigating boundaries and creating solidarity within the group (Rousseau et al., 2005). For example, structured and improvised music boosted well-being and social inclusion by enhancing confidence and triggering imagination and conversations among refugees, asylum seekers, and local community members (Vougioukalou et al., 2019). Both groups asserted that committing to the therapy design and aims is core to achieving the objectives of the intervention. Simultaneously, allowing spontaneity and improvisation in a joyful and comfortable environment and dynamically acknowledging the emerging needs and preferences of the refugee participants were recommended. Two previous research studies asserted that improvisation and joy in CAT and body-based interventions help build trust and enhance a sense of hope in young refugees (Feen-Calligan et al., 2023; Schaeffer & Cornelius-White, 2021). In sum, the enablement theme describes how to accomplish a balance between commitment to the intervention's plan and structure and giving refugee adolescents an avenue of freedom they may need.

Adjustments relevant to adolescent stages, gender, and culture of refugee populations were practised and highlighted in literature but with poor reporting of their individual effects (Ramadan et al., 2024a). The inclusivity theme showed how the cultural background of the participants can form gender concepts and related sensitivities. In other words, ways to address gender sensitivities depend on the background and culture of refugee participants (Schaeffer & Cornelius-White, 2021). For example, in contexts where sensitivities between males and females exist, creating gender-based subgroups to relive these sensitivities could be a solution. Ugurlu et al. (2016) segregated young refugee participants into female and male groups but did not report how that worked. Except for the later study, there were no studies that showed the mechanism or the outcomes of creating gender-based subgroups. The interviewees viewed the culture of participants as both a barrier to successful CAT and a cornerstone in developing CAT components and activities and choosing arts media and

topics. If the intervention did not meaningfully acknowledge and overcome cultural differences and social norms, they could be more harmful rather than helpful. Modifications to overcome cultural and language barriers and encouraging creative expression and communication dialogues can build group solidarity and a sense of belonging and hope (McLeod et al., 2021; Dieterich-Hartwell & Koch, 2017; Heynen et al., 2022). Both groups emphasised that the therapy team should be sufficiently oriented regarding participants' traditions, cultural norms, and religious beliefs (Hanania, 2018; Hocoy, 2002). Cultural orientations of CAT team were encouraged by some studies that performed that in different ways like organising orientation sessions (Feen-Calligan et al., 2020; Grasser et al., 2019). Cultural adaptations are fundamental in mental health and psychosocial support (MHPSS), and they can be performed even with scarce resources in humanitarian settings (Perera et al., 2020).

Although young adolescent interviewees tended to be in favour of parent's involvement in and outside sessions, the interviewees in general were tentative in this regard. Plainly, parents and families have a critical role in enhancing acceptability and impact, but their role should not suppress free expression and autonomy highlighted in the theme of enablement. Also, CAT can highlight family-level problems and improve family environment according to two research works (Feen-Calligan et al., 2023; Rousseau et al., 2005). Higher therapeutic improvement in non-refugee children and adolescents was linked with higher parental engagement, indicating the importance of caregiver support for child attendance, parental confidence in provider's skills and intervention success, and good intra-family relationships (Burney et al., 2024). Adapting CAT to address family, school, and community-level challenges (Díaz & Paula, 2018) was similarly suggested in other psychosocial interventions (Fazel & Betancourt, 2018; Tyrer & Fazel, 2014). My findings stress the importance of parents' support of their kid's participation and engagement. The importance of parental buy-in draws attention to the research-practice gap in engaging refugee and asylum-seeking parents in their children's art therapy processes (Bauch, 2022), with relevant literature mostly in the form of reports

or short articles from international nongovernmental organisations (iNGOs) (Grenimann Bauch, 2022). Further exploration of the family relationships and also the aims of CAT before considering parents' participation in artmaking are advised.

Some benefits of school-based CAT implementation were strengthening rapports with teachers and enhancing a sense of belongingness (Fancourt & Finn, 2019; Martin et al., 2024). Despite school-based CAT being encouraged by other research works (McLeod et al., 2021; Rousseau et al., 2007; Rousseau et al., 2005), this study's interviewees preferred separate CAT spaces to school rooms. The interviewees recommended promoting creative artmaking in community or outdoor settings like murals and photography in public spaces. Similar initiatives for refugees were found to foster learning, development, self-expression, social communication, networking, and income generation, reinforcing the value of integrating creative arts in refugee camp settings (UNHCR, 2015). Integrating psychosocial interventions in a humanitarian context requires collaboration between research, practice policy, and community (Tol et al., 2023). The value of sustainable access to CAT was raised by some professionals and adolescents. This could lead us to think about the possibility of scaling up CAT. To my knowledge, there was no literature discussion of these aspects for CAT. In MHPSS, both horizontal and vertical scaling up of psychosocial interventions are recommended with high-quality research (Troup et al., 2021). Horizontal scaling up means wider implementation but without handing implementation to providers from the community, and thus, less sustainable access. Vertical scaling up indicates task sharing and training lay providers. Accordingly, task sharing and training in the context of CAT could be an area for research, especially since CAT for refugee adolescents is not always delivered by art therapists (Ramadan et al., 2024a).

4.6 Strengths, limitations, and recommendations

This study is the first to investigate adaptations to CAT specific to refugee adolescents. It gathered diverse perspectives on CAT from both professionals

and refugee adolescents who had participated in CAT interventions. The first author has connections with iNGOs and national societies in Jordan, which facilitated the sampling of adolescent interviewees. However, due to time and financial constraints, only refugee adolescents in Jordan were enrolled. Children being raised as refugees is very common. Jordan hosts several protracted refugee situations, some of which have resulted in multiple generations being born as refugees. Because of that, my sample included only adolescents in Jordan whose parents or grandparents were refugees and did not include participants who themselves had fled war or conflict. As a result, the findings may not reflect the perspectives of refugee adolescents who have directly experienced displacement or migration or those in different geographic or contextual settings. Although I tried to involve professionals from Africa and South America, there were no responses from participants in these continents. The professional group was limited to English- and Arabic-speaking participants. Few studies identified reported justifications and impact of specific practices and approaches in promoting mental health of refugee adolescents (Akthar & Lovell, 2018; Feen-Calligan et al., 2023; Feen-Calligan et al., 2020; Grasser et al., 2019; Schaeffer & Cornelius-White, 2021; Ugurlu et al., 2016). These studies were predominantly based on literature reviews, interviews, or observations in primary studies, with a lack of comprehensive and deep exploration and reporting of good practices. Future research should primarily aim to identify best CAT practice for refugee adolescents.

4.7 Conclusion

This study offers a novel exploration of CAT adaptations to foster the mental health of refugee adolescents by providing insights from CAT providers and recipients. Refugee adolescents have likely witnessed times of insecurity, helplessness, homelessness, discrimination, uncertainty, and lack of choice. Consequently, CAT should offer a safe place, creative materials, and trusting relationships with therapists and facilitators. Topics, approaches, and rules should aim to strengthen autonomy and improvisation. Modifications should ensure equitable participation by mitigating adolescents' age, gender, and

cultural differences. Understanding the family, school, and community environment is key to drawing appropriate adjustments. By prioritising stability, enablement, inclusion, and integration, CAT can be tailored to better meet the unique needs of this vulnerable group. The themes provide valuable guidance for improving the delivery of CAT and supporting the mental health and well-being of refugee adolescents in therapeutic settings. Studying best practices is a starting point for developing guidelines for CAT intervention and therapeutic practices in a refugee context. Future research should explore the impact of these adaptations on therapeutic outcomes to further strengthen the evidence base.

Chapter 5: Best suggested CAT practices to foster mental health of refugee adolescents: A Delphi study

5.1 Introduction

5.1.2 Background

Many voices in the literature infer the promising evidence of creative art therapy (CAT) in improving the mental health of refugees. Generally, CAT has been practised for a long time, but the growth of evidence on its benefits is not parallel with the increasing number of related publications (Rodriguez Novo et al., 2021). Very few empirical articles examined CAT intervention effectiveness in fostering the mental health of refugee adolescents and showed equivocal findings. Further, a lack of elaboration on design, implementation and adaptations was apparent. Refugee adolescents experience multifaceted challenges, necessitating resilient, interdisciplinary interventions that engage individuals, families, and communities to address their developmental needs and promote mental health (Blackmore et al., 2020; Reed et al., 2016). Also, according to Frounfelker et al. (2020), research that integrates refugees into the design, delivery, and evaluation of interventions is likely to enhance the acceptability and effectiveness of mental health services. Another noted challenge to advancing the evidence base of CAT is the heterogeneity in practice, which renders comparison between the interventions not possible (Bowen-Salter et al., 2022).

5.1.3 Rationale of the study

To date, no studies have pursued optimising CAT for refugees in adolescence. Thus, I framed a research question of 'how to effectively design, implement, and adapt creative art therapy (CAT) interventions to foster refugee adolescents' mental health?'. This study provides qualitative and quantitative input from a panel of creative art professionals and refugee adolescents. This is a pre-fixed three-round Delphi study. The first round was in the form of semi-structured interviews with an expert panel of CAT professionals and refugee adolescents. The interviews are discussed in depth in the preceding chapter, in terms of the qualitative analysis carried out on the interview data. The goal of the interviews was also to develop statements on recommended CAT components and practices which will be outlined in the current chapter.

Additional panellists were invited to participate in the Delphi study following Round 1 interviews and were asked to rate and propose the statements via two questionnaire-based rounds to obtain consensus, agreements and narrative feedback.

5.2 Methodology

5.2.1 Aims of the study

This study aims to delineate the most recommended design, approaches, activities, and adjustments of CAT for refugee adolescents' mental health from the perspective and experience of a panel of creative art professionals and refugee adolescents with creative arts experience in a three-round Delphi study design. The first round aimed to generate statements on recommended CAT intervention components by interviewing eligible panellists. To weigh and prioritise the intervention components, the same and newly enrolled panellists with the same eligibility criteria were asked to rate the statements based on importance in the second and third rounds.

5.2.2 Terminology

Owing to the diversity of terminologies in the context of art therapy, it is necessary here to clarify the key concepts. In this study, 'creative art therapy' implies any arts-based activity aimed at the mental health of adolescent refugees in the frame of promotion (prevention), therapy and trauma recovery. This study does not investigate CAT in psychological assessment as I assert it would demand additional or different methods. The authors chose the concept of creative art therapy to flag the creativity and expression ingredients of art therapy. In the absence of a standard concrete CAT intervention, the umbrella of the CAT concept in this research captures any interactive initiative that uses creative art mediums in the form of individualised or group activities, workshops, sessions, or programmes. Creative arts embrace all art mediums, visual and body-movement-based. Visual arts imply crafting tactile artwork, like painting and sculpture, whereas body-movement-based arts indicate non-

tactile artwork, like play theatre and dancing. This research only targets active participation in arts, so passive arts like listening to music are not at the core of this study and were not included. Finally, I used the term 'refugee adolescents' to reflect the age group between 10–24 years following the definition by Sawyer et al. (2018) and referred to them during implementation and in the text as 'adolescents' to avoid the risk of intrusive and discriminatory inferences of the term 'refugee adolescents'.

5.2.3 Developing the interview questions for the first round

As my study includes diverse intervention ingredients, including persons, place, process, and adaptations, I utilised the concept of 'components' to help us categorise the data I gleaned from the systematic literature review (Ramadan et al., 2024a) These components represent intervention compartments in the logic of design, implementation, and adaptation. The design component points to the planned structure, while implementation tells the activities, approaches, and techniques within the intervention. The approach is the style, pattern, and strategy the therapist adopts to deliver the intervention activities meaningfully and efficiently. When the intervention is tailored to a specific context(s) without changing the core structure of the intervention, these are considered adjustments. If, on the other hand, the structure is subjected to significant modifications, then this is recognised as intervention adaptation. Implementation implies on-the-ground translation of components into practices to achieve the sought objectives. Mental health is "*the mental well-being that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community*" (WHO, 2023). I then sorted the components into categories and ordered these categories according to the stages of the intervention, which are pre-, during, post-artmaking and 'through all stages'. The categories and the chronological order aim to organise the interview questions and create the codes and themes for interview narrative analysis to generate statements. The categories of CAT practice components and a simple description of each category are shown in **Table 8**.

When thinking about these components , it may be helpful to think in terms of form and function. A core function is to achieve the intervention's primary objective through structural and procedural means. Forms are particular steps or activities undertaken to achieve or accomplish a core function. More than one form can be required to achieve a single function (Perez Jolles et al., 2019). An example of forms and functions in my topic is adopting collective artworks by smaller subgroups (form) to foster communication skills and teamwork within the group (function). Sorting the components according to their shape, structure, or purpose could be helpful for better understanding; however, I would argue that this differentiation may not necessarily apply to the components in this study.

Table 8. *Categories of Creative Art Therapy Components at Each Intervention Stage and a Brief Description of Each Category.*

Category	Stage of intervention	Description
Team & roles	Pre-intervention	Characteristics, qualifications, and roles of therapy team personnel
Structure	Pre-intervention	The planned milestones or skeleton of the intervention
Setting	Pre-intervention	Characteristics of the place to carry out the activities
Environment	Pre-intervention	Factors surrounding the participants during practising arts
Introduce	Pre-intervention	Providing an overview of the intervention to the participants before launch
Initiate	Pre-intervention	Special activities to open and begin the intervention (e.g., icebreaking)
Art mediums	During intervention	What art medium(s) to be used (e.g., painting, dancing, mixed)
Content	During intervention	Topics, scenarios, and stories to be expressed through the artwork or performance

Other non-arts activities	During intervention	Activities that are not based on arts (e.g., Breathing Exercises)
Choice	During intervention	The participants can choose the topic or go for individual sessions
Flexibility	During intervention	How much can the participants improvise and be spontaneous in doing the activities or be strict with the design of the intervention and therapists' instructions?
Relationship	During intervention	Building relationships and friendships between the participants themselves or with the therapists
Share, Express, Communicate	During intervention	The way the participants share their thoughts through artworks or messages through art performance. The way they can express their ideas and feelings through the creative arts. The way they interact and socialise with other participants and with the therapists.
Flow	During intervention	How do the intervention sessions/activities run harmoniously to accomplish the best results?
Dosing	During intervention	Number, duration, and frequency of sessions
Acceptability	Through all the intervention	Making sure the activities are coherent, clear, easy, and not burdening the participants
Trust/Safety	Through all the intervention	How to build trust between all individuals in the intervention, create feelings of safety and ensure privacy?
Engagement	Through all the intervention	Keeping the participants wanting to continue, enjoying, excited and not bored.
Assessment	Through all the intervention	Techniques to examine the area of improvement in participants' mental health

Ending	Post-intervention	Approach and activities to finalise the intervention and say Goodbye.
long term outcomes	Post-intervention	How can the things learned or the skills acquired in the intervention help the participants in their daily lives and even the future after the intervention?
Age	Adjustments	Adapting the design, approach, and practice to the age subgroups (early, middle, late adolescence) or another categorisation
Gender	Adjustments	Adapting the design, approach, and practice to the gender of the participants (i.e., males, females, non-binary gender)
Culture	Adjustments	Adapting the design, approach, and practice to the cultural norms of the participants (e.g., African or Islamic culture)

5.2.4 Research design

The study is a pre-fixed three-round Delphi design. My sample included a panel of two expert groups: creative art professionals and refugee adolescents. The sampling and study procedure took different approaches, settings, and geographical scope for each group. As a result, I demonstrated the methods separately for each group while referring to them as the "professional panel" and the "adolescent panel" as shown in **Figure 3**. The first round in my study consisted of semi-structured interviews with the panellists to generate statements. In the second round, the panellists were requested to rate the statements and openly provide feedback and perspectives using a SurveyMonkey self-filled questionnaire. In the third round, further agreement was sought by sharing statements that had conflicting agreements between second-round panels, along with their scores and feedback, with the third-round panellists. I followed the Guidance for Conducting and Reporting Delphi

Studies (CREDES) (Jünger et al., 2017) and directions and advancements by (Beiderbeck et al., 2021) to underpin the implementation and reporting of the study.

5.2.5 Participants

Professional panel: The concept of professionals in this study is not exclusive to certified creative art therapists. Clinicians, researchers, artists, and art therapists were eligible for the professional panel if they meet one or both eligibility criteria: (1) At least three years of experience working in creative art therapy with active participation in at least one creative arts intervention for refugee adolescents spanning the age range of 10–24. (2) Researchers with at least one peer-reviewed primary interventional study in the field of CAT for refugee adolescents. Professional participants were sought worldwide and from different professional backgrounds (e.g., medicine and health, academia and arts). I used Expertscape (https://expertscape.com), a website that provides a platform for locating and identifying experts in various medical fields to find and contact potential therapists or researchers. I chose Sawyer et al.'s (2018) age range of adolescence (i.e., 10–24) to be compatible with the systematic review that informed the conceptualisation of this study (Ramadan et al., 2024a). The study frame for the professional group was not restricted to geography or time. Consequently, expert professionals from high- and low-middle-income countries (HIC and LMIC) who are eligible were invited to take part. Each professional could participate in at least one round after being fully informed about the study methodology, participation rights and conditions. Adolescent panel: This group consisted of refugee adolescents aged 10–24, of any origin and residing in Jordan, who have experienced at least one creative arts workshop, programme, or intervention. The adolescent group was invited to participate through the affiliated organisations and community-based societies that delivered the intervention. Similarly, they could participate in at least one round following obtaining informed assent and consent from the adolescents and their caregivers or legal guardians, respectively. The implementation for this group took place in Jordan, and the principal investigator interviewed and

surveyed the adolescents in person in the setting of the collaborating organisation or following the preference of the adolescents and their caregivers. The country of Jordan was chosen specifically for feasibility reasons as the principal investigator is Jordanian and has good access to several local and international organisations providing mental health care for refugees from several countries. Due to limited funds and resources, I was not able to enrol refugee adolescents in other countries.

5.2.6 Sampling

Professional panel: I adopted three steps of convenient sampling. First, I sent an invitation email to candidate professionals from the authors' network, attaching the Invitation letter, study design flyer, participant information leaflet, and the informed consent form (please see Appendices E, F, and G). I responded to inquiries sent back by the invited professionals and provided more elaboration where needed. Next, snowballing was pursued by requesting the participants to recommend and liaise the study team with new potential candidates. The recommended candidates were contacted through email to check their eligibility before sending the invitation email. The third step was contacting creative/art therapy associations and non-profit organisations, navigating social media profiles of potential candidates, and searching bibliographies of relevant empirical peer-reviewed articles to reach candidate CAT researchers. Adolescent panel: I contacted national and international organisations that implemented CAT for refugee adolescents in Jordan. Upon agreement, the interviews were conducted where convenient to the participants. Guardians of adolescents under 18 and adolescents aged 18–24 were contacted directly with the support of the collaborating organisation. The principal investigator, a native Arabic speaker, carried out phone calls with the guardians or the adolescents themselves and invite them to in-person meetings at the organisation's centre or where they preferred. Before the interview, the principal investigator answered questions from the guardians about their child's participation. The adolescents were allowed to ask questions, and the principal investigator ensured that all questions were explicitly answered. The guardian

and the adolescent should clearly demonstrate the verbal agreement before signing the informed consent form by the guardian and the assent form by the adolescent (please see Appendix H). The sought sample size was 24 for the first round (professional panel = 12, adolescent panel = 12), which is above the minimum recommended sample size for initial interviews (i.e., five to eight panellists) in Delphi design (Beiderbeck et al., 2021; Ogbeifun & Agwa, 2016), and around 40 for each of the second and third round (professional panel = 20, adolescent panel = 20). I benefited from Nasa et al.'s (2021) research on appropriate Delphi methodology in optimising the volume of my sample. First, I assumed good homogeneity within each panel group, which is attributed to my narrow eligibility criteria. Second, my research question can be answered by participants with specific and narrow criteria who are CAT experts in my case (i.e., expert therapy professionals by 'providing' and expert adolescents by 'receiving' creative art therapy). Collectively, I assert that the sample size for each round is proper for my participants' characteristics and research questions and, luckily, can be accommodated by my limited resources and timeline.

5.2.7 Pre-implementation piloting

I conducted online interviews with volunteering doctoral students at Trinity College Dublin to pilot the study implementation and anticipate technical roadblocks. The principal investigator checked the voice clarity in the pilot interview recordings and ensured proper storage. During the pilot interviews, the flow and consistency of the interview questions were discussed with the research team, and the estimated time for the interview was compared to the planned time and amended accordingly. Before launching the second round, the digital questionnaire was piloted. Firstly, it was shared with two Trinity graduate students, who were asked to rate all the statements. Two rounds of piloting were carried out to check for any technological pitfalls. A similar piloting strategy was followed before implementing each round for the adolescent panel. Pilot interviews were conducted by the principal investigator with the psychologist—the field research assistant—from the collaborating organisation to ensure proper recording via the Dictaphone and establish the time needed

to accomplish the interview. Before commencing the second round, the SurveyMonkey questionnaire was technically tested by the principal investigator and the psychologist using a smart tablet and assessed for applicability, clarity, and content of the questionnaire. To ensure that the interview questions and the questionnaire statement are understandable, I piloted them with a volunteering adolescent—aged 18–24 so guardian's consent is not demanded— who was not necessarily of refugee background. The volunteering adolescent discussed the questions and the statements with the principal investigator and provided suggestions for clarity and delivery. The volunteering adolescent's recordings and questionnaires were deleted immediately after the piloting.

5.2.8 Procedure

Round 1. Professional panel: Online semi-structured interviews with 12 CAT professionals were conducted in the first round. The interviews were conducted via Zoom. A set of open-ended indicative questions, shown in **Table 9**, were asked, allowing sufficient time for answers and discussions before moving to the next question. The panellists were encouraged to share further remarks and raise any questions. The interview questions were ordered through the chronological stages of CAT as described above. Each question was phrased to reflect on one or more CAT components. Each interview was expected to last 60 minutes. After obtaining the interviewee's permission, the interviews were recorded to prevent data missing. Online interviews were recorded through Zoom and stored in TCD-encrypted OneDrive. Adolescent panel: Adolescent refugees who consented to participate in the study were interviewed face-to-face where convenient for them and their families. The interviews were recorded using a Dictaphone, and the interviewees were informed that the recordings will be transcribed and deleted within one month—the same applied to the professional panel. The principal investigator began with an opening overview and icebreaking dialogue and then asked and discussed the open questions and allowed sufficient time for the young participants to share their ideas, perspectives, and experiences. I first phrased the questions for the

adolescent panel in Arabic as simply as possible to meet their age and reflect the counterpart question for the professional panel before translating them into English for review by other research team members. As I anticipated a variety of CAT experiences the adolescent panellists took part in, I illustrated the concept of creative arts in the opening section and used the term 'art workshop' in the questions to ensure better understanding by the adolescents. **Table 10** shows the interview questions for the adolescent panel in English and Arabic.

Table 9. *Interview Questions Per Creative Art Therapy Category for the Professional Panel*

	Introduction: In this friendly interview, I would like to get your explicit answers to the following questions to define the features of creative art therapy intervention to improve the mental health of refugee adolescents. You are welcome to share your viewpoints and perceptions around any point in the questions.
Category	***Pre-Intervention***
Team & roles	What are the requirements, skills, and roles of the therapy team?
Setting	What do you think makes a setting good and supportive for creative art therapy?
Environment	What is a suitable environment for creative art therapy intervention?
Initiate	How would you initiate the intervention? If presented, How do persons introduce themselves?
	During Intervention
Art mediums	What forms of arts and materials would you use in the intervention?
Content	What specific issues or themes do you encourage adolescents to explore and express through their artwork during the therapy?
Other	Besides creative arts, what non-arts activities do you recommend incorporating

activities	into the intervention to enhance the therapeutic experience?
Choice	What degree of Autonomy/ improvisation is good to offer to adolescents?
Flexibility	When do you allow adolescents to choose their activities? When do you think they can go to individual or group work?
Relationship	How would you build a good relationship with adolescents? How would you encourage good relationships between them?
Share/ express/ communicate	1. How would you encourage adolescents to express their creative work during the therapy sessions? 2. What methods do you find effective for adolescents to communicate their thoughts and emotions through artwork? 3. How do you facilitate sharing their artwork and thoughts, and with whom do you encourage them to share their creations during the therapeutic process?
Flow	How can we maintain a balanced and consistent flow of activities during the creative art therapy sessions?
Dosing	In your opinion, what is the number, duration, and frequency of the art therapy sessions for best results?
	Through all the intervention
Acceptability	How can you make the Intervention coherent? How can you make sure the participants

	are not burdened? *Theoretical Framework of Acceptability* (TFA) (Sekhon et al., 2017).
Trust/Safety	How can you establish a sense of trust and safety during the intervention?
Engagement	What strategies do you follow to enhance adolescent engagement throughout the creative art therapy process?
Assessment	How would you assess the progress and success of the intervention during and after implementation?
	Post-intervention
Ending	How would you close/finish the intervention?
long term effect	How can you make the adolescents take and apply what they learned in their daily lives?
	Adjustments
Age	What considerations would you take to make the intervention appropriate for ages 10 to 24 years?
Gender	How can the gender of participants impact the intervention's design, and how would you adapt the intervention to address the specific gender profile?
Culture	When working with refugee adolescents, how do you consider and accommodate their

	cultural values and backgrounds during the therapy?

Table 10. *Interview Questions per Creative Art Therapy Category for the Adolescent Panel*

	Ice breaking: Can you tell me about yourself? What are your hobbies/interests? **Creative arts are those where you either make a piece of art like drawing, painting,** **sculpture, or writing or perform like singing, acting, or dancing. We know that arts** **are not attractive to everybody, but because you attended an art workshop in (..)/ by (..),** **you are our expert, so we would like to hear your ideas and opinions on how to improve** **it by asking you some questions.**
	لقاء تعارف: هل يمكنك أن تخبرنا قليلا عن نفسك؟ أخبرنا عن هواياتك، اهتماماتك. بداية دعنا نخبرك عن الفن الإبداعي، وهو القيام بصنع قطعة فنية مثل الرسم والنحت، أو القيام بأداء فني مثل الغناء، الرقص, أو التمثيل. نعلم جيدا أن الفنون لا تستهوي الجميع، لكن لكونك شاركت في ورشة علاج بالفن، نحن نعتبرك خبيرنا في هذا المجال. لذلك، نرغب بسماع أفكارك وآراءك لكيفية جعل هذه الورشة أفضل من خلال عدد من الأسئلة التفاعلية.
Category	***Pre-Intervention***
Opener/ **Structure**	Hello! Let us start with a funny brainstorming! We would like you to use your imagination to describe the most exciting creative arts workshop you can think of. What does it look like?
	مرحبا! دعنا نبدأ بقليل من المرح والتفكير, نرغب في استخدام مخيلتك في وصف ورشة علاج بالفن ممتعة بالنسبة لك. كيف يمكن أن تصفها لنا؟

Team	What do you think are the important roles of the workshop supervisors?
	ما هي الأدوار المهمة للمشرفين على الورشة من وجهة نظرك؟
Roles	N/A
Setting & & Environment	What does the place in which you like to make/perform art look like?
	كيف يبدو لك المكان المناسب لاجراء هذه الورشة؟
Introduce	What do you think you need to know before participating in the workshop? What things if you know they will encourage you to participate?
	ماذا تعتقد انك تريد ان تعرف عن الورشة قبل المشاركة بها؟ ما هي الأشياء التي إذا علمتها قد تحفزك على المشاركة بها؟
Initiate	How do you like to start making artwork or performance?
	كيف ترغب أن تبدا صنع عملك الفني أو أداءك الفني؟ أو ما هي الخطوات الأولى لذلك؟
	During Intervention
Art medium	What art mediums or materials do you prefer?
	ما هو شكل أو أشكال الفن التي تفضل أن تختارها؟
Content	What do you want to talk about or tell through your artwork or performance?

