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Kathryn Lazar

Lesley University, klazar@lesley.edu

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Monster Puppets:

An Intervention Developed for Adolescents in a Partial Hospitalization Program

Capstone Thesis

Lesley University

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Kathryn R Lazar

Expressive Arts Therapy

Donna Owens

Abstract

This thesis aims to provide an intervention for group therapy for adolescents in a partial hospitalization program (PHP). Research on the successful outcomes of play therapy and expressive arts therapy, in addition to studies researching trauma focused care, informed the intervention “Monster Puppets” to provide a contained structure for an appropriate level of care. Group members designed and created puppets representative of monsters and created dialogues to share aspects of the puppet’s personality. The intervention was implemented in a PHP for adolescents and documented through responsive art and process notes. The intervention took place multiple times between October 2017 and February 2018, each time with all different group members. Within the groups of adolescents there was a range of diagnoses and trauma history; the common factor among them was level of crisis. “Monster Puppets” is a group intervention which can be used in an acute care setting, such as a PHP, that is versatile enough to allow clients to get what they need from treatment, while providing enough containment to accommodate for the range of diagnoses and history, and still give space for those ready to begin processing trauma. Results showed the intervention to be successful in multiple group sizes with clients of various diagnoses.

Monster Puppets: An Intervention Developed for
Adolescents in a Partial Hospitalization Program

According to the National Center for Mental Health Promotion and Youth Violence Prevention (2012), “twenty-six percent of children in the United States will witness or experience a traumatic event before they turn four” and “more than 60 percent of children were exposed to at least one type of violence within the past year” (p. 1). In a time where there are so many worldwide stressors and tragedies, the risk of people being exposed to trauma has increased and heightened. Additionally, mental health is seen as less significant than the high rates of developing physical illnesses (Cook et al., 2005). However, “complex trauma exposure results in a loss of core capacities for self-regulation and interpersonal relatedness” (p. 1). Trauma is extremely difficult to cope with due to its lasting effects on the brain. Inpatient units, community based acute treatment (CBAT), and partial hospitalization programs (PHPs) are where the work begins in stabilization to give clients the ability to understand and work through their trauma.

Research supports the use of play therapy and projective techniques with children who have experienced trauma (Bratton, Ray, Rhine, & Jones 2005). Researchers have become especially interested in the use of expressive therapies with children in crisis, including expressive arts therapy and play therapy, because children have not yet developed the complex language to express themselves in conversation (Bratton et al., 2005). In other words, play and creativity are the language of children. However, the adolescent population is often neglected in this research. When they are acknowledged, it typically has to do with topics surrounding school issues or is swept under the umbrella of the effects of puberty (Sosin & Rockinson-Szapkiw, 2016). Although the pubescent mind and body play a large role in the dysregulation of mood

and hormones, the emotions and feelings are very real. There is also less written about trauma that happens during adolescence, versus childhood trauma that affects adolescence.

Most of the adolescent clients admitted to the partial hospitalization program (PHP) where I currently intern, have experienced trauma after the age of ten. Adolescents in a PHP meet level of care by displaying non-life-threatening safety concerns, such as self-injurious behavior, impulsive or reckless behaviors, and/or recent history of suicidal ideation and attempts, and are struggling to function in daily routines. Treatment goals for adolescents in a PHP involve developing supports and strategies for safety, identifying triggers and coping skills for mood dysregulation, and beginning to process trauma (Granello, Granello, & Lee, 2000). Adolescence is a critical time to mold the brain and teach that it is appropriate and necessary to address feelings and focus on mental health. There are also ways of adapting play techniques to appeal more to adolescents, which can be challenging but still effective. Adolescent's resistance to creative play, using the imagination, and fear of embarrassment may indicate the greater need for it and the psychoeducational aspect of humility and genuineness.

Additionally, there is very little written about treatment interventions and group work in PHPs. When using the terms "adolescents," "teenagers," "partial hospitalization program," "expressive arts therapy," and "play therapy" in a peer reviewed journal search only two results were found. Furthermore, when searching for "partial hospitalization," "adolescents," and "intervention," only thirteen results were found and were specific towards diagnoses such as obsessive-compulsive disorder or eating disorders. While there is much evidence to support the benefits of trauma narratives and long-term goals with clients who have experienced trauma, less is documented about the stabilization period where the therapeutic work begins (Granello, Granello, & Lee, 2000). A typical PHP lasts no more than two weeks or 8 to 10 days. This time

is used to develop coping strategies and supports for individuals to resume their daily routines and functioning. Although 8 to 10 days feels miniscule in the span of the therapeutic process, it is a critical couple of weeks that gives clients the tools and confidence to further their treatment (McHugh et al., 2014). The intervention proposed in this project will provide an outline and structure for an appropriate group therapy treatment approach using play and expressive arts therapy.

Literature Review

Peter Gray (2011), a psychology research professor at Boston College, writes about the increase in anxiety, depression, suicidality, trauma, and other mental health concerns among adolescents, and about the decrease in the use of therapeutic play. Gray attributes the decrease in play to adult's "ever-increasing control over children's activities outside of the world of labor" (p. 444). Gray also mentions the decrease in outdoor play in childhood and adolescence due to the increase in popularity of technology and the rise of crime and violence in the United States. Draper, Ritter, and Willingham (2003) express the benefits and importance of using play with adolescents, particularly in a group format. They consider using the adolescent development of needing validation from peers as an advantage to inspire the connectivity among group members (p. 245). A goal of this project is to introduce this playfulness to the participants because it is developmentally beneficial, and it can facilitate rapport building among group members.

Yih-Jiun Shen's (2017) research also supports the use of play to build rapport. Shen researched the use of play therapy with adolescents in a school setting. The purpose of the study was to identify the advantages and necessity of using play therapy techniques with adolescents and its feasibility for school counselors (p. 85). By interviewing school guidance counselors from varying middle and high schools, Shen documented many positive outcomes and strategies for counseling with adolescents. Examples included the use of play as a way to ease nervousness and build rapport, as a means of leveling the counselor-client relationship, and as another form of communication besides speech (pp. 88-89). Shen's research validates the adaptability of using play therapy techniques with populations other than children.

The use of puppets in therapy, along with other imaginative and creative techniques, has been researched before outside of PHPs. Pitre, Stewart, Adams, Bedard, and Landry (2007)

discuss the use of puppets with children and emerging adolescents in a psychoeducational format to decrease the stigmatization of mental illness. Their study suggests tackling a difficult topic to discuss with children and adolescents using the form of play therapy and puppets. It illustrates that by using forms of play therapy and puppets, the topic can still be communicated clearly. The intervention “Monster Puppets” hopes to give participants the tools to be able to speak about difficult aspects of their lives in a clear and approachable way.

Krueger and Swanepoel (2017), found the significance of using metaphor in the trauma narrative to be extremely effective with participants. The adolescents in their study used imaginal exposure to address effects of depersonalization, derealization, and disassociation, all common symptoms related to people with trauma. The participants were living in a home for abused females and were treated individually in an office in the home for 45 minutes to 1 hour a week, for 10 weeks. The purpose was for participants to use digital imaging software on a computer to safely create their trauma narrative. Participants were instructed to create five digital media images; the first about feelings surrounding the trauma, and the other four were more metaphorically directed. Krueger and Swanepoel (2017) believe “using metaphor in art therapy renders the re-experiencing less threatening because of the metaphor’s anxiety-buffering value (Foley, 2015; Reich, 1998), although it still contains imaginal exposure (Johnson, 2009)” (p. 93).

Although PHPs are not residential treatment facilities, clients at PHPs are often referred by residential treatment centers. Also, the PHP where Monster Puppets was used does not provide one on one treatment like the home in Kreuger and Swanepoel’s (2017) research. Kreuger and Swanepoel’s data supports, however, the use of abstract and metaphorical creativity to reorganize someone’s memory of trauma. The use of puppets to address fear or anxiety could

create a safe way to express the self. Additionally, adding the step of separation using creative materials and imaginative play could allow clients to address their feelings at a comfortable distance.

Sosin and Rockinson-Szapkiw (2016) describe a case study based on their “Creative Exposure Intervention,” targeted at adolescents dealing with PTSD symptoms as a result of bullying. The intervention had four goals outlined for the intervention regarding finding safety in the self and environment, opening up about trauma in a productive way, and creating coping skills to deal with triggers. The intervention includes a guided visual drawing process asking the participant to illustrate different scenarios or aspects of their bullying-related trauma. Monster Puppets identifies similar goals and hopes the creative process can serve as a coping skill for participants.