	ما هل الأشياء التي تريد أن تتحدث عنها أو ترويها من خلال عملك الفني؟
Other activities	What other activities besides arts do you think would be exciting to do in the workshop?
	هل هناك أنشطة أخرى يمكن ان تفكر بها بجانب العمل أو الأداء الفني؟
Choice & flexibility	How do you prefer the activities in the workshop to be created or chosen?
	كيف تفضل أن يتم تصميم أو اختيار الأنشطة؟ من يمكن أن يقوم بذلك؟
Relationship	How can you make good relationships with others? What things can encourage you to interact with others in the workshop?
	كيف يمكن لك عمل علاقات أو صداقات جيدة مع المشاركين الاخرين؟ ماذا يمكن أن يشجعك على التفاعل مع الاخرين؟
Share/express communicate	When you create or perform art, how do you like to share it with others? and with whom would you feel comfortable sharing your work and thoughts?
	أثناء ممارستك للفنون، كيف تفضل أن تشارك عملك مع الاخرين؟ من هم الأشخاص الذين تشعر بارتياح إذا ما شاركت عملك معهم؟
Flow	N/A
Dosing	N/A

	Throughout the intervention
Acceptability	What do you feel about the workshop you took part in? (experienced) If you are invited to another creative arts workshop, what do you think can make it more appropriate for you? (anticipated). *Theoretical Framework of Acceptability (TFA)* [18].
	كيف تشعر أن الورشة التي شاركت بها كانت مناسبة لك؟ إذا تمت دعوتك للمشاركة في ورشة أخرى, ما هي الاشياء التي تعتقد انها قد تجعل الورشة مناسبة أكثر لك؟
Trust/Safety	What can make you trust the facilitators and other participants? How can you make them trust you? What makes you feel safe in the workshop?
	ماذا يمكن أن يجعلك تثق بالاخرين في الورشة؟ كيف يمكن أن تجعلهم يثقون بهم؟ ماذا يمكن أن يجعلك تحس بالأمان خلال المشاركة في الورشة؟
Engagement	What can make you excited and want to continue? What can make you bored or not want to continue?
	ما الأشياء التي تعتقد انها قد تجعلك منغمسا في الورشة؟ ما الأشياء التي قد تجعلك ضجرا ولا تريد الاستمرار في الورشة؟
Monitoring	N/A

	Post-intervention
Assessment	How do you think participating in a creative arts workshop could positively impact your life?
	كيف تعتقد أن المشاركة في ورشة العالج بالفن يمكن أن تؤثر إيجابا في حياتك؟
Follow-up	N/A
	Adjustments
Age/gender/ background	Can you share with me the kind of peers you would enjoy having with you while participating in the workshop's activities?
	كيف يمكن أن تصف الأقران الذين قد تستمتع بمشاركة عملك الفني معهم؟
Culture	How does your culture influence your artwork or performance? How does the culture in Jordan influence your work?
	كيف يمكن أن تظهر ثقافة وطنك من خلال عملك أو أداءك الفني؟ كيف يمكن ان ان تظهر ثقافة الأردن في عملك أو أداءك الفني؟
Language	N/A

Round 2. Professional panel: The questionnaire presented a list of statements on recommended CAT design, activities, approaches, and adjustments developed from the interview narratives of the first round. The statements were phrased by the principal investigator with assistance from the co-authors. The survey questionnaire was distributed online via TCD-supported SurveyMonkey to potential panellists, including both panellists from the first round and new panellists following the same enrolment process and eligibility criteria. The statements were ordered in the questionnaire following the chronological stages of CAT: pre-, during, and post-artmaking, and "through all stages", in addition to the last section reflecting the special adaptations and adjustments. Adolescent panel: The transcripts of the interviews with the adolescents in the first round were analysed to phrase statements in Arabic. The statements were translated into English for review before being shared with the professional panel in the second round. In the second and third rounds, the adolescent panellists were provided with smartphones, tablets, or laptops to complete the SurveyMonkey questionnaire, or they could use their own smartphones. Both groups were asked to rate each statement using a five-point Likert scale: (1) strongly agree, (2) agree, (3) I cannot tell, (4) disagree, (5) strongly disagree. I used this Likert scale as I believed it would be more suitable for the adolescent participants than the one proposed in the protocol (essential, very important, slightly important, not important, neutral) (please see Appendix I & J). Against each statement, a blank box was available to the panellist to add comments concerning the statement. Additionally, I added a discussion box at the end of the questionnaire, enabling the panellists to share different thoughts or suggestions.

Round 3. Round three went in the same way as the second round. The third round aims to share information between the panellists to have stronger phrasing of the statements, generate new statements, and obtain consensus through "controlled feedback" (Nasa et al., 2021), which is a classic approach in Delphi design. In my study, quantitative results represented by the statements' scores in the second round, accompanied by qualitative data provided by the

panellists through comments on statements were moved to the third round. Panellists perused the statement's scores and comments and were asked to rerate the statement, with or without adding another comment or proposing new statements (please see Appendix K). As this is a fixed three-round Delphi study, the statements proposed through the controlled feedback approach in this round were only discussed in the results section and were not subjected to further rating. At this stage, quantitative and qualitative feedback from the second round were two-way shared with both the professional and the adolescent groups. I believe that information cross-sharing set a dialogue between the providers and the recipients. This approach may provoke a bilateral understanding and mutual grasp of CAT components.

5.2.9 Closing criteria

Delphi studies can be conducted in multiple rounds until targeted consensus is obtained, or the number of rounds can be planned in advance, regardless of the degree of consensus that will be reached (Diamond et al., 2014). A modified Delphi is designed in two to three rounds planned in priori, in which the researchers usually craft statements from literature review and struggle to reach a consensus starting from the first round. I chose a prefixed number of rounds without seeking a degree of consensus to end the study as urgency in obtaining consensus can predispose to bias (Nasa et al., 2021). Accordingly, I preferred to preserve the validity of results rather than having an unstable consensus (Nasa et al., 2021). I was also keen to minimise the active participation of the research team in achieving consensus to minimise researchers' bias, especially since this study's aims do not urge for consensus. Although my Delphi uses three prefixed rounds, I advantage my methodology by using semi-structured interviews in the first round to generate data from the panellists themselves. The findings of my systematic literature review were used to create the categories and define components of CAT practice. However, the panellists were considered an equal source of conceptualisation through the interviews in the first round and the controlled feedback in the second and third rounds. I assert that the overall design of the study satisfies my aims to expand

the volume of knowledge about CAT practice and provide depth by measuring the essentiality and importance of therapeutic components.

5.2.10 Translation team and process in the adolescent group

This section explicitly and transparently demonstrated the translation process needed in the adolescent group following the framework proposed by Abfalter et al. (2021). To increase rigour, the translation process was evaluated via methodological recommendations for cross-language qualitative research (Squires, 2009). As the adolescent panel consisted of adolescent refugees in Jordan, I needed to translate between English, which is the language of this study design and the result reporting at the end of the study, and Arabic, which is the language of implementation, and data collection and analysis for the adolescent panel in the three rounds. Even though some adolescent refugees can read and understand English, Arabic was the sole language used in implementation for optimum standardisation. The translation process commenced at the stage of phrasing the semi-structured interview questions in Arabic and translating them into English for review by the study team. After conducting the interviews, the collected data was analysed in Arabic, and the analysis results were translated from Arabic to English to be combined with the results of the professional group interviews. The same team translated statements from the second and third rounds. The translation team consisted of the principal investigator, a Jordanian physician with experience in the healthcare field for refugee communities in Jordan, and a second translator. The second translator was a bilingual Jordanian psychologist living in Jordan with proficient experience in mental health in low-setting areas. Both translators were bilingual (Arabic and English) and culturally close to the culture of adolescent panellists, which consequently would underpin the validity of the translation as per Al-Amer et al. (2015). Together, the first and the second translators were responsible for translation through the implementation. They manually translated the digital documents, including the interview transcripts and questionnaire statements. Discussion of discrepancies between the translation team aimed to obtain agreement and optimise the reliability of the

translation. The statements were translated between Arabic and English as the statements were cross-shared between the two-panel groups. Committing to my terms with the participants, I needed to translate the results into Arabic only if the participants or their guardians asked for a brief of the results. Otherwise, the results of the study are displayed only in English.

5.2.11 Ethical considerations

Ethical approval for the professional panel was granted by the School of Medicine research ethics committee (Application No: 2442). The ethical approval for the adolescent panel was obtained from the Faculty of Health Sciences research ethical committee at Trinity College Dublin. The institutional review board of the School of Medicine of Hashemite University approved the fieldwork in Jordan (No.29/1/2023/2024). Data privacy and confidentiality for panellists comply with the European Union's (EU) General Data Protection Regulations (GDPR). The informed consent form and the participation information leaflet provided explicit elaboration on handling personal data and participation rights. Minor panellists— aged 10–17—had to sign the assent form, and their caregiver/legal guardian had to sign the informed consent form.

5.2.12 Data analysis

5.2.12.1 Sociodemographic

I collected minimal sociodemographic data from both groups. The aim of collecting these data is to picture the characteristics of the participants. The socio-demographic data are not connected to the results of any round because assessing relationships between participants' characteristics and their output is not within the objectives of this study. Upon participating in any round, the following sociodemographic data were collected from the professionals: gender, age, nationality, qualification, years of experience in the field of CAT, the art media they have experience with, the characteristics of the adolescent refugees they worked with, comprising their age, gender, country of origin and settlement. For adolescent panellists, age, gender, country of origin, years since

migrated, living place, date and type of last CAT workshop, and number of CAT participations were collected.

5.2.12.2 First round

The net objective of the interviews is to structure statements on acceptable, engaging, effective, and feasible components of CAT intervention for refugee adolescents' mental health. The pannelists answers were used succinctly to generate statements which reflect their viewpoints and perspectives. Aiming at rigour in my data analysis, I adopted a hybrid approach of inductive and deductive coding and thematic analysis (Fereday & Muir-Cochrane, 2006; Proudfoot, 2022). Inductive coding (Bottom-up) utilises the narratives of qualitative interviews to sort the data without relying on pre-determined codes. It captures additional codes and create new themes from the data provided by the panellists. In contrast, deductive (Top-Down) coding draws on set-in-advance codes and categories. In this study, I began with inductive coding following Braun and Clarke's (2022) good practice in thematic analysis. Then, deductive coding using the pre-defined categories I gleaned from my systematic literature review and the intervention stages I illustrated in the protocol (Ramadan et., 2024b). I exported the first-round data to the TCD-supported NVivo software version, through which I conducted coding and thematic analysis (see Chapter 4 for an in-depth account of the results). The interview questions were phrased to let interviewees suggest practices and adjustments, and solutions for potential challenges in the context. Accordingly, the statements were developed by directly taking the suggestions by the interviewees. I ordered the interview questions according to the chronological stages of the intervention—pre-artmaking, during, post-artmaking, and through all—to tidy up and support the flow of the statements in the second round.

5.2.12.3 Consensus (second and third round)

For the purpose of reporting the results, I used and added to the consensus and agreement definitions in the Ramadan et al.'s (2024b) protocol. A consensus is

defined as obtaining an agreement of 80% or more (i.e., Strongly agree or agree from at least 80% of panellists). For a statement to be considered “essential”, it had to obtain consensus by both panels. A below-consensus agreement is defined as an agreement between 60% and less than 80%. Statements that earned consensus by one panel and below-consensus by the other and statements with a below-consensus agreement by both panels will be regarded as “very important”. Low agreement refers to statements with below 60% agreement. Statements with low agreement from each panel will be marked as “non-recommended”. A statement with low agreement by one panel and not by the other was marked as a conflict. Conflict statements and newly generated statements were moved to the third round. The third round’s statements were demonstrated against their scores and comments. Statistical comparison between professionals and adolescents’ agreement means or medians was performed in accordance with assumptions of normality and homogeneity of agreement percents.

5.3 Results

The results of the thematic analysis in the first round were illustrated in Chapter 4. To develop the statements, I extracted key ideas, perspectives, and strategies suggested by the interviewees regarding optimal engagement, acceptability, appropriateness, and success from their viewpoint. As a result, 94 statements on suggested CAT components, approaches, activities and practices were generated and shared with panellists of the second round. In this section, the term 'panellists' refers to the individuals who participated in the current study, while 'participants' refers to the hypothetical clients of the CAT intervention.

5.3.1 Second round results

5.3.1.1 Panellists

The panellists were professionals and refugee adolescents sampled between May and August 2024. Twenty panellists (71.4%) were from those who participated in the first-round interviews. The average time spent completing the survey was 42 minutes.

5.3.1.1.1 Professional panel

Of the second-round survey sample of 20 professionals, eight took part in the first-round interviews. The professional panel comprised nine art therapists, one drama therapist, three psychotherapists, three researchers, two programme directors, one artist, and one CAT-trained schoolteacher. Three were surveyed in Arabic, and the rest in English. The sociodemographic characteristics and experiences of the professional panel are shown in **Table 11**. The number of years of professional experience held by the professionals ranged from 1 to 26 years (*M*= 9.1, *SD*= 6.6), with a minimum of one intervention with refugee adolescents and a maximum of 30 (*M*= 13.5, *SD*= 12.4). The professionals had experience with eight creative art styles and delivered CAT for refugee adolescents from 36 nationalities, see **Table 11**.

Table 11. *Sociodemographic Characteristics and Experience Profile of Panellists*

	Professional panel	**Adolescent panel**
Age and gender	Age range: 22-67 years (*M*=42.4, *SD*=11.3). Gender: 2 males, 17 females, 1 preferred not to say	Age range: 10–22 years (*M* = 15.6, *SD* = 3.5). Gender: 9 males, 9 females
Nationality	Lebanon (n= 4), United States (n= 3), Iraq (n= 2), Jordan (n= 2), Thailand (n= 2), United Kingdom (n= 2), Germany (n= 1), Ireland (n= 1), Italy (n= 1), Palestine (n= 1), Syria (n= 1).	Palestinian (n= 12), Syrian (n= 6)
Country of origin of refugee adolescents with whom professionals and adolescents had CAT experience (n= number of panellists)	Syria (n= 14), Iraq (n= 11), Afghanistan (n= 6), Palestine (n= 5), Ukraine (n= 5), Colombia (n= 3), Congo (n= 3), Eritrea (n= 3), Pakistan (n= 3), Somalia (n= 3), Sudan (n= 3), Cameroon (n= 2), Ethiopia (n= 2), Ghana (n= 2), Lebanon (n= 2), Nigeria (n= 2), Armenia (n= 1), Bangladesh (n= 1), Central African Republic (n= 1) China (n= 1), Côte d'Ivoire (n= 1), Gambia (n= 1), Georgia (n= 1), Honduras (n= 1), Libya (n= 1), Mali (n= 1), Myanmar (n= 1), Nepal (n= 1), Nicaragua (n= 1), Senegal (n= 1), South Sudan (n= 1), Togo (n= 1), Uganda (n= 1), Vietnam (n= 1), Yemen (n= 1)	Palestinian (n= 12), Syrian (n= 6)

Creative art style (n= number of panellists who have experience with the creative art style)	Visual arts (n= 14), drama/ play theatre (n= 5), dancing (n= 4), expressive writing (n= 4), music and singing (n= 4), clowning (n= 1), digital arts (n= 1), sand play (n= 1).	Visual arts (n= 13), drama or play theatre (n= 6), expressive writing (n= 3), music and singing (n= 3), poetry (n= 1), storytelling (n= 1).
Setting (n= number of panellists with experience in the setting)	Community-based organisation (n= 18), school/educational setting (n= 11), camp centre (n= 7), health care facility (n= 3), arrival/transition centre (n= 2), detention centres (n= 2), non-governmental organisation (n= 1), refugee settlement (n= 1), rehabilitation centre (n= 1).	Community-based organisation setting (n= 14), school (n= 7), refugee camp-based setting (n= 4).

5.3.1.1.2 Adolescent panel

Of the second-round survey sample of 18 adolescents, 12 of whom took part in the first-round interviews. Syrian adolescents live in an urban setting in Irbid governorate in northern Jordan, while 10 Palestinians live in 'Gaza' refugee camp for Palestinian refugees in Jerash governorate north of Jordan. Two Palestinian adolescents were from the Gaza Strip residing in Amman after they left Gaza before the war on October 7, 2023. The number of previous participations in art therapy ranged from 1 to 7 times (*M*= 2.4, *SD*= 1.8). Syrian adolescents attended art therapy with Jordanian adolescents, while Palestinians participated with only Palestinian participants. As shown in **Table 11**, Most adolescents had experience in visual arts and underwent CAT in community-based organisation and school settings.

5.3.1.2 Agreement results

Of the 94 statements, 44 (46.8%) obtained consensus from both professionals and adolescents and were regarded as essential, as shown in **Figure 5**. There were no comments under the statements marked as essential. In contrast, only 4 (4.3%) statements had low agreement from both panels and were considered non-recommended, and there were no comments under these four statements. Conflicts between professionals and adolescents appeared in 17 statements. No statements obtained consensus from the professionals and low agreement from the adolescents. Thirty-three statements obtained consensus or below-

consensus agreement from one panel and below-consensus agreement by the other panel and were regarded as 'very important'. The adolescents tended to agree (*M*= 85.5%, *Mdn* = 88.9%, *SD* =11.9) more than the professionals (*M*= 71.7%, *Mdn* =80.0%, *SD* =22.7), see **Figure 6**. To confirm this, I performed the Mann-Whitney U test (Wilcoxon rank-sum test), and I found a statistically significant difference between the agreement percentages of the adolescents and professionals, $W = 5874$, $p < .001$.

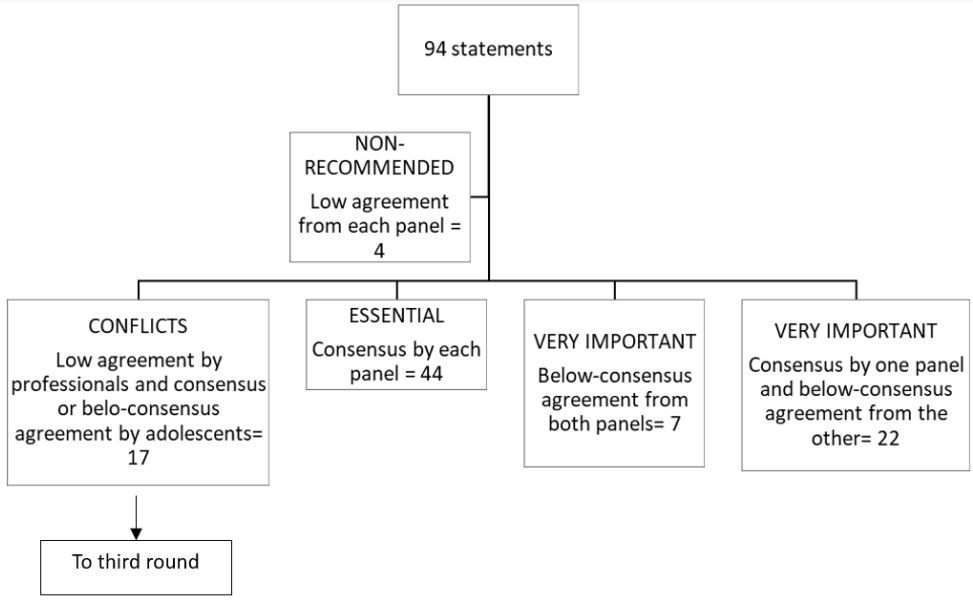

Figure 5. *A Flowchart of Agreement Analysis Results and Classification of Second-Round Statements*

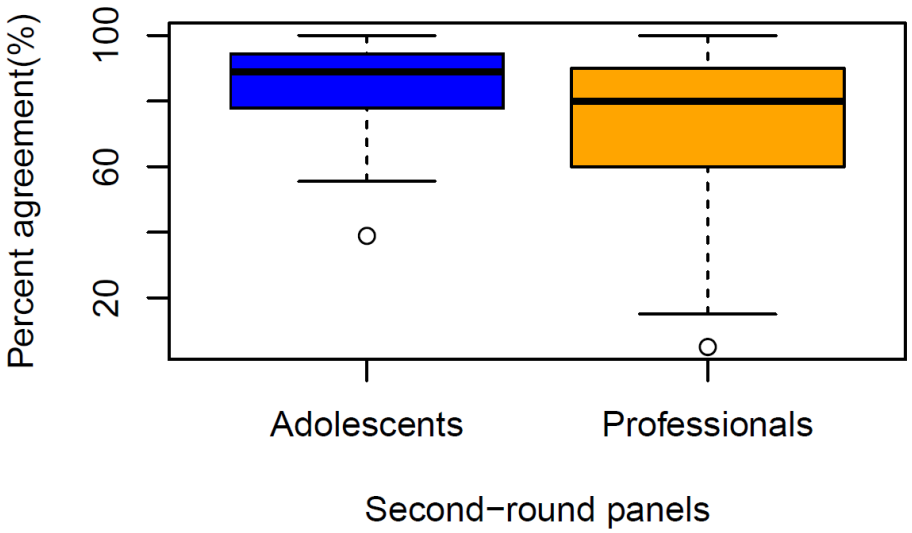

Figure 6. *Boxplot Shows the Distribution and Differences in Percent Agreement of Adolescent and Professional Panels*

5.3.1.3 Results by categories

Table 12 presents the statements ordered from essential to non-recommended.

In this section, I discuss the findings based on the practice categories including

therapy team, design and content, age and gender, school, family, and community, creative arts media, activities, and approaches, and culture.

Table 12. *Statements, Overall and Both Panels' Percent Agreement and Practice Classification by Importance*

Statement	Overall Agreement	Professional agreement	Adolescent agreement	Classification by importance
At the beginning of the therapy, the therapist should observe how much the participant is engaged and act accordingly.	97.5%	95.0%	100.0%	Essential*
Art projects should amplify participants' voices, foster new friendships, and encourage networking.	97.2%	100.0%	94.5%	Essential*
Concluding the intervention with a group project or collective arts activity is impactful.	95.0%	90.0%	100.0%	Essential*
Concluding workshops with celebratory events, such as a party or group photos, helps create a sense of closure and accomplishment.	94.7%	95.0%	94.5%	Essential*
Therapists should memorise and correctly pronounce participants' names.	94.7%	95.0%	94.5%	Essential*
Introducing the culture of the host country through arts helps bridge the gap between the old and new lives of refugee adolescents.	94.7%	95.0%	94.5%	Essential*
Participants should have the freedom to express themselves how and when they feel comfortable.	94.7%	95.0%	94.4%	Essential*
Therapists must demonstrate compassion while dealing with adolescents.	94.7%	95.0%	94.4%	Essential*
Incorporating nature into art mediums and activities enhances the experience for participants.	94.5%	100.0%	88.9%	Essential*
Sports and play are powerful in alleviating anxiety and shyness and creating friendships among participants at the outset of the therapy.	94.5%	100.0%	88.9%	Essential*
Therapists should make an effort to visit the participants' community to better understand their needs and backgrounds and build trust.	92.5%	85.0%	100.0%	Essential*

The therapist should encourage participants to practice active and respectful listening skills.	92.5%	85.0%	100.0%	Essential*
Therapists should maintain appropriate eye contact and use facial expressions effectively.	92.5%	85.0%	100.0%	Essential*
Participants should have complete freedom to discuss their cultural beliefs, religion, and norms while ensuring respect from and to all participants.	92.5%	85.0%	100.0%	Essential*
At the end of the intervention, providing adolescents with participation certificates will instil a sense of accomplishment and serve as a memento of their experience.	92.2%	90.0%	94.5%	Essential*
The therapist and facilitation team must thoroughly research and understand the participants' background and culture or undergo cultural orientation before leading the intervention.	92.2%	90.0%	94.4%	Essential*
Emphasis should be placed on addressing and combating stigma and judgement during self-expression, underpinned through ground rules set at the beginning of the intervention.	92.2%	90.0%	94.4%	Essential*
Creating a circle, sharing thoughts, and allowing others to ask questions and respond will facilitate communication and connection among participants.	92.0%	95.0%	88.9%	Essential*
To evaluate the intervention effectively, the therapist should remain observant, conduct check-ins and check-outs, and seek qualitative and quantitative feedback during and after the intervention.	92.0%	95.0%	88.9%	Essential*
Offering a variety of art mediums and options maximises engagement for participants.	92.0%	95.0%	88.9%	Essential*
Participants must feel a sense of control over their artwork or narrative.	92.0%	95.0%	88.9%	Essential*
The therapy team should include a therapist with a trauma therapy background or competency in working with traumatised people.	91.7%	100.0%	83.3%	Essential*

The therapist should collaborate with participants to develop the therapy plan and encourage active decision-making and creativity.	90.0%	80.0%	100.0%	Essential*
Extending activities to involve the broader community, such as creating murals or participating in community shows, strengthens participants' bonds with their new community.	90.0%	80.0%	100.0%	Essential*
Hosting an art exhibition with an audience and encouraging participants to promote their work boost their self-confidence, communication, and socialisation skills.	90.0%	80.0%	100.0%	Essential*
Providing art materials and engaging in play activities can alleviate participant anxiety at the beginning of the therapy.	89.7%	85.0%	94.5%	Essential*
Open and social participants can assist facilitators in ice-breaking activities and encourage others to open up.	89.7%	85.0%	94.5%	Essential*
The therapist should focus on coping skills that the adolescents can learn and use in daily life.	89.7%	85.0%	94.4%	Essential*
Non-art activities like breathing exercises, meditation, body scanning and stretching strongly complement the effectiveness of creative arts therapy.	89.4%	90.0%	88.9%	Essential*
The therapist should attentively observe participants at the start of the therapy to identify their interests.	89.2%	95.0%	83.3%	Essential*
The therapy team should include a social worker to facilitate connections to the participant's family and community and support the referral network when necessary.	87.2%	80.0%	94.5%	Essential*
The intervention should celebrate and honour the cultural heritage of participants and aim to build a small community inclusive of peers and facilitators.	87.2%	80.0%	94.4%	Essential*
The intervention that enrols facilitators from the participant's community is helpful in implementing and creating a sense of belonging, safety, and trust.	87.2%	80.0%	94.4%	Essential*

The therapist should find common ground and mutual interests and incorporate them into artwork to enhance the success of the intervention.	87.0%	85.0%	88.9%	Essential*
The focus should be on expression rather than completing tasks or projects.	87.0%	85.0%	88.9%	Essential*
The intervention approach should prioritise community building based on mutual agreement and democratic decision-making.	86.7%	90.0%	83.3%	Essential*
The therapist should conduct regular assessments between sessions and modify activities and therapeutic approaches as necessary to maintain progress in therapy.	86.7%	90.0%	83.3%	Essential*
Children and adolescents value ownership. Participants should be allowed to keep their artwork, reminding them of their experience and skills they acquired during the intervention.	86.7%	90.0%	83.3%	Essential*
Offering art options rooted in the culture of the participants, such as embroidery or henna for Middle Eastern participants, will enhance a 'sense of home' and feelings of trust and safety.	86.7%	90.0%	83.3%	Essential*
Collaborative projects are crucial for fostering teamwork skills. In these, participants have to work together on collective projects like creating a book, newspaper, or journal.	84.5%	80.0%	88.9%	Essential*
The therapist must empower participants to advocate for themselves and recognise their strengths.	84.2%	85.0%	83.3%	Essential*
Family involvement should be limited and based on the participant's preference; if the family is supportive, they can attend the exhibition at the end of the intervention.	84.2%	85.0%	83.3%	Essential*
It is preferable to implement the intervention in a space identified for art therapy so the participants feel connected to it.	81.7%	80.0%	83.3%	Essential*
Maintaining a consistent group of participants throughout sessions is preferable to admitting new participants and mixing with old ones, as it fosters a sense of family within the intervention.	81.7%	80.0%	83.3%	Essential*

Providing ideas for the next day's program and assigning preparatory tasks excite participants for upcoming sessions and keep them connected.	87.5%	75.0%	100.0%	Very important**
The therapist should discuss with participants whether they prefer to be grouped by gender, with the agreement of guardians taken into account.	84.7%	75.0%	94.4%	Very important**
Participants should be grouped based on age to address distinct developmental needs and avoid dominance by the oldest, with each group consisting of participants within a 2–3-year age range. For example, a subgroup might include children aged 10-13 or only early or late adolescents.	83.6%	95.0%	72.2%	Very important**
The intervention approach should prioritise building self-confidence and public presentation skills.	82.2%	70.0%	94.4%	Very important**
If gender-related sensitivities present, the therapy team should group participants by gender.	82.0%	75.0%	88.9%	Very important**
The optimal number of participants in a session is 8-15.	81.4%	85.0%	77.8%	Very important**
The therapy team should include a master’s degree expressive art therapist to lead the intervention.	81.1%	90.0%	72.2%	Very important**
The therapist should directly and clearly elaborate on the confidentiality and privacy of the participants as early as possible.	81.1%	90.0%	72.2%	Very important**
The adolescents are likely to choose art mediums and exercises that conform to their gender and cultural norms and sensitivities.	79.5%	70.0%	88.9%	Very important**
The therapist should be spontaneous and take part in the activities with participants.	79.5%	70.0%	88.9%	Very important**
The therapist should encourage discussions about daily life, family, and future aspirations through the arts.	79.5%	70.0%	88.9%	Very important**

When many refugees are coming and going frequently, it's best to treat each session as a standalone experience. This way, newcomers can join without needing a summary or background information.	79.5%	70.0%	88.9%	Very important**
The therapy team should include a psychotherapist or a psychologist for proper understanding of the mental health of the participants.	79.2%	75.0%	83.3%	Very important**
If we train people from the community, they can continue leading the art therapy, which guarantees sustainability of the intervention	77.2%	60.0%	94.5%	Very important**
The therapy team should include a medical doctor, particularly to deal with severe cases.	77.2%	60.0%	94.4%	Very important**
The intervention's contents and subjects should be freely chosen by the participants but within a defined framework and objectives set by the therapist.	77.0%	65.0%	88.9%	Very important**
The therapist should initiate sessions with familiar activities and exercises to foster comfort.	76.7%	70.0%	83.3%	Very important**
When cultural or religious beliefs restrict physical touch, therapists can facilitate connections among participants through joint arts and games, such as connecting them with threads.	76.4%	75.0%	77.8%	Very important**
Using puppets as a communication tool helps participants open up and share their feelings, particularly early adolescents.	76.1%	80.0%	72.2%	Very important**
Encouraging participants to gift their artworks to peers as souvenirs fosters a sense of friendship and appreciation.	74.5%	60.0%	88.9%	Very important**
The therapy team should initially employ a directive approach, transitioning to a more instructive method and allowing participants to increase their autonomy and improvisation.	74.5%	60.0%	88.9%	Very important**

Integrating learning activities, such as basic math or self-care, within creative arts therapy is feasible and likely to be well-received by participants.	74.2%	65.0%	83.3%	Very important**
When dealing with young adolescents, more colours should be integrated in arts, activities, and place of therapy.	74.2%	65.0%	83.3%	Very important**
Therapists should expect to be more directive and provide more instructions for early adolescents.	71.4%	65.0%	77.8%	Very important**
The therapist should dress in accordance with the participants' culture to enhance engagement and foster openness.	71.1%	70.0%	72.2%	Very important**
If the participant doesn't view school negatively, school locations are a great option to host the intervention.	70.8%	75.0%	66.7%	Very important**
Celebrating cultural and religious ceremonies within the workshop holds significant meaning for adolescents, as it helps them feel safe and open up.	68.9%	60.0%	77.8%	Very important**
Depending on the group's dynamics, grouping participants based on nationality/culture/religion would increase comfort and encourage openness.	68.3%	70.0%	66.7%	Very important**
Running the intervention in a school setting establishes connections between the therapeutic and educational contexts.	66.1%	60.0%	72.2%	Very important**
The therapist should create interest quickly and launch new activities when participants look disinterested.	72.2%	50.0%	94.5%	Conflict†
Allowing adolescents to participate in administrative tasks and organise the workshop will increase engagement.	72.2%	50.0%	94.4%	Conflict†
The intervention/workshop should have a message-delivering title or a name.	72.2%	50.0%	94.4%	Conflict†
Starting with more straightforward activities like 2D arts and progressing to more complex ones like 3D arts throughout the intervention can prevent participants from feeling overwhelmed.	72.0%	55.0%	88.9%	Conflict†

It's essential to divide participants into groups, allowing them to choose leaders and representatives and define roles, with roles rotating regularly within the group.	62.0%	35.0%	88.9%	Conflict†
Therapists should continuously provide feedback on participants' work.	59.4%	30.0%	88.9%	Conflict†
Only participant with low interest should be allowed to participate in administrative tasks and organise the workshop to boost their engagement in the intervention.	57.5%	15.0%	100.0%	Conflict†
Two-dimensional arts are better suited for younger adolescents.	57.0%	25.0%	88.9%	Conflict†
Discussions about the future and dreams should focus on realistic ambitions and achievable plans, avoiding risks associated with unrealistic expectations.	66.4%	55.0%	77.8%	Conflict†
If the therapist grouped the participants by gender, it is advisable to integrate the groups gradually.	61.1%	50.0%	72.2%	Conflict†
It is advisable to use simpler art materials for young adolescents and more complex ones for older adolescents.	61.1%	50.0%	72.2%	Conflict†
Weekly sessions are spaced too far apart, leading to a decrease in participant engagement.	56.4%	35.0%	77.8%	Conflict†
Every other day sessions can maintain participant connection and provide a break to process what they've learned.	53.9%	30.0%	77.8%	Conflict†
At the outset, participants should choose an art medium or project and adhere to it to instil a sense of commitment. It is not advisable to switch between different art forms.	51.4%	25.0%	77.8%	Conflict†
With participant agreement, involving parents and family members in the workshop or artwork will boost effectiveness.	50.6%	40.0%	61.1%	Conflict†
Three-dimensional arts are more suitable for older adolescents.	48.6%	25.0%	72.2%	Conflict†
Early adolescents should not be given complex elements or competitive art tasks.	48.1%	35.0%	61.1%	Conflict†

Running the intervention in a school setting enhances attendance.	47.8%	40.0%	55.6%	Non-recommended ‡
For younger adolescent participants, the therapist should refrain from demonstrating activities, as they may imitate the therapist. Instead, verbal instructions should be used.	45.3%	35.0%	55.6%	Non-recommended ‡
Incorporating competitive elements and challenges in activities for older adolescents is advised.	37.8%	20.0%	55.6%	Non-recommended ‡
Sessions should be held daily to maintain participant connectivity.	22.0%	5.0%	38.9%	Non-recommended ‡

* Consensus within both panels
** Below-consensus agreement by both panels
† Low level agreement by one panel and consensus or below consensus agreement by the other panel
‡ Low level agreement by both panels

5.3.1.3.1 Therapy team

Consensus or high agreements were obtained on statements regarding who could be CAT team member. A trauma-experienced art therapist and social worker were considered essential. The lead art therapist should have a trauma therapy background or competency in working with traumatised people like refugee adolescents, and the social worker can facilitate connections to the participant's family and community and support the referral network when necessary. While 90% of professionals agreed that a therapist with a master's degree in expressive art therapy is necessary to lead the intervention and 72.2% of adolescents supported this. The presence of a medical doctor in the intervention team was strongly supported by adolescents (A=94.4%), though professionals were less convinced (P= 60.0%). The professionals suggested that medical access should ideally be linked for referral but not mandatory on-site. Likewise, enrolling a psychotherapist or psychologist to assess participants' mental health was found very important, with consensus among adolescents.

5.3.1.3.2 Therapy design and content

Seven statements had at least 80% agreement by the adolescents with 60-79% by the professionals. Adolescents preferred to have ideas for next-day activities and take-home assignments to stay connected and to begin with familiar activities (bottom-up approaches). The adolescents highly acknowledged the need to enhance their self-confidence and public presentation skills, allow for more improvisation and autonomy that keep them comfortable throughout the progress of the therapy, and accepted integrating learning activities within the arts-based structure. The adolescents entailed that the therapist should be spontaneous and hands-on with the participants and voted for independence of sessions (i.e., that a session does not heavily rely on what was done in the previous one), especially with high turnover scenarios like transition centres, so the intervention can be more resilient to accept new participants dynamically without the need for catch-up for newly joining participants. Moreover, 8-15 participants as an appropriate group size in a CAT session were supported by 85% of professionals and 77.8% of adolescents. Nearly every adolescent agreed

on setting a name for the intervention; "*Yes, sure, putting a unique name for the intervention could be useful in gaining participant's attention and clarify its purpose like 'creativity journey', which may make them more reflexive and willing to express and discover new things.*" (17-year-old Palestinian adolescent), but half of the professionals did not believe this is important." *In the case of a therapy session, I don't think you need a title. If it's a one-time session, I think it is helpful for the participants to know what they are showing up for that day.*" (Art therapist, USA)

At the first session, self-introduction and ice-breaking activities were found to be essential practices. Suggested activities include letting the participants make a circle and then allowing every person the chance to introduce and speak about themselves. Both panels had consensus that encouraging more confident participants to introduce themselves first can help other shy participants relax and speak out. This should be practised while or after setting rules at the beginning of the first session to prevent and counteract stigma and judgement amidst the process of self-expression. In connection with session frequency, since daily sessions were not recommended, the professionals expressed low agreement with running sessions every other day (P=30%) or that weekly sessions were too infrequent (P=35%) with below-consensus agreement by the adolescents. "*We have offered weekly sessions, also for feasibility; it really again depends on aims/approach and the duration of intervention/implementation*" (Researcher, Germany). Drawing from the notion that peer relationships and bonds should be built and fostered within the participants in CAT, both professionals and adolescents preferred to maintain the same group throughout the intervention to strengthen these connections (A= 83.3%, P= 80%). High consensus by both panels was obtained for including celebratory events at the end of the intervention, such as a party or group photos, to create a sense of accomplishment and closure. Further, permitting the participants to take home their artworks and rewarding them with certificates as mementoes were marked as essential practices and may resonate with the consensus on

granting the participants full control over their works and narratives by allowing them to own their art products.

5.3.1.3.3 Age and gender

Conflicts arose regarding the suitability of art forms and media for different age groups. For instance, adolescents agreed that three-dimensional arts are more suitable for older adolescents and two-dimensional arts for younger adolescents, which the professionals opposed; *"No association, 2-dimensional arts can be more difficult than the 3-dimensional."* (Art therapist, Lebanon), *"It is more dependent on the aims of the therapy and the preference of the participants, not the age"* (Art therapist, USA). The notion of moving from more to less simple arts throughout the intervention to avoid overwhelming the participants had a conflicting agreement (A= 88.9%, P= 55%). Two professionals emphasised that complexity is not key and advised against it, commenting that: "*Generally, we prefer to use directives that don't require artistic skills and we encourage spontaneous expression. Cognitive effort-demanding topics are not encouraged."* (Art therapist, Lebanon), *"I don't think it is about straightforward to complex. It's more about the projects creating a sense of calm and safety before embarking on projects that might trigger more of an emotional response"* (Art therapist, USA). The idea of using more simple art media for younger adolescents and more complex ones for older adolescents was supported by 50% of professionals and 72.2% of adolescents. *"I agree, more difficult arts fit more late adolescents, but even in this case, we should begin with simple materials/arts and make sure the participant does not face difficulties in dealing with them."* (18-year-old Palestinian adolescent), "*We follow the approach of build-up, starting simple and getting more complex over time (depending on need, ability and interest of participants)*" (Researcher, Germany). This echoed another conflict agreement on the statement that advises against giving early adolescents complex or competitive tasks (A=61%, P=31.1%), where adolescents tended to accept competitive activities; *"I think children participants should have the chance to try anything, some complexity may let them think more and focus more… Regarding the competition, it is fine*

as soon as group spirit is there." (22-year-old Palestinian adolescent), *" I do not think competition is ever useful in a therapeutic setting"* (Art therapist, USA). The professionals supported grouping participants by age to adequately address developmental needs (P= 95%), with good support from adolescents (A= 72.2%). The suggestion of using a toy or a puppet as a third-person to talk on CAT participant's behalf to ease expression was recommended with below consensus agreement from the professionals (A= 83.3%, P= 65%). There was consensus from adolescents for grouping CAT participants based on gender when gender-related sensitivities exist, in parallel to allowing the participants to choose how to be grouped provided that parental consent was taken, and both statements had 75% professionals' agreement. Gradually integrating gender-based subgroups during the sessions resulted in a conflict, with 50 % agreement among the professionals. An adolescent disagreed with the statement, commented: *"To build the adolescent character in the future, it is important to merge with other genders with families consents and that help them how to deal properly with other genders.",* corroborating with a professional who commented:

> This depends on the context and, if possible, ways can be found to provide space for both genders to interact in a cultural-appropriate manner (e.g. rather than holding hands, an object/string or stick can be used to create a circle and connection), and/or facilitators/implementors may need to be a mixed team. (Researcher, Germany)

Following a more directive and instructive approach with early adolescents was not strongly recommended by professionals (A= 77.8%, P= 65%). The adolescents highly agreed on using more colours with younger adolescent participants (A= 83.3%), while the professionals tended not to strongly link that to age (P= 65%).

5.3.1.3.4 School, family, and community

A space specifically allocated and designed for art therapy was found essential. However, there was an acknowledgement that having an appropriate space could be difficult in a humanitarian setting; "*The facilities are limited*, *so we may not have all the requirements in the place and environment*" (Art therapist 1, Thailand). If such spaces were unavailable, schools were seen as suitable venues with below-consensus agreement from each panel (O= 70.9%), with a professional elaborating that: "*School is fine but not in the classroom*". Running CAT in schools does not tend to enhance attendance, as drawn from the low agreement on that by the two panels. Combining education and art therapy in schools had better support by adolescents (A= 72.2%) than professionals (P= 60%). An adolescent believed that creative art-making can stimulate the desire to learn: "*Art can induce creativity and development, and through it, we can acquire new skills that help us in studying*". On the other hand, a professional commented: "*It depends on the involvement of the academic staff and them receiving the intervention as well to achieve valuable integration of arts in schools*" (Drama therapist, Lebanon). Both panels consensually endorsed the value of inviting family to attend the exhibition or a show at the end of the intervention after ensuring a positive family environment, which could be ascertained by asking the participant directly. Enrolling the parents in the arts with their children was not favoured, though it was a conflict (A= 61%, P= 40%), *"Letting the family or parents in can trigger weakness points the person has in their home."* (21-year-old Palestinian adolescent), *"Sometimes offering family-based art therapy has been beneficial. The children have taken it more seriously when they hear their parents respond and participate. At other times, the child might feel safer discussing things without the parents present"* (Art therapist, USA). All adolescents supported the idea of an art exhibition with an audience at the end of the intervention, which encouraged participants to promote their work and, thus, boost their self-confidence, communication, and socialisation skills, and also supported broader propagation of arts activities in the community such as giant murals and in-community shows to bond the participants with the community. The professionals endorsed these statements with the minimum consensus (P= 80%). The adolescents expressed consensus on the possibility of sustaining CAT access by training local community

personnel who can take over. However, the professionals had minimal good agreement (P= 60%) and argued that certified and expert art therapists should lead in the intervention and that training local personnel will not sufficiently qualify them to deliver CAT. "*Even with non- or less-therapeutic creative art-based initiatives or interventions, the absence of an expert art therapist endangers the overall quality and outcomes*" (Art therapist, Lebanon).

5.3.1.3.5 Creative arts media, activities, and approaches

A high consensus by both panels was reached for collaborating with CAT participants to shape the therapy plan, offering the participants a variety of art materials, incorporating nature into the activities, and encouraging collective art projects like directing the participants to work as a team to create an art project such as a journal or a newspaper that would polish their teamwork skills. Adolescents consensually agreed they would love to gift their artworks to peers as souvenirs to foster friendship and appreciation, but professionals showed lower agreement (P= 60%).

Therapists are advised to observe and identify the interests of the participants and encourage them to do artworks and activities that are more attractive to them and meet their interests (A= 88.9%, P= 85.0%). The adolescents had a conflict with the professionals, where the adolescents tended to prefer to stick to the art style and media they chose in the first session throughout all sessions. In contrast, only 25% of the professionals supported this statement and argued it should be the participant's decision and that the participants could find themselves uncomfortable with their first choice, which could be overwhelming to them and forbid them from experiencing other creative arts; (1) *"They can change a means of art materials as they wish."* (Art therapist 2, Thailand), (2) *"They need to experience different types or forms to choose one."* (Artist, Jordan), (3) *"If they struggle with the commitment, do not force them."* (Art therapist, Lebanon), (4) *"Experimentation between forms may lead to growth"* (Art therapist, Italy). Similarly, around half of the professionals encouraged that the participants should focus on expressing realistic dreams and achievable

plans and avoid imaginary or unrealistic expectations. A professional implied that: "*Some refugee youth may have limited options in the future, so the topics are preferably realistic*" (Art therapist, Lebanon), and another opposed: *"There is healing that comes from dreams, not always associated with reality" (Practitioner, USA)*. The adolescents had a higher agreement of 77.8%, which created a conflict statement. *"Let the participant express whatever they dream about even if it is unrealistic; the therapist may only advise but not try to change the notion."* (17-year-old Palestinian adolescent)

Consensus was reached in both panels on statements which underscored the importance of (1) active and respectful listening in the intervention, (2) allowing freedom of expression, (3) centring the voices of the participants and fortifying friendships and network-building within the CAT group and (4) embracing democratic and mutual agreement-based decision-making approaches. Focusing on the process of creative arts-mediated expression without placing importance on artistic skills or the quality of performances was also found essential. Drawing from that, the professionals stood against giving the participants feedback on their work or performance, "*No feedback at all, no good, no excellent, praise the effort, not the outcome, take opinions, no judgement.*" (Art therapist, Lebanon), " *Depends on the type of feedback—encouragement, yes; judging or evaluating, no.*" (Art therapist 1, Thailand), creating a conflict with adolescents' consensus. "*I think this is important for self-confidence as giving supportive feedback not only would help the participants polish their skills and competencies but also to be more engaged*" (14-year-old Syrian adolescent). The therapists have to be compassionate (O= 95%) and correctly use the names of the participants (O= 95%), maintain eye contact and positive facial expressions (O= 93%) and support the adolescents to advocate for themselves and recognise their strengths (A= 83.3, P= 85%) which echoes the importance of introducing coping skills for them to learn and use in their daily lives (A= 94.4%, P= 85%).

Perfect agreement (i.e., 100%) among professionals and consensus among adolescents were obtained for using sports activities like football and funny group games like “Telematch” or chair games to relieve anxiety in the first session. The need to provide art materials to participants to play and familiarise themselves with at the beginning of the first session and adopt breathing exercises, body stretching, and meditation to synergise creative arts effectivity were all regarded as essential. Informing the participants about guaranteeing their privacy and confidentiality is essential to ensure trust and safety early in the intervention. Statements that advocated observative and assessment approaches by the therapists were found essential. First, the findings robustly advise therapists to observe and identify the interests of the participants from the beginning (A= 83.3%, P= 95%), monitor their level of engagement (O= 97.5%), and sustain periodic check-in between the sessions to check if ad hoc actions or modifications are necessary (A= 83.3%, P= 90%). These sorts of monitoring and assessments can be best conducted using qualitative and quantitative tools together (O= 92%).

An extreme conflict between the two panels was seen in the suggestion of permitting the low-interest participants to partake in administrative tasks to engage them more, wherein only 15% of the agreeing professionals surprisingly faced perfect consensus by adolescents. "*Giving non-interested participants a task to do would let the participants in.*" (11-year-old Syrian adolescent), "*Participants should not be involved with any tasks other than attending art therapy sessions; otherwise, the group dynamic will change.*" (Art therapist 2, Thailand)

The professionals showed low agreement on actions to quickly gain adolescent attention and advised being patient and exploring reasons behind low interest. “*The therapists should not aim to change the activities— which could be unnecessary changes— to capture interest but instead, understand the reason behind the disinterest and being patient and give time to participants to engage.*” (Art therapist, Lebanon); "*Disinterest may be the state necessary*

before one fully engages… patience is required." (Art therapist, Italy); "*Each individual is different… Beware of a scattergun approach where you launch and use new activities without having a clear rationale for doing so*" (Academic professor, Ireland). Likewise, the professionals had low agreement with letting the participants do activities outside of the therapeutic procedure, like helping the facilitators tidy the room, regardless of their level of interest. "*It will divest them from full immersion in the therapeutic process and affect the dynamic highly*" (Drama therapist, Lebanon), and assigning leaders or distinctive roles among the participants even with rotating these roles, which, from their perspective, will discriminate some participants from others; "*There should be no leader, giving hierarchical roles distort the equity in the intervention*" (Art therapist, USA). In contrast, the adolescents consensually supported these four statements. Competitive, challenging elements and activities are not recommended for late adolescents. Similarly, demonstrating activities should not necessarily replace verbal instructions for early adolescents (P= 35%, A= 55.6%).

5.3.1.3.6 Culture

The professionals and adolescents expressed consensus that introducing the culture of the participant's host country through arts helps bridge the gap between the old and new lives of refugee adolescents. More than 90% of all panellists strongly support the idea that the therapist and facilitation team should thoroughly research and understand the participants' background and culture or undergo cultural orientation before leading the intervention. Two propositions could achieve this, which earned perfect agreement among the adolescents and consensus among the professionals (P= 85%). The first is by the therapists paying a visit(s) to the participants' community to better understand their needs and backgrounds and build trust. The second is to grant the participants complete freedom to discuss their cultural beliefs, religions, and norms while ensuring respect from and to all participants. With 94.4% consensus, the adolescents underpinned the importance of celebrating and honouring the cultural heritage of participants and aiming to build a small

community inclusive of peers and facilitators. With equal consensus, the adolescents accepted that enrolling facilitators from the participant's community helps implement and create a sense of belonging, safety, and trust. Though both statements had consensus by the adolescents, they reached minimal consensus from professionals (P= 80%). Inversely, 90% of professionals agreed to offer options rooted in the participants' culture to enhance a 'sense of home' and a feeling of trust and safety, resonating with 83.3% of adolescents. Both panels showed below-consensus agreement with the practice of the therapist dressing according to the participants' culture to enhance engagement and openness; "*This can stimulate curiosity to peruse other cultures.*" (11-year-old Syrian adolescent), while other professionals either disagreed or conservatively agreed; "*Only in a conservative manner… avoid sending false messages about the therapist identity*" (Drama therapist, Lebanon), "*Changing the outfit won't help in fitting in*" (Art therapist, USA). Celebrating cultural and religious ceremonies of participants within the workshop garnered below consensus agreement from each panel. A supporting professional recommended: "*Also giving them time and place to pray*" (Academic professor, Ireland), when two others advocating against the statement commented: "*Self-identity is core… so avoid getting deeply into religious beliefs as they can cause sensitivities*" (Art therapist, Lebanon), "*I feel like this would be inappropriate for the facilitator for example if they are trying to put on a ceremony of something they know little about*" (Art therapist, USA).

Grouping participants based on nationality/culture/religion would increase comfort and encourage openness when necessary perceived in the context but was criticised by the adolescents who gave 66.7% agreement. An adolescent who selected a neutral answer commented: "*But the participants should have the chance to explore and accept other cultures as well*", echoing other adolescents and professionals; "*To be a social person, you have to communicate with other cultures and religions; that would make us curious.*" (18-year-old Palestinian adolescent), "*This can be true, but mixing with others from different backgrounds is also most helpful"* (Art therapist, Italy). Two professionals

implied that this depends on the intervention's setting and goals and is needed most for translation purposes. Almost 90% of adolescents expressed a preference for (1) freely choosing the topics for their artwork while still adhering to the therapist's guidance and objectives, (2) discussing daily life, family, and future aspirations through art, and (3) selecting art mediums and exercises that align with their gender and cultural norms and sensitivities. In contrast, only 65–70% of professionals agreed with each of these statements. Around three-quarters of each panel advocated for using joint arts and group games, such as using a thread to connect the participants and facilitate interaction between them when physical contact is not culturally or religiously acceptable.