Sosin and Rockinson-Szapkiw (2016) identify that the process of “rescripting” (p.393) memories of trauma can be powerful in reducing the stress that comes from it. It is important, however, that the participant in this intervention has the ability to go through the therapeutic narrative process. In other words, a trauma may be too recent or distressing for some adolescents in which case the intervention may trigger them and be ineffective. The Monster Puppets intervention is not narrative based but uses the theme of rescripting based around participants’ emotions. Rather than rescripting the trauma itself, participants are encouraged to find a way to speak about how their trauma has affected them in an empowering manner. In order to keep the space contained due to the clients’ levels of crisis, the adolescents will be redirected as necessary.

Less recent was an intervention used with younger adolescents, grades 7 through 9, in a school setting to help students identify the difficulties with transitions (Egge, Marks, & McEver,

1987). This intervention used puppets and performance in order to increase students' self-esteem and creatively express their emotions. The goal was to create a puppet show for elementary school students preparing them for the transitions to middle school. Focuses for each week included scenery, scripts, music, and production topics, such as social relationships and emotional hardship. Using observations from teachers, guidance counselors, and parents, as well as "self-reported enthusiasm" (p. 190) and referrals, participant's behavior and self-esteem increased through the process of puppet creating, auditioning and performing, and student led discussions post performances. This article includes examples of creativity and depersonalization using puppetry as well as validation, recognition by peers, and self-reflection. These are each themes and goals I hope to accomplish in Monster Puppets.

There is also research discussing the use of puppets with older populations. "A Multiple Single Case Design Study of Group Therapeutic Puppetry with People with Severe Mental Illness" (Greaves, Camic, Maltby, Richardson, & Mylläri, 2012) is a triangulated mixed methods study using both quantitative and qualitative research. The participants of this study included four middle aged women and one middle aged man with severe mental illness. Members participated in a 12-week program led by a drama therapist to create puppets and put together a final performance. Each performance involved answering five questions from the puppet's perspective and creating a short film to document. Performances also ended with the opportunity for reflection from the participants. The focus for each weekly 90-minute session was to engage in artistic creativity, self-expression, group support, and social interaction.

Three of the five participants completed an exit interview while one provided written feedback (Greaves et al., 2012). As a result, three major themes proved consistent from each participant: connecting with others, identity trauma and recovery from severe mental illness, and

emotional expression and regulation (Greaves et al., 2012, p. 255). Five participants is too small of a number to represent those struggling with severe mental illness as a whole. The study results would have been more effective with a larger sample. It also would have been interesting to see how the different types of severe mental illness would respond to this intervention.

Nonetheless, it is interesting to read about the process in such a small group, as the groups I will be working with may only have four or five participants each. Furthermore, the clients I will be working with, although with similarities, all have different diagnoses and personal struggles.

These studies give evidence that creative based interventions can be effective with adolescents and adolescents with trauma. In the cases of Sosin and Rockinson-Szapkiw (2016) and Krueger and Swanepoel (2017), the creative arts serve as an aid to already effective interventions such as the trauma narrative process described in their research. All of this research supports the efficacy of play and expressive therapies with multiple populations of varying age and mental health. The research also informs working with clients who have suffered trauma. Missing is the combination of age, trauma, and acute care setting that this project will address - adolescents in crisis living with a trauma history in a PHP.

Methods

This intervention took place five times in a PHP in Boston, MA. Participants in this intervention consisted of the adolescents admitted to the PHP. These clients were between 13 and 18 years old. To meet PHP level of care, clients present in crisis by displaying non-life-threatening safety concerns, such as self-injurious behavior, impulsive or reckless behaviors, and/or recent history of suicidal and/or homicidal ideation and attempts, but struggling to function in daily routines. It is common for clients to have experienced trauma either recently or during childhood, however, at PHP level of care there are variety of clinical diagnoses ranging from major depressive disorder (MDD), posttraumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), anxiety disorders, behavioral disorders, and social and developmental delays. The PHP is group based and clients participate in three therapeutic groups each day - expressive, psychotherapy, and psychoeducation. This intervention took place during the expressive group due to its creative approach and intention to process, versus an intention to speak or develop coping skills.