5.3.2 Third round results

5.3.2.1 Panellists

The third round included 42 panellists, 24 professionals and 18 adolescents. The professional panel comprised 14 art therapists, three researchers, two programme directors, one drama therapist, one psychotherapist, one psychologist, one artist, and one CAT-trained schoolteacher. Two were surveyed in Arabic, and the rest in English. Years of professional experience held by the professionals ranged from 1 to 26 years (*M*= 10.1, *SD*= 7.2), with a minimum of one intervention with refugee adolescents and a maximum of 30 (*M*= 13.4, *SD*= 11.4). All second-round professionals were invited, and 16 responded. Eight new professionals joined, they were from Iran (n = 2), Jordan (n = 2), Mexico, Poland, Taiwan, and the United Kingdom (UK) (see **Table 13**). The same adolescent panel of the second round participated in the third round.

Table 13. *Sociodemographic Characteristics and Experience Profile of Third-Round Professional Panel*

	Third-round professional panel
Age and gender	Age range: 28-67 years (*M*=43.9, *SD*=9.6). Gender: 1 male, 22 females, 1 preferred not to say
Nationality	Jordan (n= 4), United Kingdom (n= 3), United States (n= 3), Iran (n= 2), Lebanon (n= 2), Thailand (n= 2), Germany (n= 1),

	Ireland (n= 1), Italy (n= 1), Mexico (n= 1), Palestine (n= 1), Poland (n= 1), Syria (n= 1), Taiwan (n= 1)
Country of origin of refugee adolescents with whom professionals had CAT experience (n= number of professionals)	Syria (n= 15), Afghanistan (n= 10), Iraq (n= 9), Palestine (n= 8), Ukraine (n= 8), Sudan (n= 6), Somalia (n= 5), Eritrea (n= 4), Pakistan (n= 4), Cameroon (n= 3), Colombia (n= 3), Congo (n= 3), China (n= 2), Ethiopia(n= 2), Ghana (n= 2), Nigeria (n= 2), Vietnam (n= 2), Albania (n= 1), Armenia (n= 1), Bangladesh(n= 1), Central African Republic (n= 1), Côte d'Ivoire (n= 1), Gambia (n= 1), Georgia (n= 1), Honduras (n= 1), Lebanon (n= 1), Libya (n= 1), Mali (n= 1), Myanmar (n= 1), Nicaragua (n= 1), Senegal (n= 1), South Sudan (n= 1), Sri Lanka (n= 1), Togo (n= 1), Turkey (Kurdish) (n= 1), Uganda (n= 1), Venezuela (n= 1), Yemen (n= 1)
Creative art style (n= number of panellists with experience in the creative art style	Visual arts (n= 18), music and singing (n= 8), drama/ play theatre (n= 7), expressive writing (n= 7), dancing (n= 6), clowning (n= 1), digital arts (n= 1), sand play (n= 1).
Setting (n= number of panellists with experience in the setting)	Community-based organisation (n= 19), school/educational setting (n= 14), camp centre (n= 8), detention centres (n= 4), non-governmental organisation (n= 3), arrival/transition centre (n= 2), refugee settlement (n= 1), rehabilitation centre (n= 1).

5.3.2.2 Agreement results

5.3.2.2.1 Controlled feedback results for conflict statements

Of the 17 conflict statements from the second round, eight were resolved: one reached consensus from both panels, three were reclassified as 'very important', and four became ‘non-recommended’ (see **Table 14**). Comments of third round panellists on conflict statements are included in the results body and supplementary **Tables 1**.

Table 14. *Third-Round Results of Conflict Statements*

Third round statements (Conflicts)	Third-round overall agreement	Professional panel		Adolescent agreement		Final classification
		Third round	Second round	Third round	Second round	
If the therapist grouped the participants by gender, it is advisable to integrate the groups gradually.	88.9%	83.3% ↑	50.0%	94.5% ↑	72.2%	Consensus
The therapist should create interest quickly and launch new activities when participants look disinterested.	74.3%	70.8% ↑	50.0%	77.8% ↓	94.5%	Very important
The intervention/workshop should have a message-delivering title or a name.	85.4%	70.8% ↑	50.0%	100.0% ↑	94.4%	Very important
Starting with more straightforward activities like 2D arts and progressing to more complex ones like 3D arts throughout the intervention can prevent participants from feeling overwhelmed.	72.9%	62.5% ↑	55.0%	83.3% ↓	88.9%	Very important
Allowing adolescents to participate in administrative tasks and organise the workshop will increase engagement.	74.3%	54.2% ↑	50.0%	94.5% ↔	94.4%	Conflict
It's essential to divide participants into groups, allowing them to choose leaders and	69.4%	50.0% ↑	35.0%	88.9% ↔	88.9%	Conflict

representatives and define roles, with roles rotating regularly within the group.							
It is advisable to use simpler art materials for young adolescents and more complex ones for older adolescents.	64.6%	45.8%	↓	50.0%	83.3%	↑	72.2%	Conflict
Therapists should continuously provide feedback on participants' work.	62.5%	41.7%	↑	30.0%	83.3%	↓	88.9%	Conflict
Weekly sessions are spaced too far apart, leading to a decrease in participant engagement.	57.6%	37.5%	↑	35.0%	77.8%	↔	77.8%	Conflict
Early adolescents should not be given complex elements or competitive art tasks.	52.1%	37.5%	↑	35.0%	66.7%	↑	61.1%	Conflict
Discussions about the future and dreams should focus on realistic ambitions and achievable plans, avoiding risks associated with unrealistic expectations.	50.7%	29.2%	↓	55.0%	72.2%	↓	77.8%	Conflict
Every other day sessions can maintain participant connection and provide a break to process what they've learned.	49.3%	20.8%	↓	30.0%	77.8%	↔	77.8%	Conflict
Two-dimensional arts are better suited for younger adolescents.	43.8%	20.8%	↓	25.0%	66.7%	↓	88.9%	Conflict
At the outset, participants should choose an art medium or project and adhere to it to instil a sense	40.3%	25.0%	↔	25.0%	55.6%	↓	77.8%	Non-recommended

of commitment. It is not advisable to switch between different art forms.						
With participant agreement, involving parents and family members in the workshop or artwork will boost effectiveness.	31.9%	25.0% ↓	40.0%	38.9% ↓	61.1%	Non-recommended
Only participant with low interest should be allowed to participate in administrative tasks and organise the workshop to boost their engagement in the intervention.	38.2%	20.8% ↑	15.0%	55.6% ↓	100.0%	Non-recommended
Three-dimensional arts are more suitable for older adolescents.	33.3%	16.7% ↓	25.0%	50.0% ↓	72.2%	Non-recommended

↑ Increased agreement in the third round

↓ Decreased agreement in the third round

↔ Unchanged agreement between the third and second round

5.3.2.2.1.1 Resolved conflicts

The statement: “If the therapist grouped the participants by gender, it is advisable to integrate the groups gradually” gained consensus from professionals after low agreement in the second round and was subsequently classified as “essential”. The professionals tended to agree with the statement while emphasising that the process of mixing gender subgroups is context-dependent, where sociodemographic characteristics, dynamics and culture of the group are crucial elements to account for. *“I would think this would depend on lots of issues, e.g. context, culture, beliefs, experiences of participants etc”* (Art psychotherapist, UK). They echoed that merging groups should be prepared and applied carefully with participants' freedom and choice considered at every step. “*It might be beneficial to understand whether the group is ready for gender-mixed subgroups and take time to prepare them for a different group dynamic.”* (Art therapist in-training, Taiwan)

> As I see it, it is always worth checking what people are ready for and finding the right moment to deepen the connection between them. For instance, one of my group's girls of 8-10 years confessed that they are afraid of older teenage boys. It happened at the very end of our art therapy cycle, and I reported it to the facility. By the way, forcing people into very specific social situations can feel scary and feels like a coloniser’s attitude. I think integration is important, but we must take into consideration various cultural patterns and treat people with respect simply because we all deserve it. (Art therapist, Poland)
>
> *“I find the social and political context important when making decisions about integration. Taking small steps is always advisable.”* (Art psychotherapist, Jordan)

The adolescents kept their agreement and reiterated the value of enabling the adolescents to deal and live with the opposite sex with respect and dignity.

> It is important to provide opportunities for adolescents to develop healthy and conscious strategies for communicating with the opposite

> sex, which increases awareness of how to deal in the future in the work environment and in life in a way. (22-year-old Palestinian adolescent)

Three conflict statements were resolved and reclassified as "very important" after professional agreement increased from low levels (below 60%) in the second round to below-consensus levels in the third round. In the three statements, professionals stressed the context-dependency of the appropriateness of these practices and the need to commit to the therapy aims and plan. First, professionals provided a more insightful understanding of the statement that advises the therapist to create interest quickly by implementing new activities to achieve that for less interested participants. They suggested adjustments that could offer spontaneity, a sense of agency and decision-making by providing alternatives whilst still following the planned design and aims.

> It depends on the context and the actual aim of the intervention/programme. I agree with adapting the activities to the needs/interests of the participants, yet this should stay in line with the rationale of the activities, as mentioned by one of the professionals. (Researcher, Germany)

In alignment of the second round, the professionals stressed the importance of patience and acknowledging weak engagement at the beginning as part of the therapeutic process instead of introducing modifications and activities to capture participants' interest. *"Disinterest can be a part of the process or something that needs to be addressed. Also, disinterest may be a mechanism for emotional avoidance, so some patience and understanding are needed to help the participants address the underlying issues"* (Researcher, Lebanon). The adolescent agreement decreased, but their comments were still in favour of the therapist understanding and capturing their interests. *"I believe that the therapist must be aware of our interests in advance. This, of course, helps a lot in choosing appropriate and effective activities*." (11-year-old Syrian adolescent)

"I agree with taking the time to assess why someone is not engaging. It is always advisable to offer alternatives; however, sometimes patience is required." (Researcher, USA)

This is a difficult question, as in my trauma-informed groups, people tend to lose interest and come back to the activity later on. At times, it makes a lot of sense to change the activity. In some situations, it feels more relevant to adjust the instructions and give people choices/options. Personally, I often give a lot of options so people can regain a sense of agency and engage in the decision-making process in the first place. (Art therapist, Poland)

Giving the CAT intervention a message-delivering name had 100% agreement from adolescents who reemphasised that it provides more clarity and engagement: "*A title for each session makes the purpose of the arts clearer… Choosing a distinctive, attractive name that matches the nature of the activity arouses curiosity and well-being among participants"* (14-year-old Palestinian adolescent). The professional agreement on this suggestion increased from 50% in the second round to 70.8% in the third round, which could be attributed to the higher level of agreement among newly participating professionals (75%) and increased agreement level of those participated in both rounds. Agreeing professionals said that titling the intervention gives a sense of safety and purpose. They recommended that a title should reflect the content, be indirect and broad to set space for participant's expectations and be honest to engage other participants to participate. *"Sometimes indirect names give the group a chance to think behind it and give perspective to the name and expectations; I prefer artistic/dramatic mysterious titles."* (Artist, Jordan)

I agree with the professionals. A title is not necessary for individual therapy, yet it may be important to set an objective together with the participant. If it is a group session, then a catchy title (that reflects the content) is useful for raising awareness and promoting interest. (Researcher, Germany)

"A name gives a sense of purpose to the intervention." (Practitioner, USA)

Two professionals argued, agreeing with professionals in the second round, that CAT does not necessarily need titles or brief descriptions as CAT draws on the processing of experiences and struggles of participants using creative arts and guided by the therapist. *"For workshops, a title is helpful, but not for an art therapy."* (Art therapist, Thailand)

> *"Art psychotherapy is a space for people to be creative in the presence of a therapist, to work through experiences and issues they may be struggling with."* (Art psychotherapist, UK)

Though the statement "Starting with more straightforward activities like two-dimensional arts and progressing to more complex ones like three-dimensional arts throughout the intervention can prevent participants from feeling overwhelmed" had better agreement from professionals in this round, they ascertained that other factors protect refugee adolescents from being overwhelmed, such as levels of trustfulness, uncertainty, and interest. *"In many cases, yes. But I think it is more a matter of trust, the levels of uncertainty, and fear. If participants feel safe, they will be more eager to experiment. It might become possible over time"* (Art therapist, Poland). One professional said they would be led by the participants who can choose: *"Generally, I would be led by what the participants themselves want to do, not by my own agenda/thoughts of what is straightforward and what is complex. I would not usually be directive in this way"* (Art psychotherapist, UK). Another advised trying different art media before the participants decide what is difficult or complex and what is controllable and exciting: *"Intermodal approach helps participants experience the creative process with different perspectives."* (Art therapist in-training, Taiwan)

Four statements saw adolescent agreement drop below 60% in the third round compared to the second, and, combined with the continued low agreement from professionals in the second round, and they were classified as "non-recommended". The adolescent panel showed poor agreement on engaging

low-interest CAT participants by allowing them to help the facilitators in administrative tasks. The professionals, agreeing with adolescents, amplified their disagreeing comments in the second round and necessitated identifying and understanding the cause of low interest by talking to the participants privately while respecting their reason, giving them choices to reach solutions, and providing support like referrals with their agreement. *"I would advise this needs to be guided by the rationale of the approach, and someone with low interest may require additional support, referral and/or encouragement."* (Researcher, Germany)

> I respect the opinion of the adolescents here; it seems reasonable. Still, I would opt for an appropriate and relevant distribution of tasks. Lack of interest can be caused by various things, and it is always good to look at the causes. Based on that, a good solution might be found. Engaging those disengaged by letting them help with administrative tasks could have a positive impact, too! (Art therapist, Poland)

Both panels poorly agreed with the idea that three-dimensional art better suits older adolescents (A= 50%, P= 16.7%). The professionals' comments aligned with those from the previous round, emphasising the importance of the creative process and the value of experimenting with different media and materials: *"It doesn't matter. The creative process is more important than the product itself"* (Art therapist in-training, Taiwan). They reiterated that the dimensionality of art is not key, as its suitability depends on various contextual factors, including participants' interests, artistic backgrounds and experiences; *"I agree, but it depends on the background and experience of the participants"* (Researcher, Lebanon). This professional's perspective was supported by an adolescent who commented: *"This matter does not depend only on age. It may also depend on the extent and the ability of thinking and preference of the participating individual."*

> *"It depends on the individuals, but younger children seem to have a harder time digesting so many instructions that are sometimes required*

for 3D arts. Sculpture may be easy for young children, but not Origami, for example." (Researcher, USA)

While professionals' agreement remained low, adolescents became less convinced that CAT participants should adhere to the art form or media they chose at the start to instil a sense of commitment (A= 55.6%). Adolescents' comments align with professionals who re-emphasised that experiencing multiple art media in a safe and explorative atmosphere enriches growth and encourages spontaneity. *"Artistic expression flourishes with spontaneity. The sessions should be a safe space for exploration, not a stringent atmosphere that pressures them into delivering a finished product"* (Researcher, Lebanon). *"I prefer to experiment with all topics to choose an appropriate one."* (11-year-old Syrian adolescent)

The professionals advised following an intermodal approach (i.e., using multiple artistic modalities) and giving the participants a choice with adequate time to decide when they want to change or whether they prefer to commit to their initial choices. *"Intermodal approach helps participants experience the creative process with different perspectives."* (Art therapist in-training, Taiwan), *"Each has to take adequate time before deciding."* (Arts professor and therapist, Jordan), *"Diversity in art, regardless of its forms, creates a spirit of research and development among individuals."* (21-year-old Palestinian adolescent19)

Both panels' agreement decreased regarding involving parents or family members in art making (A=38.9%, P=25%). The professionals reiterated their earlier perspective from the second round that parents co-participating with their children in therapy should be avoided as some parenting and family environments may restrict and suppress free expression**.** *"It might work at times. Sometimes, though, participants need space for themselves and do not want anyone else involved."* (Art therapist, Poland), "*I would agree theoretically, but knowing that many adolescents may come from abusive households at worst or have unsupportive or loving parents, this may do more damage than*

good" (Researcher, Lebanon). The value of enrolling parents or families in art-making depends on the aims and dynamics of the intervention and likely requires proper guidance provided to the parents. *"Depends; parents, may need guidance on how to engage constructively*" (Art therapist, Thailand). This decision should be considered by the therapists and taken with the participants. *"Again, this depends on context, individuals, approach rationale, and the child's relationships with their parents. The therapist needs to judge this and decide together with the participant"* (Researcher, Germany). An adolescent, agreeing with professionals, commented: *"It depends on the type of activity and the nature of the relationship between the participant and the parents, as well as the preferences of the participants."*

Most adolescents agreed that not enrolling the parents provides a more comfortable avenue to create, express, and improvise, but if the parent-child bonds are supportive, parents can be helpful in fostering the participants ' confidence and enthusiasm. *"You do not know what the family circumstances of one of the participants are, whether family disintegration, etc. This may frustrate one of the individuals who are exposed to this."* (12-year-old Syrian adolescent)

> Parental involvement enhances the child's self-confidence. Adolescents may express more when alone and make more friends, but if their parents are also next to them, it gives them a feeling of greater security and reinforcement. Adolescents can show their parents their work to get reactions and make them proud. (15-year-old Palestinian adolescent)

5.3.2.2.1.2 Unresolved conflicts

In the nine statements remained conflicts, professionals kept low agreement throughout all. In the first statement, drawing and rotating roles and leaders in the therapy group had consensus among adolescents. One adolescent agreed with a professional that adding roles relies on the participant's background, type and purpose of the activity and the overall context. "*This depends on the*

type and what we want from the activity…. The participants must not feel there are differences between them." (11-year-old Syrian adolescent), "*Context is everything. It might be helpful in some groups and not in other groups* (Art psychotherapist, Jordan). For example, if the participants witness disorganised daily life roles, giving roles and fostering leadership could be useful. "*In my view, that would depend on the group……I see that the majority of adolescents agree with this statement……. Maybe this is simply what helps them to function in tough sides in their daily life."* (Art therapist, Poland). An adolescent explained that roles and leadership should be fairly assigned and rotated without dominance and hierarchy:

> The leader's task here is to organise things, not to assume an authoritative role. The leader's role can differ depending on the nature of activities and the interests of the individuals, taking into account that all team members feel equal in roles and progress. (17-year-old Palestinian adolescent)

The professionals overall objected to setting roles and leaders as that may impose discrimination and competition, which in their viewpoint, would deform inclusivity and equity. *"In groups I've run in the past, there are no leaders - everyone is an equal participant, and the aim would not be to induce a spirit of competition."* (Art psychotherapist, UK)

> Adolescents might ask for competition, as this is what they might be used to during sports. However, one (as mentioned by the professionals) should be aware that this creates losers/winners, and the intervention's aim may be to build collaboration and mutual understanding. Thereby, again, the rationale of the intervention is key, and non-competitive and inclusive activities are needed and may be able to balance out other experiences. (Researcher, Germany)

Regarding the statement advising the therapist to continuously provide feedback on participants' work, the professionals suggested a phenomenological approach to providing feedback to the participants about

their work or performance if necessary. This approach comprises asking explorative open questions and allowing participants to talk about and share their creativity and what they have accomplished. *"If feedback is desired, then therapists should avoid too much interpretation, rather stay on the surface (phenomenological approach) while responding to their artwork."* (Art therapist in-training, Taiwan)

> I think we can give supportive and caring feedback; there is nothing wrong with it. In expressive arts therapy, feedback is phenomenological, and instead of saying, "A beautiful artwork," one says, for instance, "This red patch of colour feels interesting to me. It takes a lot of space and seems quite intense! Could you tell me something more about it?" (Art therapist, Poland)
>
> As the therapists above commented, therapy is not there to teach competencies or judge outcomes/participants' work. It is there to enable the person to trust their own ability to work through issues creatively. I would dialogue with the person about how they feel about what they have done, whether it reminds them of anything, whether they would change anything, etc., but I would not give feedback on techniques or creative skill/ability. That would be more like an art class. (Art psychotherapist, UK)

Other professionals emphasised that feedback could be provided only to stimulate expression and encourage and support the efforts paid, not the quality of artwork or performance. They stressed that feedback must not be judgmental, scoring, or evaluative in nature. *"Yes to encouragement, yet no to judgement/evaluation. This links to the competition concern that will reduce inclusion and acceptance"* (Researcher, Germany). An adolescent concurred, stating: *"I agree, but this issue may take another turn, as it may lead to the expulsion of some participants and some of them hating the general atmosphere if they see criticism."*

> *"Feedback, especially positive feedback, is essential."* (Practitioner, USA)

> *"Feedback is not necessary in this space. However, debriefing about the art products (asking questions, rather than giving feedback) is recommended."* (Researcher, USA)
>
> Feedback can mean many things; I agree in the cases that the practitioner can help the participants better understand and appreciate the activities or the outcomes. However, something like a grade (good, neutral, bad) or a scale from 1 to 10 should be avoided. Ultimately, the conversations that follow activities are where the wealth of knowledge and understanding comes from in a creative art therapy setting. (Researcher, Lebanon)

Following a consensus reached in the previous round, adolescents' agreement on the suitability of two-dimensional arts for younger adolescents decreased by 22.2% in the third round (A= 66.7%). In contrast, professionals maintained consistency in their ratings and comments with those in the second round, indicating that they did not perceive any relationship between the dimensionality of the arts and the age of the participants. The professionals reasserted that defining simplicity and complexity of art materials are not exclusively linked to age but more factors like the participant's interests, curiosity and openness, abilities and disabilities, culture and prior exposure to and experience with arts. The aim of the activity can also inform the art style and media to be chosen. They additionally resonated that participants should have the chance to try different art styles and materials and choose freely with guidance from the therapist. *"If a frame is set properly, with proper guidance, participants should feel safe to try out any materials, despite some difficulties on the way."* (Art therapist in-training, Taiwan)

> Professionals have the expertise on what is suitable for which participant, not necessarily just guided by age, but also on needs, ability, culture and interest. The therapist/implementor should have a rationale, objective/aim, and approach that is adequate for the participant they work with. (Researcher, Germany)

> It can be helpful to build their tolerance using more complex materials. While older participants may be more dexterous and comfortable working with complex materials, however, their level of exposure to and experience with creative arts should be taken into account. (Art therapist 1, Thailand)

Despite the decline in adolescents' agreement with this statement, some continue to affirm that three-dimensional or more complex art media enable participants to develop a greater range of new skills.

> *"It requires knowing in advance the background and preferences of the participants while gradually introducing new and more complex things to stimulate their abilities and develop their skills."* (19-year-old Palestinian adolescent)

The professionals agreed that participants should have the freedom to openly discuss their future hopes, dreams, and ambitions, whether realistic or unrealistic. Professional's perspectives appeared grounded in the principle of free expression, which encourages sharing achievable and imaginative aspirations and even feelings of frustration and disappointment. The professionals indicated that creativity flourishes through imagination and unrestricted thinking. *"I support the professional's statements —dreams, imagination, and hope are supportive of healing and growth".* (Researcher, Germany) *"Being able to dream is valid and useful; that is where creativity comes from."* (Practitioner, USA)

> Imagination and dreams are fundamental to the process of creativity and art psychotherapy and should be encouraged. They provide hope and can build resilience. Everyone should feel free to talk about whatever they want, and the therapist's job is to listen intently to their hopes and dreams, as well as their disappointments and struggles. (Art psychotherapist, UK)

On the other hand, some adolescents kept their preference to speak about what they can achieve in the future.

> I fully realise that the first goal is treatment, but it is very important that the teenager is not separated from reality. CAT can help us increase our awareness and understanding of our dreams and ambitions, and that is empowering. (17-year-old Palestinian adolescent)

The adolescents kept the same below-consensus agreement on the two statements highlighting the best CAT session frequency. Some adolescents and professionals suggested that two weekly sessions would be the best frequency. *"Weekly is good, but two sessions a week could be fairly better."* (11-year-old Syrian adolescent)

> *"Frequency depends on the type/approach of the intervention. I am more familiar with group sessions, and we offer them 1-2 times per week."* (Researcher, Germany)

The professionals strongly supported the weekly session design as they believe a week is the best interval for the participants to process, apply and reflect on what they have acquired in the session. *"My sessions have always been weekly, and I think this works well. Every other day seems much too often for both the therapist's capacity and participant's ability to process the session"* (Art psychotherapist, UK). Some professionals pointed out that other logistic and set-up factors and the availability of refugee adolescents also affect the session frequency; *"It depends on the logistics of the workshop and the participants."* (Artist, Jordan)

> Having never offered anything other than weekly sessions, I'm not sure, but I don't think it's realistic to see people more often than weekly in the current climate. It's interesting that many of the adolescents would like therapy more often than weekly, though. I often give them a "mood book" to use between sessions, and they can bring it back to show me

> next time. I find this offers continuity and connection. (Art psychotherapist, UK)

Finally, regarding the statement: "Early adolescents should not be given complex elements or competitive art tasks", the professionals had a low agreement with instilling competition into the activities while not strongly disagreeing with adding some complexity to them. *"Complex, yes – depending; Competition – no."* (Arts professor and therapist, Jordan), *"I agree with the professionals; as mentioned above, competition can be harmful. The statement combines two things: complex elements can be useful if built up and not overwhelming, yet competition can be negative for some and is not inclusive"* (Researcher, Germany). One professional advised exploring and understanding the reasons behind competitive tendencies or behaviours among the participants if noted: "*As the therapist stated, therapy is not supposed to be competitive. Where competition arises naturally in groups, the therapist will help the participants reflect on this and where the need/desire to see fellow participants as competitors comes from.*" (Art therapist, UK)

> I think it is all about playfulness, connection, and agency. These aspects can be embraced with simplicity and with non-competitive tasks. I haven't seen any competition in my groups, but my art invitations are most of the time very gentle and include community art. (Art therapist, Poland)

The adolescents tended to accept challenging media and activities but less accepted competition-inducing approaches, and instead, they encouraged collaborative teamwork. *"It is not a competition in the usual sense but rather a collaborative effort. Teams can present their work to the group and share it with other teams to complement and enhance each other's contributions."* (22-year-old Palestinian adolescent)

5.3.2.2.2 Agreement results for new statements

Table 7 shows the results for the statements generated from the feedback comments of the second-round panellists. Of the 14 new statements, one was classified as “essential”, four as “very important”, eight as “conflicts”, and one as “non-recommended”. Comments of third round panellists on new statements are included in the results body and **Supplementary Table 2**.

Table 15. *New Statements in Third Round, Overall and Both Panels' Percent Agreement and Practice Classification by Importance*

Third round statements	Overall agreement	Professional Agreement	Adolescent agreement	Classification by importance
The participants should have a general idea of the components of the intervention as this will promote a sense of safety by setting expectations.	88.9%	83.3%	94.5%	Essential
The adolescents should not be given a lot of instructions at the beginning, only prompts, as a directive approach will not offer autonomy and improvisation	81.3%	79.2%	83.3%	Very important
It is a good choice to run the intervention in school, but it should not be in classrooms but rather in designated rooms.	78.5%	79.2%	77.8%	Very important
Enrolling different genders in the therapy team is a good practice	69.4%	66.7%	72.2%	Very important
The art activities should focus on self-identity and avoid deeply getting into religious beliefs as this could be sensitive	63.9%	66.7%	61.1%	Very important
Mixing participants from different backgrounds is advised; youth enjoy exploring other cultures.	76.4%	58.3%	94.4%	Conflict
Media or activities should not be changed to be convenient for the participant. In a therapeutic context, the therapist should know the reasons behind the weak engagement and try to address them, not bypass them.	71.5%	54.2%	88.9%	Conflict
A therapist should be present and engage with participants but not be distracted or immersed in participant's artworks.	67.4%	79.2%	55.6%	Conflict
Running the intervention with the involvement of the teaching staff helps integrate creativity and expression into school education	64.6%	45.8%	83.3%	Conflict
Materials and activities should not be gender-normative but rather based on participant's preference. Example: Sewing tends to be a feminine medium in the Middle East.	62.5%	91.7%	33.3%	Conflict

The artworks represent the participant’s own emotional state. Gifting them to peers will make the participants feel exposed, so it is better for each participant to keep their own work.	62.5%	58.3%	66.7%	Conflict
Beginning with innovative tasks or materials is preferable to familiar activities.	58.3%	33.3%	83.3%	Conflict
A teacher or a volunteer should discuss the participants' preference to be grouped by gender, not by the therapist, as they can be an imposing figure.	43.8%	20.8%	66.7%	Conflict
One-session art therapy does not offer any benefits	40.3%	25.0%	55.6%	Non-recommended

5.3.2.2.2.1 Essential, very important, and non-recommended practice

Both groups consensually agreed that introducing the participants to the intervention's components was important to promote a sense of safety and set expectations. "*Yes, the intervention should have been explained to participants beforehand and again at the beginning of therapy, along with agreeing on the boundaries of the session.*" (Art psychotherapist, UK)

The four statements that were regarded as very important had many comments from panellists. First, almost 80% of professionals advised against giving many instructions to participants at the beginning and advised to use prompts instead. They agreed that simple direct instructions could be provided in light of what comes from the participants to foster autonomy and improvisation in the group. Besides, the level of instructive support should align with each participant's familiarity with art materials, anxiety level, and understanding of the content. The adolescents shared the professionals' perspective with a consensus agreement. " *Yes, clear and simple instructions will not restrict the participants and will let them think outside the box*." (11-year-old Syrian adolescent).

> *"Yes, however, if some participants require more support or if they feel uneasy or uncomfortable, questions and leading statements can help them overcome their fear and begin the activity."* (Researcher, Lebanon)
>
> *"Obviously, as long as participants understand what they are being asked to do."* (Arts professor and therapist, Jordan)

The second statement recommended avoiding deep discussions about religious beliefs, as they could be sensitive to participants, and instead focusing on self-identity. Both panels had humble agreements with it (A= 61.1%, P= 66.7%). While religion may be a sensitive topic in a diverse group, both panels asserted that religious norms are a fundamental part of self-identity and would naturally surface in participants' works even without being directly addressed. Consequently, religious beliefs and rituals should be approached with

acceptance and respect. A professional stated: "*Religious beliefs will find their place in the artworks anyway. For some people, religion is a huge resource, and we should respect that.*" (Art psychotherapist, UK) An adolescent who strongly disagreed with the statement also commented: "*Our beliefs must be the basis*."

Panellists had good agreement that having a gender-diverse therapy team is good practice and would enhance the level of choice (A= 72.2%, P= 66.7%). The professionals affirmed that the necessity of having different genders in the therapy team depends on the context, demographics and culture of the participants. *"The demographic of participants could tell if and how we need to address gender-related issues in the group"* (Artist, Jordan) *"Again, it is culture-specific."* (Practitioner, USA)

The adolescents agreed that the participant's characteristics, the topics and the types of activities would more or less demand a gender-diverse therapy team. In agreement with the professionals, an adolescent commented: "*But the nature of the participants and activities and the topics discussed determine the effectiveness of this matter*."

Seventy-nine percent of professionals supported the idea that school-based creative art therapy (CAT), if the only option, should take place in a designated area rather than a regular classroom. This preference underpins the value of a separate space for CAT over traditional school-based settings. The professionals emphasised that CAT spaces should take adolescents from their everyday environments—some of which could be suppressive—and provide a new setting that fosters free imagination and creativity, allowing participants to form positive connections with the space. At the same time, they did not deny that schools can enhance feasibility and be a good choice if not perceived as a negative space by the participants. *"I agree that it has to be in other rooms. Schools are only suggested for the feasibility of implementation, but other spaces would always be preferred when possible as school might carry a negative context for the child"* (Researcher, USA). The adolescents shared similar agreement levels and viewpoints to professionals (A= 77.8%). "*It is*

preferable to have private places that provide a safe and stimulating environment, but if that is not available, we can create this environment in classrooms, if possible." (12-year-old Syrian adolescent)

> In my experience, it is preferable to have the therapy away from the student's day-to-day classroom so that there is a clear separation, and difficult feelings/experiences can be "left" in the therapy room with the therapist at the end of the session. Sometimes, necessity means that classrooms have to be used. In this case, I would try to make the space a bit different and always use the same corner of the room to provide consistency. (Art psychotherapist, UK)

5.3.2.2.2.2 Conflicts

Eight statements revealed conflicts between the panels. For the first statement, "A therapist should be present and engage with participants but not be distracted or immersed in participant's artworks", 79.2% of professionals agreed and emphasised that the therapist should be present and attentive to the entire group; *"Present to the whole group, attentive, curious, genuine"* (Art therapist, Poland). The professionals' comments consistently highlighted that the therapist should avoid becoming overly involved or immersed in the participants' artwork or performances, instead providing adequate space for participants to create, express themselves, and maintain control over their work. *"Agree; the art therapist should debrief with the individual on their art products and check in throughout but should give space for the individual to create and process"* (Researcher, USA). In contrast, the adolescents expressed that they would appreciate a deeper interaction with the therapist (A= 55.6%); *"I would be more comfortable if the therapist is close to my work so they can help me solve the difficulties I face."* (10-year-old Syrian adolescent))

> *"If presence is there, it doesn't matter if a therapist is engaged in participants' creative process. Being engaged is also being present with your client."* (Art therapist in-training, Taiwan)

> It depends on the individual and the context. Sometimes, approaching someone through their images is the best and least threatening way. Reflection on the images should always relate to the person and be for the benefit of the person, though not for the therapist's own preferences. (Art psychotherapist, UK)

The adolescents had a consensus that starting with innovative tasks or materials has more advantages than familiar activities. One adolescent found unfamiliar activities would elicit enthusiasm and curiosity at the beginning and thus be more engaging: *"This will make them excited and make new ideas and create new things, for some people, it feels safer to start with things they already knew"* (11-year-old Syrian adolescent). Other adolescents agreed that familiar activities offer trust, comfort and security to participants.

> "*This really depends; some familiarity may support at the start to build trust and safety."* (15-year-old Palestinian adolescent)

The professionals see familiar activities and materials at the beginning as crucial to creating a base for comfort, safety, and a secure and trusted space. Principally, letting the participants choose and try their preferences, either familiar or new activities or media, can guarantee that they will not be uncomfortable or distressed.

> I usually have a range of art materials available. What the person chooses to use can say a lot about them, their preferences, how safe or adventurous they feel, etc. It is unique to each person and to each therapeutic interaction, and there are no hard and fast rules. However, the aim of therapy is not to make someone feel uncomfortable right from the beginning. (Art psychotherapist, UK)

The adolescents strongly agreed that the involvement of the teaching staff helps integrate creativity and expression into school education (A= 83.3%), but less than half of the professionals agreed with that. The adolescents believed

creative arts in schools would enhance the connection between students and teachers and improve the educational environment. *"Teachers are in close and regular contact with the participants so they could be helpful"* (18-year-old Palestinian adolescent).

> *"This type of activity creates a positive environment and friendly atmosphere in classes"* (11-year-old Syrian adolescent).

The professionals were against connecting CAT with the school environment and considered them separate spaces for refugee adolescents; *"The teaching staff may actually intimidate the adolescents; it is a delicate situation which could work either way"* (12-year-old adolescent). Besides, some professionals strongly discouraged involving teaching staff in the therapeutic process. Some professionals stipulated introducing creative arts into schools with adequate training to be delivered to the teachers and school staff and called for effective communication and collaboration between therapists and teachers, as well as careful accounting for confidentiality and choice of participants in this context.

> Teaching staff can interrupt the therapeutic process and may be part of the problem. Teaching staff should be educated on art therapy and related experiential so that they may scaffold in the classroom, but they should not be directly involved in therapy. (Researcher, USA)

> It can do, but it requires training of teaching staff members on the purpose of therapy and issues of confidentiality, etc. If a teaching staff member is going to support the therapist, it should be a consistent person, and there should be space for a debrief after each session. Sometimes, having a separate space from the classes is preferable. However, with the student's permission, helpful feedback can still be given to and sought from the teaching staff, so that the student feels contained and held. (Art psychotherapist, UK)

The professionals consensually agreed that art materials and activities should not be gender-normative but rather based on participant's preferences. They

stood against enforcing gender norms and supported giving choices to the participants to lead. *"Absolutely, reinforcing gender norms is harmful as it may discourage curiosity and experimentation"* (Researcher, Lebanon). A female adolescent supported the professional's perspective and commented: *"A girl has a mind and has everything that she lacks. Girls are oppressed a lot in this society, and there is no difference between them and a young man in terms of mind."*

> *"Yes! Plus, such activities should be designed with cultural sensitivity, e.g., many men do sewing in Syria, which I have learned from my participants… Or... Turkish men enjoy dancing and singing activities much more than Western men."* (Art therapist, Poland)

Two-thirds of adolescents stressed that cultural and religious norms should play a key role in selecting the arts media and activities. Two adolescents noted, "*Religion and community education must be taken into account*" (17-year-old Palestinian adolescent) and "*Boys may struggle with girls' activities like sewing.*" (21-year-old Palestinian adolescent)

> Regarding the statement, "The artworks represent the participant's own emotional state. Gifting them to peers will make the participants feel exposed, so it is better for each participant to keep their own work", although considered a conflict, both panels' feedback emphasised that the participants should ultimately decide the disposition of the artworks created during the intervention. They could choose to gift the artwork to a peer or the therapist, leave it in the intervention space, or keep it for themselves. *"My work is so special to me, I would decide to gift it to another person and who is that person, or to keep it."* (10-year-old Syrian)
>
> *"If the participants wish to gift their work to peers, they should be free to do so. However, no one would be pushed to do such a thing unless the artwork was specifically made to be shared."* (Researcher, Lebanon)

The statement "A teacher or a volunteer should discuss the participants' preference to be grouped by gender, not by the therapist as they can be an imposing figure" was very poorly agreed upon by the professionals compared to moderate agreement among adolescents (A= 66.7%, P= 20.8%). The professionals disagreed that the therapist could be an imposing figure and emphasised that effective communication and building trustful rapport with the participant are the keys, either with the teacher or the therapist. *"I doubt that a therapist would be more imposing than a teacher - this very much depends on the context and the built rapport/relationship"* (Researcher, Germany). Some professionals denoted that teacher integration could be useful if teachers facilitate connections between the therapist and participants and enrich the therapist's understanding of the participant's habits and culture. *"Yes, some entity that actually knows the youth, their families, and their cultural/religious preferences should help inform that decision"* (Researcher, USA). An adolescent agreeing with professionals commented: "*The therapist is supposed to build a positive relationship with the participants and how he will help them as required."* (22-year-old Palestinian adolescent)

> *"I do disagree. I think it has nothing to do with imposing. It is a matter of proper communication and trust-building."* (Art therapist, Poland)
>
> *"I would discuss it with the teacher first and then define the right approach for the group."* (Art therapist, Mexico)

The adolescents were in favour of mixing participants from different backgrounds as youth likely enjoy exploring other cultures. They see that as beneficial for expanding social networks, making new friendships and allowing participants to share their experiences and exchange perspectives and cultures within agreed-upon rules; *"Exchanging experiences with the world is important and opens horizons for teenagers, but according to controls that everyone adheres to."* (15-year-old Palestine adolescent), *"Provided that this is within religious and moral controls."* (14-year-old Syrian adolescent)

Around one-third of professionals were unsure and voted 'I cannot tell' which was reflected in their comments. The professionals argued that other factors intersect with mixing or merging participants according to culture: age, gender, needs, cultural background, and preference of participants. Moreover, some professionals agreed with the adolescents regarding the personal and social benefits of exploring other people and cultures, and highlighted the need for therapists to read the situation so they can decide whether to form culture-based subgroups. *"Again, that is project specific, depending upon the wishes of the participants and the culture of the different backgrounds"* (Practitioner, USA). An adolescent echoed the professionals' views regarding the factors that can inform the need to form culture-based subgroups: "The combination will be based on age, gender, *and what they will need."*

> Again, this depends! Sometimes, it can be useful in breaking down prejudices/barriers and enabling participants to see that we are all human beings with similar feelings. However, depending on the issues, it may be beneficial for participants from a specific culture/background or with similar experiences to be grouped together to aid sharing and create a supportive environment. (Art psychotherapist, UK)

The adolescents consensually agreed that "media or activities should not be changed to be convenient for the participant. In a therapeutic context, the therapist should understand the reasons behind weak engagement and attempt to address them, rather than bypassing them.

> The therapist must have a stock of appropriate alternatives for each activity, but this does not prevent them from making an effort to find out the reason for the weak interest of the participants in the activity, and they can develop the activity later. (18-year-old Palestinian adolescent)

Over 40% of professionals either disagreed with the statement or could not tell and cited the unnecessary separation of changing the media and exploring difficulties or reasons for disengagement.

> I don't think changing media or an activity necessarily bypasses the reason for weak engagement. For engagement, it is important that participants feel they have control and can change their minds…….. Some issues may come to light later in the therapy and can be addressed then. (Art psychotherapist, UK)

The professional's feedback emphasised the importance of therapists assessing participants' readiness and emotional stability, ensuring a sense of safety and control, and carefully determining the appropriate timing and approach to addressing difficulties and disengagement or choosing to modify activities when necessary; "*This is about participants; making them feel safe is essential. Timing and process are the answers here*." (Art psychotherapist, Jordan)

> *"Depends on the emotional state and the readiness of participants."* (Art therapist, Mexico)
>
> *"It depends. If participants are not ready or don't feel safe for certain activities (i.e. dance movement), the therapists should try to understand the reasons and try different modalities if needed."* (Art therapist in-training, Taiwan)
>
> *"I think that art directives should be adjusted. This is much more human-oriented, culturally sensitive, and trauma-informed."* (Art therapist, Poland)

Both panels had low agreement with the statement that one-session CAT has no benefits. Overall, both panels believed one-session CAT would have benefits through emotional and psychological expression and potentially other benefits but to a lesser extent than multi-sessions; *"While it may not provide deep or long-term benefits, it is beneficial."* (Arts professor and therapist, Jordan)

> *"Still can be used as an emotional discharge or psychological debriefing."* (Artist, Jordan)
>
> *"More sessions allow the participants to gain more skills and experiences."* (11-year-old Syrian adolescent)

One professional called for more research on this, and another called for carefully addressing and following up on the outcomes of such brief interventions. *"I imagine that it can offer some benefits, but it would have to be taken into further research."* (Art therapist, Poland)

5.4 Discussion

This three-round Delphi study presented a total of 108 statements to panellists. Of them, 46 statements gained consensus agreement from the professional and adolescent panel, which were classified as essential, and there were nine non-recommended statements with low agreement from each panel. One essential and four non-recommended statements went through the two survey rounds after being conflicted in the second round. The third-round survey, including the controlled feedback approach, resolved eight conflicted statements from the second round, while nine remained unresolved. The controlled feedback approach in this study complemented the interview results in Chapter 4 by extending the discussion among more panellists in the two surveys. The mixed method of this Delphi design allowed for compiling the perspectives of both panels and quantitatively weighing individual practices and approaches through a five-point Likert scale-based survey. Measurable consensus and agreement brought less subjectivity in resolving disagreements among professionals and adolescents and solidifying good practice and actionable recommendations.

This study can be viewed as a starting point for developing practical guidelines for designing and implementing CAT interventions for refugee adolescents. I believe an insightful understanding of CAT best practices and the most effective providers and space should be prioritised before heading to controlled trials to prove CAT efficacy. This means I disagree with the findings of Kaiser and Deaver (2013), which prioritised evidence-proving outcome studies over studying best practices. On the other hand, I agree with them regarding the importance of mixed-method research and understanding CAT in a multicultural environment. I believe that in order to strengthen the evidence base of CAT for fostering the mental health of refugee adolescents, research and practice should focus on

identifying and implementing standardised intervention design and practices that can be further customised, contextualised and integrated into the mental healthcare and community structure.

Overall within this study, adolescents reached consensus and had higher agreement on more statements than professionals. They were more likely to accept participating in administrative tasks, learning activities, using complex art media, receiving feedback from therapists, having more frequent sessions, taking on roles in groups, engaging in innovation and imagination, being open to other cultures, and preferring to commit to their traditions and religious beliefs.

Several statements that obtained consensus and high agreement corroborate the four CAT adaptation themes in Chapter 4. They are centred around safeguarding and stabilising refugee adolescents, empowering them, using inclusive practice, and extending beyond the therapy group to acknowledge their environment, including family, school, and community. Both panels had strong agreements on all statements regarding the CAT team. To maximise the benefits of CAT, they recommend a multidisciplinary team led by adequately trained art therapists and comprising social workers, psychologists, and volunteers. By looking at systematic reviews of CAT interventions for refugees, it can be noticed that CAT was being commonly delivered by a range of professionals like teachers, social workers, arts experts, teachers, psychologists, and college students (Ramadan et al., 2024; Scott & Williams, 2024). Additionally, intervention studies often fail to adequately report the qualifications, certifications, or training of art therapists (Annous et al., 2022; Ramadan et al., 2024). In a number of studies, CAT was delivered without an art therapist, for example, by social workers and clinicians (Ramadan et al., 2024; Scott & Williams, 2024). My study professionals who are art therapists justified several responses based on whether the context aligned with ‘creative art therapy’ or a creative arts-based intervention or initiative. They were keen to define therapy as a more technical and scientific method than simpler initiatives or workshops. Additionally, accredited art therapists in professional panel

expressed a strong argument that CAT is a therapeutic technique that requires special education, training, and experience; therefore, professionals with a certificate in CAT should lead. As I acknowledge art therapists' viewpoint, I believe my findings can guide the implementation of CAT or any creative arts-based intervention, and they are not restricted to a particular therapeutic procedure or creativity-based activity. The panellists encouraged CAT providers to be positive, spontaneous, patient, and observant. Therapists were also advised to establish trusting relationships with participants, foster respectful communication, and promote friendship-building among peers. They should provide free and equitable opportunities for expression, offer options and alternatives, and avoid approaches that are overly instructive or foster competition.

Many comments under different statements called for ensuring a feeling of safety and security, establishing trust, and guaranteeing the confidentiality of participants. All statements proposing positive values, such as respect and non-judgmental attitudes, gained consensus from both panels. Stigmas and judgments experienced by participants can significantly suppress the effect of CAT on refugee adolescents (Schaeffer & Cornelius-White, 2021; Scott & Williams, 2024); thus, the rules established by the therapist and the participants are crucial in preventing negative or harmful behaviours. Since choice, decision-making, and freedom should permeate how activities are chosen and performed, the participants' preferences are deemed pivotal and should be acknowledged through open and friendly discussions with them. Under several statements, the panellists notified that they agreed if the suggested practice does not change or affect the pre-defined aims, rules, and design of the intervention. They called for balancing boundaries and autonomy, aligning with the ‘enablement’ theme that emerged in the first round of interviews, as well as Schaeffer and Cornelius-White (2021), who recommended fostering spontaneity, improvisation, and decision-making among CAT refugee participants. Developing agency among the participants through a democratic approach between them and the therapy team was advised to examine the

appropriateness of family and community engagement. For example, the panellists affirmed that the involvement of parents, family members, or local volunteers in CAT interventions and the implementation of public artworks and activities should be critically assessed by the therapist and discussed with the participants. The adolescents were in favour of skill-developing approaches and integrating creative arts interventions in the educational environment. Still, the professionals agreed only if skills development and improving learning were within the aims of the intervention. Moreover, the available settings and resources influenced the preferences of both professionals and adolescents, such as the characteristics of the therapy space, session frequency, and the composition of the therapy team. Panellists also discussed potential alternative options; for instance, a dedicated space within a school is preferred over classrooms and was considered a suitable option when an independent space was unavailable. Wherever space is available, previous studies emphasised that CAT space should be specifically designated for CAT, spacious (Feen-Calligan et al., 2020), trusted and safe (Dieterich-Hartwell & Koch, 2017; McLeod et al., 2021; Rousseau et al., 2005; Schaeffer & Cornelius-White, 2021; The Red Pencil, 2021).

Although the statements were tailored to the context of refugee adolescents, both professionals and adolescents frequently highlighted in their comments that their agreement depended on the needs, characteristics, and preferences of participants and additional contextual factors like social and traditional norms, cultural and language barriers, and the available setting and resources. Aligning with the 'inclusion' theme of adaptations, CAT should identify and address the age and developmental needs, gender sensitivity, and cultural backgrounds of refugee adolescents, which may vary across contexts, religions, and cultures. An example is the statement "Enrolling different genders in the therapy team is a good practice", where panellists agreed when the participant's characteristics regarding age stage and the presence of culture or religion-related gender sensitivities necessitated that. Additionally, as my professional panellists had experience with culturally diverse refugee

adolescent participants, they strongly linked their practice with how much information they knew about the participants, including participants' past experiences and their current families, school, and community environment. Both panels called for adequate cultural orientation of the therapists and facilitators and that participants' culture should permeate the creative artworks and activities. Using the participants' home country language, dialects, cultural symbols, and traditional arts media was identified as an essential practice. This aligns with existing literature that highlights the importance of integrating culture to achieve successful practice (Hocoy, 2002; Schaeffer & Cornelius-White, 2021; Zadeh & Jogia, 2023). Both panels had consensus on encouraging the participants to use and share their culture and homeland, corroborating with Schaeffer and Cornelius-White (2021) and Dieterich-Hartwell et al. (2020), who found culture sharing and exchange very engaging for the participants. Díaz and Paula (2018) agreed and asserted that allowing participants to take the lead and freely express their thoughts, rituals, and metaphors likely mitigates the risk of discrimination. Moreover, Feen-Calligan et al. (2023) observed that letting participants share and explain their artwork and thoughts leads to growing engagement over the sessions, corroborating the professional's perspective of patience in capturing the participants' interest.

According to panellists' ratings and comments, therapists, along with the art media and activities, should cultivate a sense of expectation, control, belonging, accomplishment, and closure. Professionals advocated for simplicity, while adolescents were more accepting of complexity. Simple arts media like collages and using a puppet for the expression of self were recommended by Akthar and Lovell (2018) and Feen-Calligan et al. (2023). Incorporating elements such as sports, breathing exercises, collective arts, and teamwork activities in a playful manner was also identified as essential, provided that therapists keep their attention on the whole group and do not get distracted from the therapy plan and procedures. Grasser et al. (2019) and Dieterich-Hartwell et al. (2020) connected body movement activities and breathing exercises with lower anxiety. Group projects can foster positive peer relationships beyond sessions

and help group members feel a sense of belonging and safety (Ugurlu et al., 2016; Zadeh & Jogia, 2023). The very high consensus from both panels on incorporating nature into the place and media of the intervention is supported by growing evidence for nature-based interventions (NBIs) to improve mental health (Coventry et al., 2021; Tambyah et al., 2022), including the mental health of young populations in precarious situations, such as refugees and asylum seekers (Obeng et al., 2023).

Therapists often adopt mixed approaches, departing from clinical models to tailor guidelines that align with the context of the therapy application (Bowen-Salter et al., 2022; Van Lith, 2016). Based on that, CAT would continue to be adaptable and adjustable by therapists, and I thus emphasise that my findings are not prescriptive as my statements could not be applicable to all contexts. Adapting interventions to a specific country context can enhance their acceptability and feasibility, making them more suitable for implementation in settings different from where they were initially developed (Brown et al., 2020). I support the notion of Naderbagi et al. (2024) that meaningful involvement of diverse, relevant personnel, including experts and stakeholders, in understanding multi-level contextual adaptations can help improve the design, delivery, and evaluation of interventions. Nevertheless, there is inadequate reporting of contents and adaptations of psychosocial interventions for common mental health problems (Li et al., 2023). My systematic review identified a similar inadequacy in CAT for refugee adolescents (Ramadan et al., 2024a). Proper reporting makes it easy to study the appropriateness of adaptations and practices and, therefore, advance effectivity evidence.

Comments centred around the therapy team triggered discussions among participants about the scalability of CAT in humanitarian settings. Most refugees are hosted in low- and middle-income countries, where resources are limited and there is a shortage of mental health professionals to provide conventional mental health services (Bryant, 2023). A similar shortage may apply to art therapists. Thus, certified art therapists may not be sustainably available in the

humanitarian field. The professionals, especially those who are art therapists, had low agreement with the value of training non-art therapy specialists or local facilitators to take over. This human resource scarcity could diminish the sustainability and scalability of creative arts programmes and therapies for refugee adolescents, especially in LMICs. Mental health and psychosocial support (MHPSS) programmes run by lay counsellors in crisis-affected LMICs can help improve mental health and well-being. However, guidelines and frameworks for implementation and capacity building are lacking (Cohen & Yaeger, 2021).

The scalability of psychosocial interventions can be sought through training and supervision models in community health institutes and by combining specialists and non-specialists (Atif et al., 2019). For example, training psychotherapists to deliver Trauma-focused Cognitive Behavioural Therapy TF-CBT to unaccompanied minors (UAMs), which is a new experience for them, showed effectiveness in qualifying them for that (Yotsidi et al., 2024). The scalability of psychosocial interventions is a research priority to accommodate the psychosocial needs of the growing refugee populations globally by providing evidence-based and affordable interventions that can be delivered by trained providers without specialist training, like Problem Management Plus (PM+) (Dawson et al., 2015). Additionally, trained providers from the refugee community can deliver practices that are culturally compatible with their community (Barnett et al., 2023). For instance, recruiting local volunteers can help minimise the cultural gap between the CAT team and the participants (Ugurlu et al., 2016), a suggestion that obtained consensus from both panels provided that the privacy and confidentiality of participants are carefully guaranteed. While adapted psychosocial interventions delivered by lay health workers have shown a potential to improve mental health symptoms (Mabunda et al., 2022), many professionals, especially art therapists, have questioned the validity of task shifting in the context of CAT. I argue that sustaining CAT in refugee communities is an example of a research area that can benefit from the participation of art therapists in research. In the context of efficiency, third-

round panellists proposed the potential impact of a single-session CAT or creative arts workshop, highlighting its applicability in settings where multiple sessions are not feasible. Nonetheless, similar to other psychosocial interventions, the cost-effectiveness and benefits of brief interventions may need to be studied as they have the potential for feasibility and low-cost delivery (Cohen & Yaeger, 2021).