As a general guideline, the site strives to have nine people or less in group rooms in order to allow individuals enough time and space to participate. Each group member is at a different point in their treatment at the PHP. For example, some group members may be just beginning while others are discharging. This intervention was structured to serve all group members, despite progress in treatment. Because clients only stay in the PHP for about 8 to 10 days, staff does their best to not repeat groups and interventions within any individuals admit. Therefore, it was each participant's first and only exposure to this intervention. Ideally this intervention could have been done, or modified, for any group of clients with the exception of any with a specific fear or phobia of puppets, monsters, or similar themes. Nevertheless, it was expected legitimate

fears and triggers may surface during the intervention; the design of this intervention allows for these to be addressed on a case by case basis, leaving participation ultimately up to the client.

The intervention Monster Puppets was presented to the group as an expressive arts therapy experiential. As an introduction to each group, I began by acknowledging that we would be working with art materials instead of only speaking. I first asked the group the questions, “What do you think of when you hear the word *monster*?” I encouraged participants to say whatever thoughts or ideas immediately came to mind, as I wrote them on the dry-erase board in the front of the group room. If without a dry-erase board, this could be done on a large sheet of paper visible to each group member. After initial thoughts were written down, I asked the participants to look at the ideas already documented and say any more thoughts that came to them. Prompting included repeating words or ideas already written, mention of themes expressed such as colors, or if the participants had less to say initially, I would ask, “What are some associations we have with *monsters*?”

After this collective brainstorm, I asked the participants if they had ever worked with puppets. If any group member had experience, I encouraged them to share anything about it - when they had exposure, if they had made a puppet or seen puppets, and which kind of puppets. I then introduced the art materials and explained that each participant would be making individual puppets. Art materials provided included brown paper bags for the body of the puppet, tissue paper, collage materials from magazines and newspapers (pre-cut), glue and mod podge, acrylic and watercolor paints, oil and chalk pastels, markers, and scissors if requested. The materials were brought out while participants discussed previous exposure to puppets, and were spread out throughout the room. It was important to make sure that all materials were visible to group members, especially those with less experience or confidence creating. When

group members were hesitant to begin puppet construction, I encouraged them to explore the different materials and be inspired by them in some way.

By demonstration, I placed my hand inside of a paper bag, fingertips in the fold at the bottom to show movement, and showed the group how it had potential to look like a puppet. I explained that each puppet would represent a *monster*. Participants were directed to either use an idea on the board, a combination of ideas on the board, or their own ideas which had not been expressed to the group. This element of choice was important to maintain containment and emotional safety of the participants. I explained to the group that the creation of the puppet was a personal process, although minimal conversation with group members about art materials was appropriate. During the creation of the puppets, I checked in with participants individually about their process and ideas. If any group members appeared to have difficulty beginning puppet construction, I checked in with them first. My approach varied based on whether or not the participant was unclear of the task or resistant to the task.

Resistance came in many different forms and for a variety of reasons. As the facilitator, I encouraged participants to think about and explore that resistance. In fact, their puppet itself could be about resistance. It was important to never give suggestions or critiques/commentary on the artwork, but to use prompting questions or suggestions to think about during construction. By making critiques or giving advice on how to make the puppet itself, participants could have felt even less confident in their creative abilities. I would often suggest the group members explore different materials if they felt stuck. For example, most participants were immediately drawn to markers or oil pastels. If this was something I noticed, I would say, "It looks like you are enjoying creating with these materials. I wonder what would happen if you used different textures or found something to add from the collage materials, but it is up to you." If a group

member seemed to have a difficult time beginning I would encourage them to look through the materials and see if they felt inspired by anything. For example, perhaps the textures of mod podge and tissue paper connect with them. This gave participants a starting point during creation.

If the resistance derived from the directives feeling too intense, I suggested choosing a different source of inspiration for the puppet. Sometimes, the ideas participants came up with during the brainstorm could have been triggering or too personal, but not realized as such until beginning puppet construction. During individual check-ins, I would encourage group members to remain more surface level and only tackle one aspect of their idea, for example, a color. Or I would suggest that they make a silly monster puppet, to relax the intensity. Whenever a check-in like this happened, I reminded the group as a whole that this was their own process and there was no right or wrong way of creating a monster puppet.

After the construction of puppets, participants were given lined paper and asked to create a dialogue between themselves and their monster puppets. First, I suggested participants give their puppet a name, even if it was just *puppet*, in order to easily organize their dialogue and ideas. According to Edwards' (2010) writing on projective techniques, giving the puppet a name also tends to give their puppet and puppet's thoughts more validation (p. 250). After dialogues were written, participants were encouraged to share the dialogues in puppet performance with group members. They were given the choice to perform the dialogue with other group members participating, perform the dialogue alone, or, if too uncomfortable, just share a summary of their dialogue.

When performed either alone or with other group members, opportunity was given for clients to share any immediate reactions either about their own performance, their experience performing in someone else's dialogue, or their experience witnessing a performance. It was

important that everyone with the desire to perform was given the opportunity, even if that meant limiting the discussions post performances. Despite the client's reason for being at the PHP, a treatment goal for everyone is improving self-esteem. If a participant was eager to perform, it felt contradictory to stop them because of time. Regardless of the number of performances, it was also imperative that a group discussion about process as closure to the intervention. This discussion served to connect group members and their experiences, as well as provide closure to any residual feelings, emotions, or experiences which came up. This is another example of containment required for PHP level of care. A simple discussion about what it felt like to share aspects of their feelings or dialogues can be enough for individuals to monitor their personal progress (Granello, Granello, & Lee, 2000).

In order to document each group, I created my own monster puppets based on the themes and ideas which came up in group. Sometimes this process happened during the groups, alongside the participants, and other times I would create one after the group. As a result, I have monster puppets strictly based on their initial ideas from the brainstorm, and puppets representing my reactions to what came up for the participants. Per protocol of the PHP, I write a group progress note for each participant documenting their mood presentation, amount and quality of their participation, and anything significant that demonstrated the group member's insight. After writing these, I kept a personal journal of process notes with unidentifiable information about observed participant experiences and my own reactions and residual feelings.

Results

The Monster Puppets intervention was completed multiple times from October 2017 through February 2018. The intervention was led by one facilitator in groups ranging from two to nine participants, and was only conducted once per group of participants. The participants were 13 to 18-year-olds in crisis who were participating in daily group therapy as part of their treatment in a PHP. The intervention used the creation of puppets as inspired by conversations about monsters to create dialogues to potentially be performed by the participants themselves. Each intervention produced puppets and dialogues, and a discussion about process closed the groups. Creating the puppets took up the majority of time in each session, with at least five minutes to write a dialogue, and five minutes of discussion. Depending on the group dynamics, there were several groups who had time to read or perform their dialogues. Typically, the groups who had time for performance were groups of participants closer to the end of their treatment in PHP. In these groups, participants were more adjusted to the treatment style of expressive therapies because they had participated in several other expressive groups during their time at the PHP. Additionally, the participants were more comfortable sharing within the groups and there was less resistance to work through.

Group size also played a role in whether or not participants had a chance to read or perform their dialogues. Participants were more likely to perform when the group had fewer members. Accessing art materials during the construction of puppets was more efficient in the smaller groups, allowing participants to create more quickly. Themes and topics which arose during smaller groups tended to be more personal and in depth as a result of having more time to discuss them with each other. These topics included personal stories, specific references to people such as family members, and themes about inner demons and the monsters within

themselves. Participants felt they had more of a personal voice when the group was smaller, and felt more empowered, willing, and comfortable to perform. The discussion process allowed for more personal questions about topic and themes, versus more generalized conversation about process - although both were invited despite group size.

Colors became a recurring theme during the brainstorm portion of the intervention. Sometimes the colors were associated with emotions identified by the participants. For example, one participant used the color green to describe monsters and associated the color with jealousy and envy. Another participant in the same group associated the color green with money and greed. These ideas sparked further conversation about using monsters as a metaphor in real life versus fantasizing about monsters in movies and story books. One group member felt inspired to create a monster puppet expressing their emotions about the current political climate. They identified their feelings about how they perceive the current status and government in the United States, relating it to how it has changed their family dynamics, social status in school, and feelings of safety in society. Further discussion among group members ensued about feelings of not having a voice in society, being under the legal age to vote. A couple of participants became emotional as they expressed having a significant lack of control in other aspects of their life as well. I created the Monster Puppet in Figure 1 after this group, in order to try and understand myself the way which the participants expressed they felt.