5.5 Strengths and limitations

This Delphi study addresses the limited body of literature by exploring the perspectives of creative arts therapists and practitioners working with refugee adolescents. I included researchers who published empirical studies using CAT for refugee adolescents and reported the impacts of specific practices. This is the first study to enroll refugee adolescents as CAT experts by experience as well as CAT professionals with diverse and insightful perspectives. My design facilitated the exchange of viewpoints and perspectives both within each panel — providers and recipients— and between the two panels. The survey rounds elicited an exchange of perspectives and discussion among panelists, rather than an overemphasis on consensus or resolving conflicts. The professionals in the three rounds have broad-spectrum experience with different refugee adolescents in various settings using multiple creative art media, and thus, their input had good representativeness. This study has some limitations. The adolescent panellists are descendants of refugees and did not directly experience forced migration, though they had experienced the daily stressors of displacement. Therefore, the adolescent panel does not strongly represent the entire refugee adolescent population. Another limitation is that the study included professionals and adolescents who speak English or Arabic and excluded other potential panellists who do not speak these languages. Despite reaching out to CAT associations, organisations and individuals on the African continent, I did not manage to enrol any professionals. Further empirical research is needed to evaluate the appropriateness and impact of these proposed components and practices.

The Delphi design I chose provided rich data. However, there might be a lack of convergence in the data, as the study did not pursue further consensus and thus did not reach more solid conclusions. I imagine that more rounds could have led to more conflicts resolved and getting significantly higher or lower agreement and at the same time, the generation of new statements to be validated through one or more following rounds. This could have led to more nuanced recommendations for art therapists and practitioners. I cannot deny that conflicting statements at the end can potentially be resolved with further rounds, and thus, not seeking more consensus could have resulted in essential, very important, and not important statements being missed. On another side, the intergroup dialogue may have offered a deeply layered understanding of practices that could not have been achieved through a single-panel Delphi. Ultimately, including adolescents might have reduced the dominance of art therapists and practitioners by discussing professionals' assumptions alongside adolescents' insights and perspectives. Lastly, a key limitation in the third round was that the professionals were not informed of the background and culture of the adolescents in the opposite panel. The professionals might have understood that the comments and remarks came from adolescents worldwide and were therefore more generalizable, which could have introduced bias in how the professionals processed and interpreted the adolescents' comments. Nonetheless, I believe this form of blinding could be useful in preventing a judge mentality, where professionals might also base their responses on false perceptions of the adolescents' profiles. Another point was that the presence of concealed power dynamics between professionals and adolescents was mitigated, as adolescents responded to the surveys without facing me or professionals. Consequently, they shared their perspectives freely and independently.

5.6 Implications and recommendations for future research and practice

Our rationale for identifying best practices and approaches that work best with a particular population, who are refugee adolescents in the current study, is based on recommendations in the body of literature (Fancourt & Finn, 2019;

Kaiser & Deaver, 2013; Schouten et al., 2015; Zadeh & Jogia, 2023). Quantifying the importance of CAT statements by consensus and agreement provided objectivity in identifying best practices. In parallel, panellists' comments offered practical and evidence-based insights that could inform and refine CAT practice tailored to the unique needs and context of refugee adolescents. The cross-sharing of comments demonstrates a novel approach, highlighting the importance of establishing a mutual understanding of experiences and perspectives of providers and beneficiaries in developing therapeutic interventions. The results of this study can guide art therapists and practitioners working with refugee adolescents in selecting nuanced approaches and activities for more effective and engaging CAT and arts-based interventions. Including CAT professionals who speak different languages, especially those based in Africa and South America, would improve the representativeness of my findings. Following specific steps can assist in developing guidelines to contribute to a more standardised practice, for example, through utilising focus groups and expert panel discussions. Accordingly, researchers and practitioners utilising this study's suggested practices are encouraged to report feedback on their impact in literature and elaborate on demanded adaptations. Finally, I share common ground with other researchers' recommendations for general practice, such as studying the bottlenecks of the art therapy profession (Kaiser & Deaver, 2013) and the connection between art therapists and other psychosocial workers (Kaiser & Deaver, 2013; The Red Pencil, 2021). The scalability and sustainability of CAT in refugee communities require further research to examine its feasibility, efficacy, and efficiency for potential wider application and scaled-up impact.

5.7 Conclusions

Both panels reached a consensus on most statements regarding the importance of multidisciplinary therapy teams, effective communication, group solidarity, the role of culture, body movement and nature, equity and inclusivity, empowerment with skills, freedom of expression, sense of stability, optionality and decision-making, supportive environment, and community engagement.

Both panels expressed low agreement on five statements (i.e., non-recommended) that suggested competitiveness, commitment, parent involvement in art making, and sharing administrative tasks with participants. They also did not recommend conducting daily sessions, running the intervention in schools to improve attendance, and prioritising verbal instructions for early adolescents. They tended to disagree more that three-dimensional creative arts media fit late adolescents more than younger ones. The notion that a single-session CAT provides no benefit was met with low agreement by both groups. Areas of discussion among panellists centred around therapeutic alliances, engagement approaches, art media complexity, and school and parents' involvement. The panellists repeatedly raised several contextual factors on which their votes depended, including the participants' needs, preferences, confidentiality, background, age and gender composition, culture and religion, and the intervention's shape, aims, design, setting, and available resources. This mixed-method study provides practical guidance for researchers, practitioners, and those implementing CAT and creative arts-based interventions for refugee adolescents. Replicating this study with panellists with diverse experiences and contexts would enhance the robustness and representativeness of my results. Art therapists and practitioners are encouraged to implement the suggested practices with appropriate contextual adaptations and document their suitability and impact to inform future empirical research. More research is needed to explore features of CAT scaling up in humanitarian contexts and address contemporary challenges for the CAT profession.

Chapter 6: Discussion

6.1 Chapter overview

This chapter builds on the discussion sections of the previous chapters and presents the findings, contributions, and recommendations drawn from the overall thesis. It begins by revisiting the research questions and aims and identifying the gaps in the literature that informed the research questions and the methodology chosen to address them. The final findings and interconnections between the three studies are outlined, showing how the findings of each study supported the rationale for and informed the subsequent study. The implications of this research for the knowledge base and practice of creative arts therapy (CAT) for refugee adolescents are illuminated alongside reflections from the literature. The strengths and limitations of the entire thesis are illustrated. Recommendations for research, practice, and policy to advance CAT intervention development, implementation, and reporting are presented, with the potential to improve the mental health of refugee adolescents and encourage further research and practice in this area. Finally, the conclusions, including the overarching results, implications, and recommendations derived from this research, are presented.

6.2 Revisiting the research rationale and objectives

I chose refugee adolescents as my focus as they are in a critical stage of growth and development (WHO, 2020) and the experiences of forced displacement create significant challenges for their physical and mental health (Garcia & Birman, 2022; Singh et al., 2021). Additionally, migration experience negatively impacts their familial, social, and economic conditions (Basu & Banerjee, 2020; Schwartz et al., 2021). Creative Art Therapy interventions show promising preliminary evidence in supporting them by offering a safe environment for self-expression and emotional healing (Akthar & Lovell, 2018), aiding their transition to new environments (Dieterich-Hartwell & Koch, 2017). However, evidence of CAT's effectiveness in improving refugee mental health is currently inadequate

(Annous et al., 2022; Schaeffer & Cornelius-White, 2021; Scott & Williams, 2024) due to a lack of standardisation in its design and implementation. Research highlights the need to study tailored CAT practices for specific groups and settings to reduce inconsistencies (Fancourt & Finn, 2019; Kaiser & Deaver, 2013; Zadeh & Jogia, 2023).

My PhD research aims to bridge the knowledge-practice gap by conducting a systematic review to identify the uses, outcomes, common practices, challenges, and limitations of CAT for refugee adolescents. It uniquely explores perspectives from art therapists, practitioners, researchers, and refugee adolescents who have received CAT interventions, to identify and understand best practices which could be used to form frameworks and guidelines for designing, implementing, and adjusting CAT in humanitarian contexts.

6.3 Overview and interpretation of key findings

This research is innovative as it thoroughly examines the uses, effectiveness, implementation challenges, practices, and adaptations of CAT in promoting the mental health of refugee adolescents. The systematic review delves into peer-reviewed and grey literature to identify when and how CAT has been applied with refugee adolescents and what outcomes have been achieved. A principal finding was the limited amount of research available, with only five eligible articles identified (DeMott et al., 2017; Dobretsova & Wiese, 2019; Kalantari et al., 2012; Quinlan et al., 2016; Rowe et al., 2017). These studies inadequately detailed the aspects of intervention, including design, composition of therapy teams, space, type of art media, approaches, and activities. Interventions reported varied with regard to team structure, procedures, and settings, and they utilised different outcome assessment tools. Moreover, the outcomes of CAT were inconsistent across all studies.

The diversity of CAT interventions, attrition rates among refugee adolescents post-CAT, and follow-up difficulties emerged as significant limitations in the

studies, and linguistic and cultural barriers were the main identified implementation challenges. Common components in the extracted studies included group settings, structured designs, the provision of diverse creative media, and session topics centered around themes of past, future, home, and culture. Tailoring interventions to the age and culture of refugee adolescents was emphasised. Nonetheless, the studies did not elucidate why these elements were developed or selected and how they worked. These findings indicated that further investigation into contextualised CAT practices that effectively address the needs of refugee adolescents in humanitarian settings should be pursued.

Literature recommended the involvement of both art therapists and recipients in research (Akthar & Lovell, 2018; Kaiser & Deaver, 2013; Van Lith, 2016). It was strongly recommended within the literature that CAT intervention development should be based on the lived experiences of refugee adolescents and the professionals working with them, ensuring relevance and sensitivity to this population. Furthermore, developing CAT interventions from stakeholders' perspectives could facilitate the creation of more homogeneous interventions suitable for implementation in experimental studies. The inconsistencies in practices observed in the systematic review and the poor reporting of intervention development underscore the need to explore successful practices.

As the extracted studies in my systematic review were few and poorly described the persons, components, and procedures of the intervention, I chose to conduct the first round in the form of semi-structured interviews to address these gaps. Additionally, the interviews provided statements for rating and discussion in the subsequent two rounds. The consensus- and agreement-based components of the second and third rounds will serve to unify practice and reduce inconsistencies in interventions as identified in the systematic review as well. The classic Delphi design provided a platform for discussing best practices from expert perspectives. The initial round of semi-structured interviews generated 94 statements for further rating and discussion in subsequent

rounds. The thematic analysis of the first-round narratives identified themes highlighting necessary adaptations of CAT for refugee adolescents. These themes include (1) Stability, (2) Enablement, (3) Inclusion, and (4) Integrity. These themes address modifications required for CAT to fit the specific context of refugee adolescents, considering their characteristics, needs, and surrounding environment. Modifications to stabilise participants were centred around selecting individuals to deliver CAT, optimising place, and providing art materials and activities that help build trust and reduce stress. Enablement focuses on the therapist's approach, session structure, content, and topics, aiming for an equal platform for expression and empowerment. Modifications to ensure inclusivity involve addressing individual differences and diversity within the group for equitable participation. The 'integration' theme is centred around multilayered approaches where CAT interventions connect with supporting networks and institutions, including family, school and community.

The interview narratives and the identified themes enrich the limited available data and assumptions surrounding pragmatic and meaningful CAT practices. Gathering the strategies and techniques of professionals and preferences of refugee adolescents showed areas of mutual understanding between the two groups. This likely provides real-life guidance of practice as concluded in previous research (Kapitan, 2014). However, there were some differences between the viewpoints of the two groups. Adolescents exhibited a preference for greater freedom to participate in activities beyond the CAT framework and expressed an interest in helping to organise interventions with facilitators. They also showed a higher receptivity to involving parents in the art-making process and promoting creative activities within the broader community. The differing perspectives and contradictions between professionals and adolescents emphasised the need for consensus methods. These methods allowed for a quantitative approach to achieving agreement and a qualitative extension to address conflicting statements. The generated statements highlighted key components of CAT interventions, including design, participants, location, creative arts media, topics, approaches, and activities.

The Delphi study yielded 46 essential, 36 very important, 17 conflicting, and nine non-recommended practice statements. Adolescents showed higher agreement and gave fewer narratives and comments than professionals, likely due to professionals' greater age, education, training, and experience. Professionals are expected to have more profound knowledge and experience than refugee adolescents, who typically participated in CAT once or twice. Essential and non-recommended statements received fewer comments than 'very important' and conflicting ones. Essential statements and comments aligned with themes of safety and trust, empowerment and freedom in expression, equitable participation, and involvement of parents, schools, and community. Non-recommended practices included those perceived as frustrating or overwhelming, such as competitiveness, high commitment, short intervals between sessions, and overuse of verbal instructions. Overall, the essential and non-recommended statements were meaningfully compatible with the themes of adaptations. The themes also reverberated in the comments shared by the panellists in the second and third rounds.

The reflections of refugee adolescents in conflict statements reveal how actively they engage with CAT, which also might explain why their viewpoints differ from those of the professionals. Their hopeful outlook shines through as they openly share their dreams and future goals, showing a clear understanding that their age brings greater complexity. Their optimism and dreamy aspirations are reinforced by a strong sense of connection and continuity- evident in their desire to stay in touch through frequent sessions, their excitement for discovering new people and experiences, and their appreciation for therapists who build steady, meaningful relationships. Their natural curiosity drives enthusiasm and eagerness to explore, with many feeling a strong bond with learning and their schools, and happily discussing their comfort levels as part of their growth. Importantly, validation and recognition are central to their experience where adolescents love to hear more about their achievements, share their work, and accept tasks to help. They seem ready to take on roles

and lead— all of which point to a need to be seen, appreciated, and actively involved in their healing journey. Although the professionals' perspectives don't directly mention all these themes, they support them indirectly. For example, they encourage leadership and self-esteem, but not to the extent of dominating others in the group. They emphasise the importance of greater care, dedication, and sensitivity to each individual's differences. Additionally, the therapists' viewpoints tend to be more nuanced than the adolescents' spontaneous reactions. For instance, they agree that having a one-week gap between sessions helps in processing what was discussed in the previous session. In conclusion, discussing the conflicts is pivotal as it brings together the spontaneous insights of adolescents and the rigorous approaches of professionals, enriching the understanding of effective practices.

The results of the Delphi align with several pieces of literature on CAT and refugee adolescents. In accordance with Reed et al. (2016), best practices and adaptations support the importance of multi-layered approaches in psychosocial interventions, which engage families and communities. School accomplishment is likely essential for refugee adolescents and their parents (Viner et al., 2012), as reflected in the outputs of the young adolescent participants, who were notably passionate about learning through their CAT experience and integrating educational activities into intervention components. Professionals advocated for a separate space for CAT, away from daily life stations, challenging previous literature that strongly suggested benefits of school-based interventions (Basu & Banerjee, 2020; Fazel & Betancourt, 2018; Rousseau et al., 2005; Tyrer & Fazel, 2014). However, my findings implied that integrating CAT into schools can enhance feasibility, highlight real-life challenges, and engage teachers and educational professionals while considering consent from adolescents. My participants recommended extending CAT to reach the surrounding community to enhance social cohesion and community development (McLeod et al., 2021). They resonated with Díaz and Paula (2018), suggesting that CAT serves as a habitat for the multicultural

refugee adolescent population where differences and communal aspects, along with family and community difficulties, are mitigated.

In alignment with studies on CAT and young refugees (McLeod et al., 2021; Rousseau et al., 2005; Ugurlu et al., 2016), insights of professionals and adolescents indicated that CAT should offer a positive avenue for sharing culture and fostering self-expression, self-awareness, self-confidence, and a sense of hope, thereby enhancing participants' ability to overcome daily stressors. Essential and very important statements advocated for offering options of art media, a space for spontaneity and improvisation, free expression facilitated through arts, and stimulating relationship-building (Donohue, 2011). Professionals and adolescents favoured integrating body movement and perception exercises, as well as using imaginary metaphors for expression (de Witte et al., 2021). They focused on several outcomes beyond promoting mental health, such as empowerment and capacity building. Supported by insights from literature that CAT can promote holistic health and well-being (Frounfelker et al., 2020; Hlavek & Feldwisch, 2022; Mollaoğlu et al., 2022), it is suggested that enhancing resilience and learning may lead to improved mental health. My Delphi's findings corroborate those of Frounfelker et al. (2020), who suggest that CAT can lead to multiple psychosocial well-being outcomes.

Similar to other psychosocial interventions, CAT can be modified according to adaptation themes, provided the core structure remains unchanged. Professionals emphasised that these modifications should not divert the intervention from its intended design and goals. My findings revealed similarities with recommendations for MHPSS interventions, indicating that effective interventions must address implementation, sociocultural contexts, and the intersectionality among variables such as gender, culture, and religion (Bangpan et al., 2024). In line with directions for psychosocial interventions (Fazel & Betancourt, 2018; Tyrer & Fazel, 2014), my results suggest considering the family, school, and community environment of refugee adolescents when planning and designing CAT. Holistic and inclusive interventions are likely to be

more effective in mitigating daily stressors faced by refugee adolescents (Fazel & Betancourt, 2018). According to my results, this likely applies to CAT, which should highlight the characteristics and experiences of refugee adolescents, their families and schools, their well-being, and social engagement (Frounfelker et al., 2020). My findings conclude that refugee and UAS children and adolescents will adapt better if they have a trusted support circle and are empowered with coping skills and capacities (Rogers et al., 2018). Adaptations of CAT should understand features of adolescence, the refugee experience, mental health, intervention elements and delivery. My themes for adaptations span cultural adaptation framework elements set by Heim and Kohrt (2019). Similarities include non-specific elements such as a respectful environment, active listening, and in-session adjustments like exploring participants' backgrounds and preferences. Additionally, my findings suggested that culturally appropriate CAT, similar to those for psychosocial interventions, converge around customising content, behaviours, metaphors, and providers' roles to fit the needs, migration history, and context of refugee adolescents (Singh et al., 2021; Tay et al., 2019). In sum, I argue that CAT practice advancement may benefit from a look at the implications and adaptations of other psychosocial interventions in a similar context.

One of my arguments in this research was to standardise CAT for refugee adolescents. The rationale behind this goal stemmed from the need for a rigorous evaluation of CAT efficacy through randomised controlled trials (RCTs). I assumed that with a clearer, standardised structure for CAT, evidence of efficacy and scalability could be realistically assessed and validated. However, as the research unfolded—particularly through the perspectives of professionals and adolescents—it became increasingly clear that a fully standardised intervention might be impractical and also contrary to the very strengths of the approach. Participants' narratives echoed that CAT's therapeutic power lies in its responsiveness to the individual, cultural, developmental, and contextual needs of refugee adolescents. Therapists highlighted that rigid standardisation could undermine this adaptability,

especially when working with diverse and complex populations like refugee adolescents, whose needs are shaped by loss, displacement, and sociocultural disruption.

Instead of creating a prescriptive CAT, the study's findings supported a structured intervention design and procedures, while still allowing meaningful adaptation. CAT should encompass key therapeutic elements, theoretical foundations, and shared goals. At the same time, therapists need to adapt their approaches to the socio-cultural and personal realities of refugee adolescents. These subtle adjustments better match practitioners' recommendations and the complexities of real-world therapeutic settings, ensuring greater relevance and usefulness of CAT.

Another aspect that was raised in this research and could be discussed further is scaling up CAT as a psychosocial intervention and the cross-cutting between task sharing and the conceptualisation of the arts-based intervention. The professionals, particularly art therapists, notified that non-art therapists and lay providers can deliver creative arts-based expressive programmes, which means with less therapeutic techniques and rigour. Similar suggestions were found in literature on psychotherapies. For example, psychotherapy necessitates extensive training, whereas a psychosocial counsellor may only require basic knowledge and instruction (Ahmed & Siddiqi, 2006). The scenario differs for art therapists, who must be qualified professionals (Ahmed & Siddiqi, 2006). Simple creative arts-based expressions can be beneficial for children and youth who have survived disasters. Lay counsellors could be trained in art therapy, but they should encourage participants to present their creations and express themselves without delving into the interpretation and analysis of artwork (Ahmed & Siddiqi, 2006). Regarding CAT terminology, professionals emphasised the importance of specifying the type of arts-based intervention employed and discussed in both practice and research. It is essential to define whether the initiative constitutes therapy, a programme, a more simplified intervention or a workshop and to distinguish the differences between them. CAT has been

variously identified as creativity workshops, art therapy programmes, creative art therapy, or arts-based interventions or approaches and examples on that can be seen in several studies (Bundy, 2017; DeMott et al., 2017; Kaptani & Yuval-Davis, 2009; Phillips et al., 2017; Rousseau et al., 2005; Rowe et al., 2017). Clarifying these terms is critical for standardising definitions and can facilitate understanding the qualifications required for providers to deliver each of these entities effectively and proficiently.

6.4 Implications for theory/practice/research

The current research underscores the importance of contextualising CAT for specific populations, particularly in humanitarian settings and for refugee communities. The absence of theoretical frameworks for CAT exacerbates a lack of clear understanding of how CAT can be adapted to meet the unique needs of refugee adolescents. This study represents the first effort to optimise CAT for fostering the mental health of refugee adolescents using a sequential, logical, and evidence-guided structure. It provides guidance drawing from a comprehensive, client-centred approach, which aligns the therapist's goals based on their case formulation, with refugee adolescents' priorities (Kapitan, 2014). The convergence of mutually agreed-upon practices from both professionals' perspectives and the lived experience of refugee adolescents underpins the validity and significance of these practices (Akthar & Lovell, 2018; Kaiser & Deaver, 2013; Van Lith, 2016). The results emphasise the importance of the developmental and sociocultural characteristics of refugee adolescents and suggest that theoretical models of CAT should comprehensively capture the complex realities that refugee adolescents face.

I argue that my themes and essential statements include instructions that could be relevant to non-arts interventions and psychotherapies. An example of a structural recommendation is agreeing to implement sessions weekly, which aligns with group therapies and psychodynamic interventions typically conducted on a weekly basis (Hettich et al., 2020; Wiechers et al., 2023). Ensuring a safe and trusted environment, a sense of control and agency, and

establishing social networks are key principles in individual therapies for refugees (Hettich et al., 2020). Moreover, especially in individual therapies, participants should feel sufficiently acknowledged and respected, and build a strong therapeutic relationship with the therapist, who should understand the participant's background (Khairat et al., 2023). Cultural integration and adaptation are core functions in various psychotherapies and MHPSS interventions (Hettich et al., 2020; Khadzhyradieva et al., 2025; Khairat et al., 2023; Kirsch et al., 2024). Another example is the comparison between our findings and sport and physical activity-based interventions, where multidisciplinary, intersectoral, community-based, and inclusive approaches are commonly recommended (Koopmans & Doidge, 2022; Rosenbaum et al., 2025). Our findings regarding the importance of flexibility in approaches and activities, as well as the holistic potential of CAT, align with psychotherapies, since psychotherapists still have the ability to responsively and dynamically adapt their methods and practices. Additionally, psychotherapies can aim for benefits beyond just relieving symptoms (American Psychological Association, 2025; Zavlis et al., 2025). My findings, which are unique to CAT, describe the style and form of arts, as well as the use of art materials, considering various related variables. Employing art media for body and self-awareness, display, creativity, and imagination, as well as exploring real-world scenarios, is more specific to CAT than to other non-arts therapies (de Witte et al., 2021). These consistencies strengthen my suggested recommendations for professionals implementing non-arts psychotherapists and MHPSS interventions.

Heterogeneity in CAT interventions and practices reverberated in literature as a main drawback in assessing CAT's effectiveness with different populations (Bowen-Salter et al., 2022; Braito et al., 2021; Chiang et al., 2019; Schouten et al., 2015). My themes and statements represent a significant step toward developing acceptable and contextually appropriate CAT interventions for humanitarian settings. Using perspective-based and agreed-upon practices would contribute to solidification and standardisation of intervention designs and adaptations in similar contexts. The adaptation themes can be taken as a

framework within which the Delphi-suggested practices can be modified and implemented. Researchers can utilise my findings in the development, implementation, and adaptation of interventions to evaluate their effectiveness in promoting the mental health of refugee adolescents through studies such as randomised controlled trials (RCTs).

Like standardised psychosocial interventions (Taylor et al., 2023), standardised CAT can be further adapted to accommodate new contextual factors, provided these adjustments do not compromise the main structure and aims of the intervention. The Delphi results offer evidence-informed and practical guidance for therapists, practitioners, and researchers, which they can customise and adjust according to context and explicitly share feedback about how a specific practice works. By unifying these practices, we can address the evidence gap created by inconsistent interventions and components and better explain the disparities in CAT outcomes. In other words, following a standardised version of CAT that can be tested with larger samples and in multiple sites would ensure a more precise assessment of the evidence base for this therapy for refugee adolescents.

From a broader perspective, this work highlights relevant, important and under-researched areas. It contributes to the body of knowledge surrounding the development, adaptation, integration, and scalability of psychosocial interventions in humanitarian settings. Scaling up CAT in humanitarian settings for sustainable evaluation and impact, along with challenges in the art therapy profession and collaboration between art therapists and other mental health practitioners, are key relevant areas that can underpin broader and sustainable access to CAT and more comprehensive evaluations of its impact. Nonetheless, it may be premature to scale up CAT before establishing a standardised intervention with robust evidence of effectiveness. Ultimately, this research is a step forward to refining the effectiveness evidence base of CAT with refugee adolescents. The results emphasised the importance of involving art therapists in CAT research as participants, particularly in understanding CAT-relevant

concepts, as well as the required qualifications and training, task sharing, and collaboration with other mental health professionals in a humanitarian context. However, echoing Kaiser and Deaver (2013), these areas require critical study to advance the profession of art therapy.

6.5 Strengths and limitations

In addition to the strengths illustrated in each chapter, this work represents a cohesive research programme designed to advance the knowledge and practice of using CAT with refugee adolescents. The three studies drew on a deep exploration of literature, which identified gaps in the general application of CAT and those specifically for refugee adolescents. Being an Arabic-speaking and Muslim person made me linguistically and culturally closer to the adolescent participants, which helped me approach them effectively during field implementation. Jordanian culture is strongly similar to that of Syria and Palestine. However, Syrian and Palestinian communities could be more culturally conservative and restrictive than Jordanians. Syrian and Palestinian mothers are more likely to be housewives with less literacy than Jordanians. Personally, neither I nor my grandparents were refugees, and this could have affected my understanding of refugees' backgrounds. However, my experience working with Syrian and Palestinian refugee populations, including children and adolescents, mitigated potential risks and sensitivities that could have affected the data collection process.

As Jordan hosts one of the largest refugee populations so I believed it is a highly relevant site for this research. Enrolling adolescent participants living exclusively in Jordan offered a valuable, in-depth, contextualised perspective. While my findings may not be universally applicable, the insights gained can still be informative and adaptable for similar settings and contexts, especially in the global south or comparable humanitarian environments. The geopolitical, cultural, and resource environments in Jordan is likely different from those in other countries, which may influence adolescents' experiences and the provision of CAT. I believe that interviewing professionals from around the world

helped broaden the perspective and balance the geographically limited sample of adolescents.

A primary limitation which cuts across the whole work is that it was exclusive to only two languages. Despite refugees being an extremely heterogeneous group covering dozens of languages, I could only conduct the review and the Delphi study in Arabic or English, thus limiting the generalisability of my results. Finally, another limitation of my research is the difficulty in categorising the qualifications of art therapy professionals, as some hold educational degrees while others have different types of training. This inconsistency may have impacted the validity of the results in some ways. Art therapists, practitioners, and researchers with varying levels or types of training may interpret CAT principles differently and employ diverse approaches and techniques, which could lead to discrepant standards and quality of therapy provided.

6.6 Recommendations for research, practice, and policy

The findings of the current study suggest important lines of further inquiry to advance the evidence base for CAT with refugee adolescents. To begin, I recommend that Delphi surveys be replicated with a broader spectrum of professionals and refugee adolescents. By doing so, researchers and practitioners can have an inventory of strongly suggested and more generalisable practices that could inform future CAT for this demographic. There should be a focus on involving CAT professionals as well as refugee adolescents who received CAT in research design, implementation and reporting. The involvement of art therapists in CAT research would advance the evidence not only in developing acceptable and effective interventions but also in outlining the challenges facing art therapy as a profession. Studies that seek to understand the nuances in the experiences and perspectives of refugee adolescents from different age groups, backgrounds, and contexts will enable the development of inclusive and holistic interventions. Thus, it is recommended to extend the current methods to different settings and

circumstances, or for other aims such as improving socialising skills and learning and educational accomplishment, which refugee adolescents may struggle with (Schwartz et al., 2021).

Given the diversity in creative art media, developing a standardised form of CAT could be difficult. However, identifying good practices from the experiences of professionals or participants and integrating them into the intervention could help reduce the widespread inconsistency in CAT practice. It is critical to report these practices and their effectiveness in improving mental health or other planned objectives. These findings could be sought through observation, simulation designs, direct interviews or focus groups with key informants. Employing mixed method research designs is recommended, which not only tests hypotheses but also provides insight into how CAT achieved specific benefits. Mixed methods would give a fuller image of the impact of CAT on refugee adolescents or other specific populations. Integrating qualitative components and incorporating insights from art therapists and recipients would help highlight feasibility and accessibility.

Developing interventions based on expert perspectives and ensuring accurate monitoring and evaluation procedures for such interventions will allow their impact to be understood. It will also enable an understanding of the acceptability, appropriateness, and impact of more homogenous CAT interventions. Scott and Williams (2024) called for addressing barriers to the acceptability of CAT when delivered to refugee adults. This aligns with similar recommendations in mental health interventions, where research on psychosocial interventions often focuses more on attrition while neglecting other determinants of the acceptability of the intervention (McDermott et al., 2024). Based on this, intervention studies, such as clinical trials, should not focus solely on quantitative results. Drawing upon recommendations of Choi (2010), clinical trials should be designed to test CAT interventions that are grounded in research-driven guidelines developed through collaboration with

art therapists and refugee adolescents and to gather information and feedback about implementation challenges, appropriateness, and engagement in CAT.

Another recommendation is conducting a quantitative Exploratory Factor Analysis (EFA), that could help strengthen my results by identifying specific therapeutic factors underlying the essential components. Exploratory factor analysis (EFA) is a statistical method used to examine the relationship between observed variables and potential underlying factors—or what might be called hidden variables (Finch, 2025). This analysis examines whether a few factors can explain or predict many variables, similar to grouping them into broader categories (Finch, 2025; Sürücü et al., 2022). It is called 'exploratory' as there is no previously suggested underlying construct or a theory on a set of factors. When a theorised or pre-described construct or set of factors exists, a confirmatory factor analysis (CFA) is used to test a pre-existing hypothesis regarding the relationships between factors and variables (Finch, 2025). In research, opinions and recommendations on how to conduct EFA are numerous and confusing, as researchers have not reached clear agreements on standardised practices (Sürücü et al., 2022). Another method is principal component analysis (PCA), which projects a number of variables onto two- or more-dimensional axes to capture the linear combinations of the original variables (called components) that maximally explain the variance of all the variables (Greenacre et al., 2022).

For the best CAT practices for refugee adolescents, EFA can be used to translate qualitative results into quantitative ones. Observed and self-reported best practices could be qualitatively studied, then quantitatively analysed using EFA to reveal underlying therapeutic themes and factors. CFA can subsequently be performed to test hypotheses regarding these underlying factors and also to assess the presence of these factors when dealing with other beneficiary groups other than refugee adolescents or in different contexts and with varying objectives. Similarly, PCA can be performed to project the dimensionality of

therapeutic themes, which in turn can enhance the validity of therapeutic frameworks.

The professionals shared positive feedback about participation in the Delphi, aligning with findings of Snir et al. (2024), which highlighted art therapists' dedication to advancing their profession and that they can benefit from participation in research. In addition, professional panellists expressed notable enthusiasm and dedication to elaborating on their practice and perspective. This can also help identify the appropriateness and impact of specific art media and materials. Their participation is not exclusive to delivering better practice, but presumably, art therapists are likely more capable of delineating, discussing and addressing issues and drawbacks that emerge in intervention studies. Thus, they should be involved in planning, designing, implementing, interpreting, and reporting CAT literature. For example, the ambiguity in CAT terminology and conceptualisation can be best addressed by art therapists, particularly since art therapists—study participants who were certified or accredited art therapists—shared rigour in discussing the concepts of CAT. Involving art therapists as co-researchers could strengthen their ability to deliver more impactful CAT and refine their skills (Kapitan et al., 2011). Participatory research could also extend to involve refugee adolescents.

There were some reflections from many art therapists that other practitioners with inadequate training cannot perform therapy. On the other side, practitioners who had training in CAT and experience in context argued that an academic degree is of additional value but not mandatory. Research involving art therapists and practitioners could shed light on the required qualifications of providers for CAT or simpler arts-based interventions. In the same vein, task sharing and training local personnel to deliver CAT or simpler arts-mediated endeavours as psychosocial interventions are areas for further research, as raised across the perspectives of art therapists and practitioners. Task shifting, adaptation strategies, establishing partnerships with multiple sectors and capacity development to integrate mental health interventions with non-health

fields are under-researched areas (Ndlovu et al., 2024). Task sharing of psychosocial interventions can enhance sustainable and wide access to mental health care (Woodward et al., 2022). However, a limited number of MHPSS interventions in humanitarian crises have been significantly scaled up and fewer interventions have been vertically scaled up, which poses challenges for long-term sustainability. Vertical and horizontal scale up are recommended for MHPSS interventions (Troup et al., 2021). Grounded in the narratives of my research participants, I argue that similar recommendations apply to CAT in humanitarian context. However, before implementing these, it is important to understand the roles of co-providers and the best ways for task-sharing and shifting. Additionally, I argue that involving art therapists is key in addressing these recommendations.

The availability of art therapists to lead CAT in humanitarian situations is unknown. To ascertain the scalability and sustainability of CAT access for refugee adolescents, non-art therapists and lay or local providers could guarantee continuous access. Here, I should note the very scarce grey literature about CAT endeavours in humanitarian situations. This could be due to the underreporting of creative arts-based interventions funded and implemented by local and international organisations. Perhaps reporting and research are not a priority for implementing organisations, but field and technical reports could deliver vital information on unseen gaps. The example here is: what proportion of CAT in a humanitarian context can be led by art therapists? Can these interventions be sustained while art therapists are leading them? The continuum of CAT in the refugee community could be difficult to obtain if art therapists are not localised in or from the refugee community itself. Building self-sustainability through training local personnel on delivering CAT, even with lower therapeutic rigour or in the form of arts-based expression workshops, could be a replacement for unsustainable art therapist-led better-quality CAT. The conclusions of Frasco et al.'s (2025) systematic review contribute to validating my argument here. It showed remarkable effectiveness of community-led interventions in conflict settings, where deeper participation of

art therapists in intervention development and design correlates with therapeutic effectiveness. More discussions with art therapists can lead to better solutions, as scaling up CAT with refugee adolescents can provide more data and information to this poorly researched area.

In organisations, art therapists may struggle to represent their scope of work to other practitioners (e.g., psychotherapists) and to advocate for CAT benefits in a multidisciplinary environment (Toll, 2022). As my results support the use of a multidisciplinary CAT and facilitation team, the interplay between art therapists and other psychosocial workers and volunteers should be clarified. This echoes Kaiser and Deaver (2013), who marked studying how other mental health workers perceive art therapy and therapists as a research priority, particularly given that art therapy is promising as an adjunctive tool in counselling and psychotherapies (Omar & Azhari, 2024). This would likely help map the collaboration between an art therapist and psychotherapists, social workers, and other practitioners who can assist art therapists. The results showed that CAT helps develop skills and improve social abilities. Psychosocial interventions can also bring additional benefits beyond their main goals (Shafran et al., 2017). Likewise, CAT in a humanitarian setting can offer holistic benefits beyond mitigating psychological symptoms. Accordingly, other potential benefits of CAT, like improving learning competencies, could be an area to focus on in future research. My results underpin conclusions in literature that holistic and inclusive approaches need professionals with multiple specialities working in harmony within the facilitation team (Kwok et al., 2022; Toll, 2022; Omar & Azhari, 2024). They also shed light on potential roles of practitioners. Though multidisciplinary teams were performed in CAT with refugee recipients, the roles of team members were poorly illustrated (Annous et al., 2022; Ramadan et al., 2024; Scott & Williams, 2024).

Art therapists tend to follow a client-centred approach (Bowen-Salter et al., 2022), which allows for adaptations based on individual clients' needs and situational circumstances. The efficacy of interventions in conflict is moderated

by varying contextual factors such as age, gender, and ongoing violence (Frasco et al., 2025). The current research results are not intended to be prescriptive but rather to act as a guide, which means therapists and practitioners can adopt my best practices to standardise practice with a margin for ad hoc contextual adjustments when unpredictably events emerge. Drawing from my results and collated literature (Fancourt & Finn, 2019; Kaiser & Deaver, 2013; Van Lith, 2016), art therapists are advised to gather information regarding the participant's age, gender, culture composition, history, language and dialect before commencing CAT. From a larger viewpoint, art therapists are advised not only to participate in research but also to be involved in information dissemination and experience exchange, for example, by participating in conferences and other scientific events. Moreover, they should be motivated to document their endeavours with the support of sponsoring organisations and research collaborators and institutions.

Organisational policies should pay attention to proper and timely reporting for projects that could assist or synergise scholarly research and together provide guiding frameworks for therapists and practitioners. Reporting the benefits of CAT can also help advocate the value of funding CAT programmes and research. My recommendations to organisations and policymakers parallel those for MHPSS interventions for populations in crisis. Research priorities for mental health interventions for people in crises focus on system-oriented research instead of separate explorations (Tol et al., 2023). This relies on multi-sectoral integration into health systems and sustaining research on the impact of mental health interventions. This demands partnerships between researchers, practitioners, policymakers, and crisis-affected communities (Tol et al., 2023). Besides, increasing awareness, offering training programmes, resource mobilisation and fortifying inter-sectoral collaborations were found critical to enhancing feasibility (Purgato et al., 2024). Additionally, organisations can increase the capacity of facilitators and local volunteers by offering them training programmes regarding arts, mental health, communication skills, ethics and language (Feen-Calligan et al., 2018; Kato, 2024). Organisations funding CAT

interventions are advised to adopt robust documentation and dissemination strategies. Art therapists and practitioners, being directly involved in delivering these interventions, are reliable sources for documenting and sharing insights into their therapeutic practice. This is supported by Kwok et al. (2022), who asserted that improving and standardising the documentation of CAT are necessary to progress CAT practice within a multidisciplinary environment.

6.7 Conclusions

In conclusion, the literature on CAT for refugee adolescents is scarce and of poor quality. The application of CAT in humanitarian contexts is inconsistent, and its effectiveness cannot be properly assessed without standardisation and contextualization of CAT design and practice. The Delphi study helped address gaps identified in the systematic review. The three rounds of the study provided a broader understanding of effective profiles and roles of CAT providers, the most acceptable and engaging intervention components and practices, and solutions for overcoming implementation barriers, such as cultural differences. Overall, refugee adolescents are a heterogeneous group with unique needs shaped by their age, developmental stage, physiological and cultural maturation, challenging migration experiences, and difficult living conditions. The Delphi results advocate for interventions that are safe and trust-based, where refugee adolescents are empowered with choice and values, encouraged to learn and develop skills. Striking a balance between the rigorous design of CAT and the flexibility to allow autonomy and improvisation is key to maintaining engagement. CAT should be tailored to address the diverse needs of refugee adolescents, promoting equality and equity in self-expression and participation in art-making. Developers and implementers of CAT must understand the backgrounds, beliefs, family and school environments, daily lives, and the surrounding communities of refugee adolescents. Art therapists, researchers, and practitioners are encouraged to use my findings to enhance the acceptability and impact of CAT. Involving art therapists in research is critical to advancing the evidence base for CAT. They can help clarify misunderstandings about CAT concepts and structures, the required qualifications and training for

CAT providers, the roles of co-facilitators, task-sharing and shifting, and the integration and scaling-up of CAT. As multidisciplinary collaboration appeared essential in CAT provision, further research is needed on the partnership between art therapists and other healthcare practitioners—particularly regarding their understanding of CAT and what art therapists do. This work represents an important first step in developing CAT frameworks and guidelines not only to promote mental health but also to improve the lives of refugee adolescents holistically. Participatory research involving both art therapists and expert refugee adolescents is recommended to provide real-life guidance. Once evidence-based CAT interventions are established, empirical studies should be conducted to assess their efficacy and expand knowledge on best practices. Establishing robust evidence for the effectiveness of CAT for refugee adolescents remains a long-term goal. Methodologies similar to the one used in this study could contribute significantly to advancing this body of evidence. These methodologies could also be adopted to further advance the evidence with other beneficiary groups

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Supplementary Table 1. *Comments of Third-Round Panellists on Conflict Statements*

Statement (conflict)	Panellist	Comments
If the therapist grouped the participants by gender, it is advisable to integrate the groups gradually.	(Researcher, Germany)	"*If adolescent refugees agree with this and find it valuable, I am fully in support. I previously advised them to adapt to the respective context and group dynamics/behaviours, etc.*"
	(Researcher, Lebanon)	"*If everyone in the group agrees and is comfortable with the idea, then we should go ahead*."
The therapist should create interest quickly and launch new activities when participants look disinterested.	(Art psychotherapist, UK)	I don't have experience with participants looking disinterested or disengaged. However, I agree with the therapist that communication with the person is required before launching new activities. I tend to be led by the person anyway, so they are naturally drawn to what interests them.
	(Practitioner, USA)	"*I believe the therapist should evaluate each situation individually before proceeding*."
The intervention/workshop should have a message-delivering title or a name.	(Art therapist, Poland)	"*I think it really creates safety to know the title of the cycle. If there is no title, there should be at least a short description*."
	(Researcher, Lebanon)	"*Yes, if it is honest, it helps more participants to enrol*."
Starting with more straightforward activities like 2D arts and progressing to more complex ones like 3D arts throughout the intervention can prevent participants from feeling overwhelmed.	(Art therapist in-training, Taiwan)	"*Participants shouldn't be forced to be interested in everything. Understanding why they're not interested first can help create a safe space for them to want to do something.*"
	(17-year-old Palestinian adolescent)	"*I do neither agree nor disagree; this depends on what these low-interest participants prefer as well*."
	(Researcher, Lebanon)	It would seem like we are picking on the participants with low interest. No two people will have the same levels of enthusiasm, and we should respect how much space or

		engagement a person may want. Adolescents with low interest levels may be approached privately to discuss their participation or lack thereof. Regardless of what they feel, the practitioner should respect that.
	(Art psychotherapist, UK)	As the therapist above says, participants simply need to attend and then use the art materials in whatever way they choose to best express themselves, work through issues and communicate with others. There are no admin tasks or organisational tasks, as the therapist would be facilitating the session.
It's essential to divide participants into groups, allowing them to choose leaders and representatives and define roles, with roles rotating regularly within the group.	(Researcher, Lebanon)	"*Too much competition between the participants may create uneven power structures or imply to the participants that the goal of the sessions is to be the "best," which is not the case*."
Weekly sessions are spaced too far apart, leading to a decrease in participant engagement.	(Art therapist, Poland)	"*It might be that for young people, twice a week will be the best option. I understand their answers and would be willing to follow them in the frequency they like*."
Discussions about the future and dreams should focus on realistic ambitions and achievable plans, avoiding risks associated with unrealistic expectations.	(Researcher, Lebanon)	"*I would wager that most adolescents do not have realistic plans. Allowing them to express themselves would not hurt anyone.*"
Every other day sessions can maintain participant connection and provide a break to process what they've learned.	(Art therapist, Poland)	"*One session a week is already quite intense for many people. But in some cases, things can look differently. It all depends on a setup*."
Two-dimensional arts are better suited for younger adolescents.	(Art therapist, Poland)	"*This really depends on the group, their curiosity, and openness. I used very complex art materials with youngsters, the same as I used extremely simple materials at times*."
	(Art psychotherapist, UK)	I would always offer a range of art materials so that it is up to the individual to decide what they want to use. As the relationship develops, I may suggest something if I feel it would benefit the person, but there are no blanket criteria regarding

		what is suitable for different ages. It will depend on preference, cognitive and physical ability, disability, cultural norms, personality, resilience, confidence, and many other factors.
At the outset, participants should choose an art medium or project and adhere to it to instil a sense of commitment. It is not advisable to switch between different art forms.	(Art therapist, Poland)	Again, that depends. Some people need that boundary and continuity, while others will move curiously between art forms. I would say it is possible to offer a commitment-based approach if participants are willing to try it out. Otherwise, I wouldn't do it.
	(Art psychotherapist, UK)	"*People should be free to change art mediums, and this can even be encouraged to allow for growth and for the person to stretch or challenge themselves*."
Three-dimensional arts are more suitable for older adolescents.	(Art therapist, Poland)	"*Based on my experience, this statement isn't true. I work in three dimensions, also with smaller kids, and they love it*."
	(Art psychotherapist, UK)	"*As the therapist above stated, it will vary from person to person and has nothing to do with age*."

Supplementary Table 2. *Comments of Third-Round Panellists on New Statements*

Statements (new)	Panellists	Comments
The adolescents should not be given a lot of instructions at the beginning, only prompts, as a directive approach will not offer autonomy and improvisation	(Art psychotherapist, UK)	"*I like to see what emerges and what comes from the person rather than set up an agenda. Obviously, if someone is really struggling to start, I may make suggestions, but otherwise, it is person-led*."
It is a good choice to run the intervention in school, but it should not be in classrooms but rather in designated rooms.	(19-year-old Palestinian adolescent)	"*We could be distracted by the learning environment while in school*."
	(Researcher, Lebanon)	"*Schools are familiar enough establishments for the participants, and if it is their own school, then many logistical issues would be avoided. Choosing a new room is definitely a good idea, if possible*."
	(Art therapist in-training, Taiwan)	"*The space is very important. It helps participants to decentre from reality and enter the imaginative world. So, it's better to separate*."
Enrolling different genders in the therapy team is a good practice	(Art psychotherapist, UK)	"*Yes, I think it's preferable to have different genders within the therapy team, to allow participants a level of choice and/or if co-facilitating a group to provide parenting role-modelling*."
The art activities should focus on self-identity and avoid deeply getting into religious beliefs as this could be sensitive	(Art psychotherapist, UK)	"*Our religious beliefs form a big part of our identity*."
	(Art therapist, Thailand)	"*It can be good if explored with an open attitude*."
Mixing participants from different backgrounds is advised; youth enjoy exploring other cultures.	(12-year-old Syrian adolescent)	"*This helps social network, have new friendships and new experiences, and exchange perspectives*."
	(Researcher, Germany)	"*From an integration and diversity perspective, yes, mixing participants is good. I am not sure if youth always enjoy exploring, yet it can be a good learning opportunity when supported and guided*."
	(Art therapist in-training, Taiwan)	"*It depends; some people feel safer staying with people from the same country (language, culture), but it can be beneficial to have people from*

		various backgrounds to bring new perspectives."
Running the intervention with the involvement of the teaching staff helps integrate creativity and expression into school education	(15-year-old Syrian adolescent)	"*This may strengthen the relationship between individuals and teachers, which may lead to improvement in the education process*".
Materials and activities should not be gender-normative but rather based on participant's preference. Example: Sewing tends to be a feminine medium in the Middle East.	(Art psychotherapist, UK)	"*Yes, the therapist should always be led by the person. However, conversations can be had about the choice of materials and other suggestions can be made, with the person's response being reflected upon with them*."
Beginning with innovative tasks or materials is preferable to familiar activities.	(21-year-old Palestinian adolescent)	"*Starting with more familiar activities like drawing or painting can help establish a foundation of comfort and security in the therapeutic space*."
One-session art therapy does not offer any benefits	(17-year-old Palestinian adolescent)	"*One session provides benefits, but if we increase the number of sessions, the benefits will increase.*"
	(Art psychotherapist, UK)	I have never done single-session art therapy. I would never say it could offer no benefits, but I think it would need to be carefully thought through/considered in terms of what is brought up/gone into and the support structures around the person afterwards.

8 Appendices

Appendix A. A screenshot of the third-round questionnaire with controlled feedback in Arabic

مناقشة بيان ممارسة العلاج بالفن الإبداعي

في هذا القسم، سوف تقرأ بلطف ممارسات من الجولة السابقة.

لم تحصل هذه البيانات على إجماع بين محترفي العلاج بالفن والمراهقين المتأثرين بالحروب والنزوح. سوف يتم عرض النتائج لكل مجموعة؛ ويتضمن نسبة الاتفاق بين المشاركين وتعليقات علي تلك الممارسات

3 إذا قام المعالج بتقسيم المشاركين إلى ذكور وإناث، فمن المستحسن دمج المجموعات تدريجيًا

72% من المراهقين يتفقون	50% من معالجين الفن يتفقون
" لبناء شخصية المراهق في المستقبل، من المهم الاندماج مع الجنس الآخر بموافقة الأسرة، وهذا سيعلمهم كيفية التعامل بشكل صحيح مع الجنسين الآخرين."	"يعتمد هذا على السياق، وإذا أمكن يمكن إيجاد طرق لتوفير مساحة لكلا الجنسين للتفاعل بطريقة مناسبة ثقافيًا (على سبيل المثال، بدلاً من الإمساك بالأيدي، يمكن استخدام شيء أو خيط أو عصا لإنشاء دائرة واتصال)".

Appendix B. A screenshot of the data analysis sheet

Statement		Overall Agreement	Adolescent agreement	Professional agreement	Classification by importance
Q12. The therapy team should include a medical doctor, particularly to deal with severe cases.	61.91%	77.22%	94.44%	60.00%	VERY IMPORTANT
Q13. The therapy team should include a master's degree expressive art therapist to lead the intervention.	90.48%	81.11%	72.22%	90.00%	VERY IMPORTANT
Q14. The therapy team should include a psychotherapist or a psychologist for proper understanding of the mental health of the participants.	76.19%	79.17%	83.33%	75.00%	VERY IMPORTANT
Q15. The therapy team should include a social worker to facilitate connections to the participant's family and community and support the referral network when necesse	80.95%	87.23%	94.45%	80.00%	ESSENTIAL
Q16. The therapy team should include a therapist with a trauma therapy background or competency in working with traumatised people.	100.00%	91.67%	83.33%	100.00%	ESSENTIAL
Q17. The therapist should encourage participants to practice active and respectful listening skills.	85.71%	92.50%	100.00%	85.00%	ESSENTIAL
Q18. The therapist should focus on coping skills that the adolescents can learn and use in daily life.	85.71%	89.72%	94.44%	85.00%	ESSENTIAL
Q19. The therapist should be spontaneous and take part in the activities with participants.	66.66%	79.45%	88.89%	70.00%	VERY IMPORTANT
Q20. If gender-related sensitivities present, the therapy team should group participants by gender.	76.19%	81.95%	88.89%	75.00%	VERY IMPORTANT
Q21. If the therapist grouped the participants by gender, it is advisable to integrate the groups gradually.	52.38%	61.11%	72.22%	50.00%	CONFLICT
Q22. The therapy team should initially employ a directive approach, transitioning to a more instructive method and allowing participants to increase their autonomy and	61.90%	74.45%	88.89%	60.00%	VERY IMPORTANT
Q23. The therapist should initiate sessions with familiar activities and exercises to foster comfort.	66.67%	76.67%	83.33%	70.00%	VERY IMPORTANT
Q24. The therapist must empower participants to advocate for themselves and recognise their strengths.	85.71%	84.17%	83.34%	85.00%	ESSENTIAL
Q25. Providing art materials and engaging in play activities can alleviate participant anxiety at the beginning of the therapy.	85.72%	89.73%	94.45%	85.00%	ESSENTIAL
Q26. The therapist should attentively observe participants at the start of the therapy to identify their interests.	95.24%	89.17%	83.33%	95.00%	ESSENTIAL
Q27. At the beginning of the therapy, the therapist should observe how much the participant is engaged and act accordingly.	95.24%	97.50%	100.00%	95.00%	ESSENTIAL
Q28. The therapist should conduct regular assessments between sessions and modify activities and therapeutic approaches as necessary to maintain progress in there	90.48%	86.67%	83.33%	90.00%	ESSENTIAL
Q29. The therapist should directly and clearly elaborate on the confidentiality and privacy of the participants as early as possible.	90.48%	81.11%	72.22%	90.00%	VERY IMPORTANT
Q30. The intervention's contents and subjects should be freely chosen by the participants but within a defined framework and objectives set by the therapist.	61.91%	76.95%	88.89%	65.00%	VERY IMPORTANT
Q31. The therapist should create interest quickly and launch new activities when participants look disinterested.	47.62%	72.23%	94.45%	50.00%	CONFLICT
Q32. For younger adolescent participants, the therapist should refrain from demonstrating activities, as they may imitate the therapist. Instead, verbal instructions shoul	38.10%	45.28%	55.56%	35.00%	UNIMPORTANT
Q33. The therapist should collaborate with participants to develop the therapy plan and encourage active decision-making and creativity.	80.95%	90.00%	100.00%	80.00%	ESSENTIAL
Q34. The therapist should dress in accordance with the participants' culture to enhance engagement and foster openness.	71.43%	71.11%	72.22%	70.00%	VERY IMPORTANT
Q35. It's essential to divide participants into groups, allowing them to choose leaders and representatives and define roles, with roles rotating regularly within the group.	38.10%	61.95%	88.89%	35.00%	CONFLICT
Q36. Participants should have the freedom to express themselves how and when they feel comfortable.	95.24%	94.72%	94.44%	95.00%	ESSENTIAL

Appendix C. Ethical and data protection officer approval

Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

Dr Mohannad Ramadan,
Trinity Centre for Global Health,
Trinity College Dublin, the University of Dublin,
7-9 Leinster Street South,
Dublin 2, Ireland

29th January 2024

Ref: 231002
Title of Study: How to optimise creative art therapy to foster mental health of refugee adolescents? A Delphi study.

Dear Dr Ramadan,

Further to a meeting of the Faculty of Health Sciences Ethics Committee held in January 2024. We are pleased to inform you that the above project has Ethical and DPO approval to proceed.

As a researcher you must ensure that you comply with other relevant regulations, including DATA PROTECTION and HEALTH AND SAFETY.

We wish you every success with this study and should you require any assistance in the future please do not hesitate to contact us.

Yours sincerely,

Jacintha O'Sullivan

Prof. Jacintha O'Sullivan
Chairperson
Faculty Research Ethics Committee

Dámh na nEolaíochtaí Sláinte
Foirgneamh na Ceimice,
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Appendix D. Interview guide in Arabic language

Trinity College
The University of Dublin

المقدمة والأسئلة التي سيستخدمها فريق البحث في المقابلات مع المراهقين لمناقشة مكونات العلاج بالفن لتحسين الصحة النفسية لديهم.

لقاء تعارف: هل يمكنك أن تخبرنا قليلا عن نفسك؟ أخبرنا عن هواياتك, إهتماماتك. **بداية دعنا نخبرك عن الفن الإبداعي, وهو القيام بصنع قطعة فنية مثل الرسم والنحت, أو القيام بأداء فني مثل الغناء, الرقص, أو التمثيل. نعلم جيدا أن الفنون لا تستهوي الجميع, لكن لكونك شاركت في ورشة علاج بالفن, نحن نعتبرك خبيرنا في هذا المجال. لذلك, نرغب بسماع أفكارك وآراءك لكيفية جعل هذه الورشة أفضل من خلال عدد من الأسئلة التفاعلية.**
مرحبا! دعنا نبدأ بقليل من المرح والتفكير, نرغب في استخدام مخيلتك في وصف ورشة علاج بالفن ممتعة بالنسبة لك. كيف يمكن أن تصفها لنا؟
ما هي الأدوار المهمة للمشرفين على الورشة من وجهة نظرك؟
كيف يبدو لك المكان المناسب لاجراء هذه الورشة؟
ماذا تعتقد انك تريد ان تعرف عن الورشة قبل المشاركة بها؟ ما هي الأشياء التي إذا علمتها قد تحفزك على المشاركة بها؟
ما هو شكل أو أشكال الفن التي تفضل أن تختارها؟
ما هل الأشياء التي تريد أن تتحدث عنها أو ترويها من خلال عملك الفني؟
هل هناك أنشطة أخرى يمكن ان تفكر بها بجانب العمل أو الأداء الفني؟
كيف تفضل أن يتم تصميم أو اختيار الأنشطة؟ من يمكن أن يقوم بذلك؟
كيف يمكن لك عمل علاقات أو صداقات جيدة مع المشاركين الاخرين؟ ماذا يمكن أن يشجعك على التفاعل مع الاخرين؟
أثناء ممارستك للفنون, كيف تفضل أن تشارك عملك مع الاخرين؟ من هم الأشخاص الذين تشعر بارتياح إذا ما شاركت عملك معهم؟
كيف تشعر أن الورشة التي شاركت بها كانت مناسبة لك؟ إذا تمت دعوتك للمشاركة في ورشة أخرى, ما هي الاشياء التي تعتقد انها قد تجعل الورشة مناسبة أكثر لك؟
ماذا يمكن أن يجعلك تثق بالاخرين في الورشة؟ كيف يمكن أن تجعلهم يثقون بهم؟ ماذا يمكن أن يجعلك تحس بالأمان خلال المشاركة في الورشة؟
ما الأشياء التي تعتقد انها قد تجعلك منغمسا في الورشة؟ ما الأشياء التي قد تجعلك ضجرا ولا تريد الاستمرار في الورشة؟
كيف تعتقد أن المشاركة في ورشة العالج بالفن يمكن أن تؤثر إيجابا في حياتك؟
كيف يمكن أن تصف الأقران الذين قد تستمتع بمشاركة عملك الفني معهم؟
كيف يمكن أن تظهر ثقافة وطنك من خلال عملك أو أداءك الفني؟ كيف يمكن ان ان تظهر ثقافة الأردن في عملك أو أداءك الفني؟

Appendix E. Recruitment document

Join Our Study on creative art therapy practice !

Are you a professional with experience of one year or more in designing and facilitating art therapy endeavors? Did you participate in at least one art therapy endeavor for young-age refugees? Would you like to participate in research aimed at improving the practice of creative art therapy in supporting the mental health of young refugees?

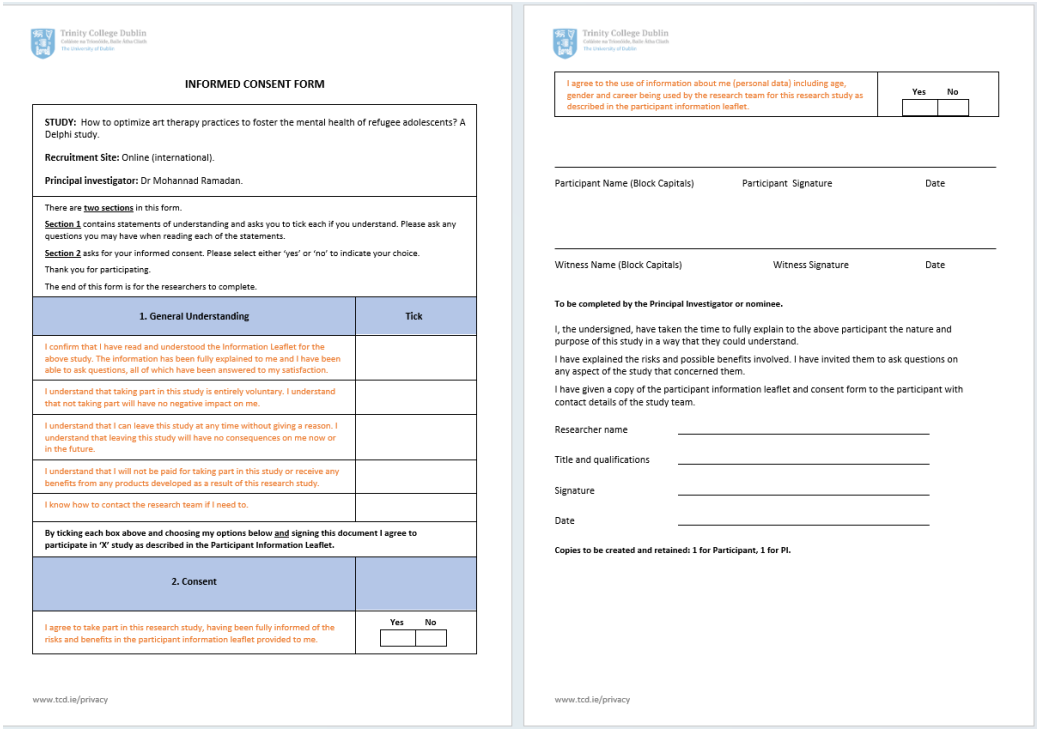
We are conducting this study aiming to define the most favorable creative art therapy practice for young refugees by interviewing experts in this field and gaining consensus on practices, approaches, and activities of creative art therapy.

We are seeking approximately 25 participants. To participate in this study, you should be a professional with at least a bachelor's degree, preferably in domains of art therapy, psychology, health science, arts, or a relevant degree with one or more years of experience in creative art therapy including with young refugees.

The study consists of three rounds. You can comfortably participate in one, two, or all the three rounds. If you are willing to participate in the first round, you will be invited to a 45-min duration interview with the principal investigator via Zoom. The principal investigator will ask questions to be answered from your viewpoint and experience around creative art therapy practice for young refugees. The second and third rounds will be in the form of online questionnaires of statements presenting the most recommended practices of creative art therapy for young refugees, where you are asked to rate these statements as essential/important/neutral/ not important, drawing on your viewpoint and experience

Appendix F. Delphi study flyer

Appendix G. Consent form in English



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INFORMED CONSENT FORM

STUDY: How to optimize art therapy practices to foster the mental health of refugee adolescents? A Delphi study.

Recruitment Site: Online (international).

Principal investigator: Dr Mohannad Ramadan.

There are **two sections** in this form.

Section 1 contains statements of understanding and asks you to tick each if you understand. Please ask any questions you may have when reading each of the statements.

Section 2 asks for your informed consent. Please select either 'yes' or 'no' to indicate your choice.

Thank you for participating.

The end of this form is for the researchers to complete.

1. General Understanding	Tick
I confirm that I have read and understood the Information Leaflet for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	
I understand that taking part in this study is entirely voluntary. I understand that not taking part will have no negative impact on me.	
I understand that I can leave this study at any time without giving a reason. I understand that leaving this study will have no consequences on me now or in the future.	
I understand that I will not be paid for taking part in this study or receive any benefits from any products developed as a result of this research study.	
I know how to contact the research team if I need to.	
By ticking each box above and choosing my options below and signing this document I agree to participate in 'X' study as described in the Participant Information Leaflet.	
2. Consent	
I agree to take part in this research study, having been fully informed of the risks and benefits in the participant information leaflet provided to me.	Yes ☐ No ☐

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I agree to the use of information about me (personal data) including age, gender and career being used by the research team for this research study as described in the participant information leaflet.	Yes ☐ No ☐

Participant Name (Block Capitals) Participant Signature Date

Witness Name (Block Capitals) Witness Signature Date

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand.

I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the participant information leaflet and consent form to the participant with contact details of the study team.

Researcher name _____

Title and qualifications _____

Signature _____

Date _____

Copies to be created and retained: 1 for Participant, 1 for PI.

www.tcd.ie/privacy

Appendix H. Consent form in Arabic

نموذج موافقة مستنيرة

كيف يمكن تحسين العلاج بالفن لتحسين الصحة النفسية لدى المراهقين اللاجئين: دراسة دلفي

الباحث الرئيسي: الدكتور مهند رمضان

هذه الدراسة في هذا النموذج.

يحتوي القسم 1 على عبارات الفهم ويطلب منك وضع علامة صح على كل منها إذا فهمت. يرجى طرح أي أسئلة قد تكون لديك عند قراءة كل من البيانات.

يطلب القسم 2 موافقتك المستنيرة. الرجاء تحديد "نعم" أو "لا" للإشارة إلى اختيارك.

هكذا انتهى النموذج. ويتولى هذا النموذج على عاتق الباحثين الاستكماله.

بند (أ)	الفهم العام للدراسة
	لقد قرأت وفهمت نشرة المعلومات الخاصة بالدراسة المذكورة أعلاه. لقد تم شرح المعلومات لي بشكل كامل وتمكنت من طرح الأسئلة وتمت الإجابة على جميع الأسئلة بما يرضيني.
	أدرك أن المشاركة في هذه الدراسة أمر تطوعي تمامًا. أدرك أن عدم المشاركة لن يكون له أي تأثير سلبي علي.
	أدرك أنه يمكنني ترك هذه الدراسة في أي وقت، دون إبداء الأسباب. أدرك أن تركه هذه الدراسة لن يكون له أي تأثير علي الآن أو في المستقبل.
	أدرك أنني لن أتقاضى أجرًا مقابل المشاركة في هذه الدراسة ولن أتسلق على أو تلقي من أي منتجات قد تطور نتيجة لهذه الدراسة البحثية.
	أعرف كيفية الاتصال بفريق البحث إذا كنت بحاجة لذلك.
	من خلال تحديد كل مربع أعلاه واختيار الخيارات أدناه وتوقيع هذه الوثيقة، فإنني أوافق على المشاركة في الدراسة المذكورة أعلاه كما هو موضح في نشرة معلومات المشاركة المقدمة لي.

إطلاق الموافقة	
أوافق على المشاركة في هذه الدراسة البحثية، بعد أن أكدت على علم تام بالمخاطر والفوائد المرتبطة في نشرة معلومات المشاركة المقدمة لي.	نعم ☐ لا ☐
أوافق على استخدام المعلومات الخاصة بي (البيانات الشخصية) بما في ذلك العمر والعمر والمهنة التي يستخدمها فريق البحث في هذه الدراسة البحثية كما هو موضح في نشرة معلومات المشارك.	نعم ☐ لا ☐

إسم المشارك توقيع المشارك التاريخ

إسم الشاهد توقيع الشاهد التاريخ

يتم استكمالها من قبل الباحث الرئيسي أو المرشح.

لقد أعطيت، الموقع أدناه، الوقت الكافي لأشرح للمشارك أعلاه طبيعة هذه الدراسة والغرض منها بطريقة يمكنهم فهمها.

لقد شرحت المخاطر والفوائد المحتملة المعنية. لقد دعوتهم لطرح الأسئلة حول أي جانب من جوانب الدراسة التي تهمهم.

لقد أعطيت نسخة من نشرة معلومات المشارك واستمارة الموافقة للمشارك مع تفاصيل الاتصال بفريق الدراسة.

إسم الباحث: _____

المسمى والدرجة العلمية: _____

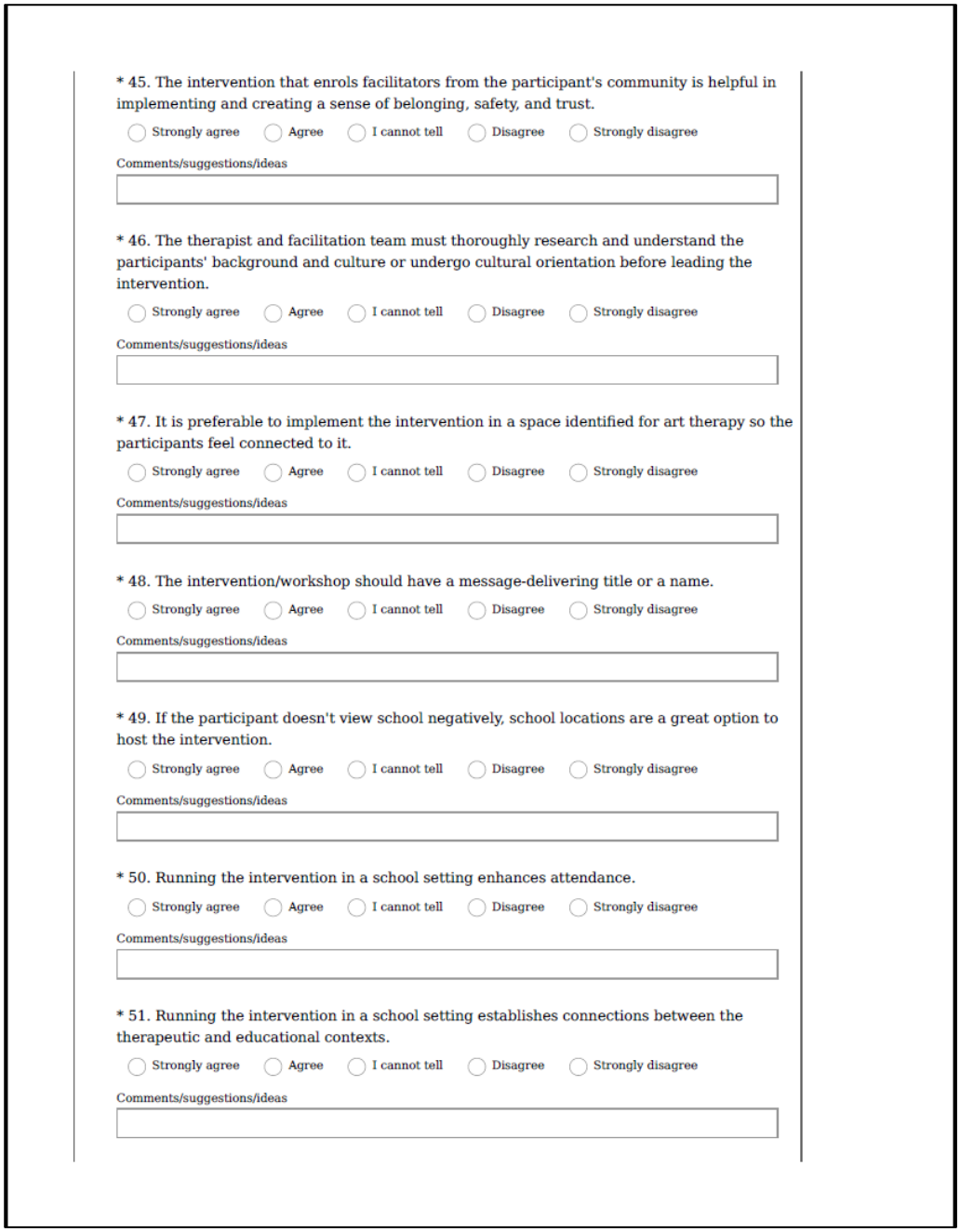
التوقيع: _____

التاريخ: _____

النسخ التي سيتم إنشاؤها والاحتفاظ بها: 1 للمشارك، و1 للباحث الرئيسي.

End of document

Appendix I. A screenshot of the second-round questionnaire in English



* 45. The intervention that enrols facilitators from the participant's community is helpful in implementing and creating a sense of belonging, safety, and trust.

Strongly agree | Agree | I cannot tell | Disagree | Strongly disagree

Comments/suggestions/ideas

* 46. The therapist and facilitation team must thoroughly research and understand the participants' background and culture or undergo cultural orientation before leading the intervention.

Strongly agree | Agree | I cannot tell | Disagree | Strongly disagree

Comments/suggestions/ideas

* 47. It is preferable to implement the intervention in a space identified for art therapy so the participants feel connected to it.

Strongly agree | Agree | I cannot tell | Disagree | Strongly disagree

Comments/suggestions/ideas

* 48. The intervention/workshop should have a message-delivering title or a name.

Strongly agree | Agree | I cannot tell | Disagree | Strongly disagree

Comments/suggestions/ideas

* 49. If the participant doesn't view school negatively, school locations are a great option to host the intervention.

Strongly agree | Agree | I cannot tell | Disagree | Strongly disagree

Comments/suggestions/ideas

* 50. Running the intervention in a school setting enhances attendance.

Strongly agree | Agree | I cannot tell | Disagree | Strongly disagree

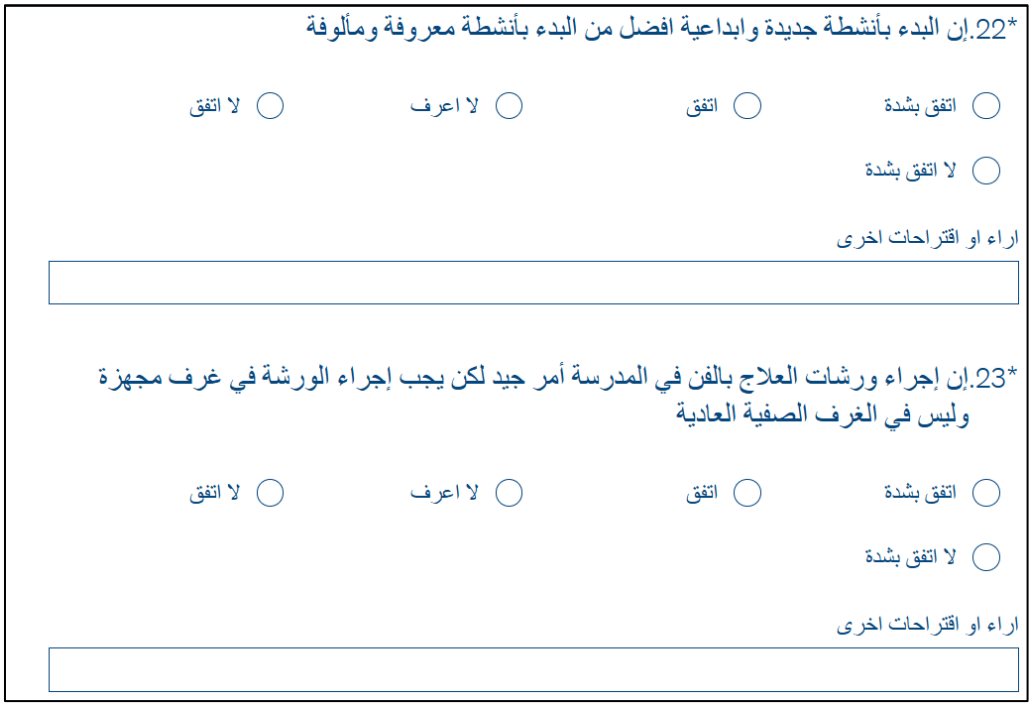
Comments/suggestions/ideas

* 51. Running the intervention in a school setting establishes connections between the therapeutic and educational contexts.

Strongly agree | Agree | I cannot tell | Disagree | Strongly disagree

Comments/suggestions/ideas

Appendix J. A screenshot of the second-round questionnaire in Arabic


*22.إن البدء بأنشطة جديدة وابداعية افضل من البدء بأنشطة معروفة ومألوفة

اتفق بشدة ○ اتفق ○ لا اعرف ○ لا اتفق ○

لا اتفق بشدة ○

اراء او اقتراحات اخرى

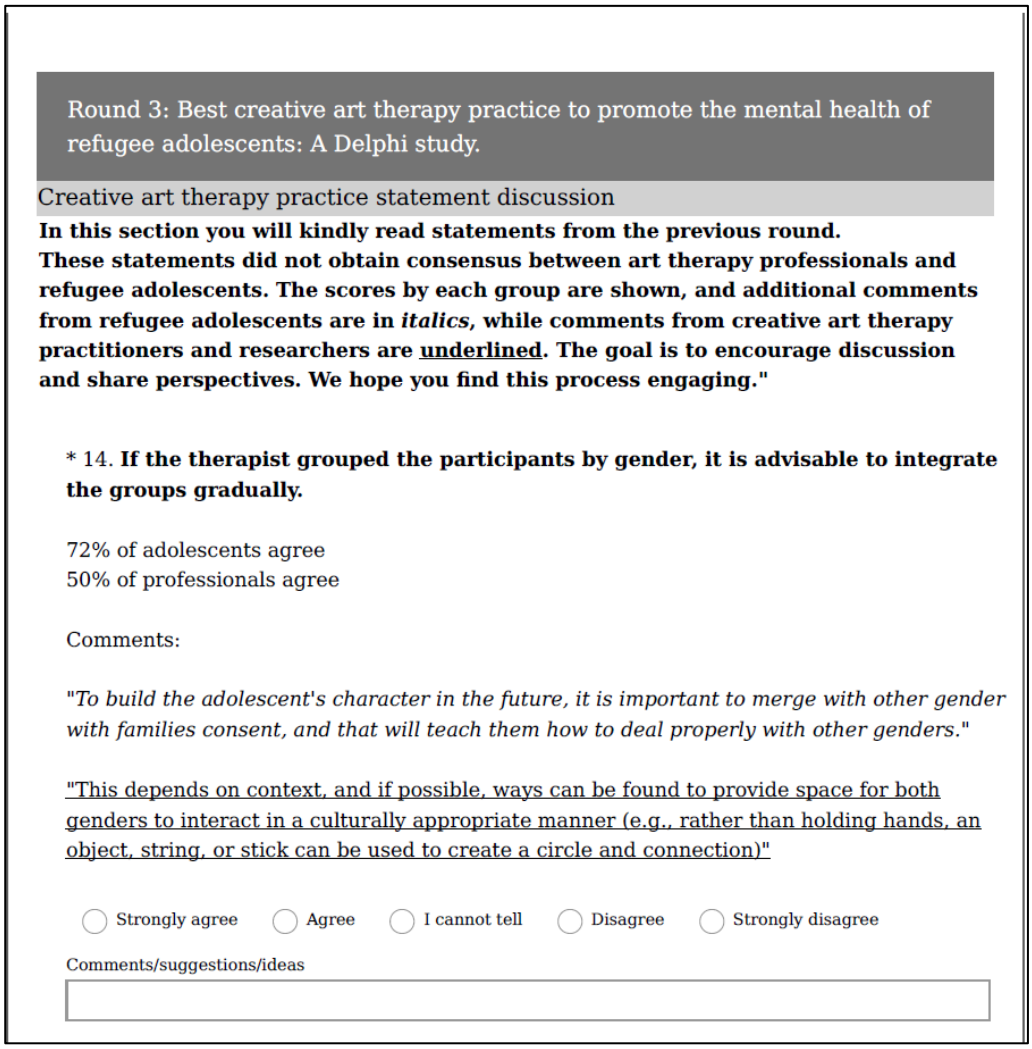
*23.إن إجراء ورشات العلاج بالفن في المدرسة أمر جيد لكن يجب إجراء الورشة في غرف مجهزة وليس في الغرف الصفية العادية

اتفق بشدة ○ اتفق ○ لا اعرف ○ لا اتفق ○

لا اتفق بشدة ○

اراء او اقتراحات اخرى

Appendix K. A screenshot of the third-round questionnaire with controlled feedback in English



Round 3: Best creative art therapy practice to promote the mental health of refugee adolescents: A Delphi study.

Creative art therapy practice statement discussion

In this section you will kindly read statements from the previous round. These statements did not obtain consensus between art therapy professionals and refugee adolescents. The scores by each group are shown, and additional comments from refugee adolescents are in *italics*, while comments from creative art therapy practitioners and researchers are underlined. The goal is to encourage discussion and share perspectives. We hope you find this process engaging."

* 14. **If the therapist grouped the participants by gender, it is advisable to integrate the groups gradually.**

72% of adolescents agree
50% of professionals agree

Comments:

"To build the adolescent's character in the future, it is important to merge with other gender with families consent, and that will teach them how to deal properly with other genders."

"This depends on context, and if possible, ways can be found to provide space for both genders to interact in a culturally appropriate manner (e.g., rather than holding hands, an object, string, or stick can be used to create a circle and connection)"

Strongly agree | Agree | I cannot tell | Disagree | Strongly disagree

Comments/suggestions/ideas