Figure 1. Monster Puppet reflecting lack of control

In a smaller group of only two females, another political theme came up during the brainstorm. Both participants in this group had a history of sexual trauma and identified perpetrators as a topic when thinking about monsters. There was a higher risk in this group for feeling too overwhelmed and triggered by the discussion. As the facilitator, it was important to contain the conversation by reminding the participants to focus on their emotions surrounding the topic, and to be sure not to tell stories about traumatic or scary events. In a different setting or different level of care, sharing these stories may have been appropriate. However, being in PHP level of care, the participants may not feel ready to fully process these experiences. When the participants began connecting on the fact that they both have had sexual trauma, redirecting the conversation from storytelling was required in order to avoid possibly re-experiencing the trauma or triggering a flashback (Chiaramonte, 1992). Instead, prompts about the larger issue of sexual violence were suggested. The participants successfully shared their opinions and feelings around female oppression in the United States, while creating puppets reflective of the recent “#MeToo” movement.

The #MeToo movement began in October 2017 via social media in response to systemic issues of women being sexually harassed, specifically regarding the scandal of famous film producer, Harvey Weinstein (Sigurdsson, 2018). Within the past year, #MeToo has continued to inspire women from all around the world to come forward and speak out about sexual harassment experiences and fight against perpetrators. Participants in this group discussed how the movement has given them hope and a sense of security moving forward. Both group members created puppets in response to the phrase “me too” then wrote and performed dialogues using the puppet to speak against the sexual harassment of women. In the processing discussion after performing the dialogues, group members reported feeling empowered and more in control of their personal safety. This is an example of a group where, as the facilitator, I created the puppet shown in Figure 2 with them.



Figure 2. #MeToo Monster Puppet

A common technique in the use of play therapy is tracking, where the therapist reflects what the client is saying back to them (Pereira & Smith-Adcock, 2013). Because this group required containment and there were a few times I needed to redirect the discussion, I still wanted the group members to feel heard. I decided to create a puppet based on the discussion

the participants were having; I used inspiration from specific words mentioned in the brainstorm along with my own artistic interpretation of the emotions which came up in discussion. For this puppet I used collage materials, crayon, oil pastels, acrylic paint, tissue paper, and permanent marker. In other words, the puppet creation in response to this group felt more of a therapeutic piece, rather than a personal processing piece (Figure 2).

In a later group, one participant used the puppet creation to express their relationship with food. Again, the theme of lacking control was explored and this group member felt out of control with their binge-eating disorder (BED). The participant created a puppet with collage images of food and described their puppet as a monster that needs to eat everything in order to not feel frustrated. The participant wrote a dialogue between themselves and the puppet, trying to convince the puppet why eating to cope with different emotions is not healthy. The participant chose not to perform the dialogue, but processed that the writing alone was helpful in understanding their triggers for binge eating. Furthermore, the participant expressed a sense of relief removing their diagnosis from their identity and projecting it onto a tangible object. They identified that giving their puppet a name and being able to control its response, made their diagnosis and struggles with it more manageable.

In this same group, the topic of gender identification came up after the initial brainstorm. Two participants, both questioning their gender, created puppets with background stories of feeling lost and constantly being misgendered. The brainstorm topics in this group began as more obscure ideas and had more room for interpretation. It was not until the participants began sharing their dialogues that the other group members were aware of the topic of gender identity. One participant created a monster dressed in drag, with an accompanying dialogue about secret identity. The participant performed their dialogue with another group member and later

indicated that the monster puppet they created was really a piece of them they were afraid to share. This participant expressed that the performance aspect of the group gave them a stronger sense of this piece of their identity.

The other group member, who also created a puppet about gender identity, expressed feeling more connected and similar to others than they initially thought. This participant also felt inspired to perform the dialogue they wrote, but chose to perform it alone because they wanted it to truly be their voice. This dialogue consisted of an intense argument between the puppet and participant; while the puppet was trying to establish themselves as valid and acceptable, the participant repeated phrases to the puppet, increasing in volume and intensity, to leave the participant alone. Other group members engaged the puppet in conversation with words of reassurance and positive affirmation. During the discussion of process, the participant expressed strong fears of radical acceptance and not falling into a specific gender. This group member had a diagnosis of PTSD, a frequent diagnosis at this level of care, due to a significant history of being bullied in school surrounding gender and sexuality.

As the dialogue became more intense, with higher volume and harsher language, prompts were given about how it felt to hear those thoughts aloud. Another prompt suggested the participant share about why the volume and language changed throughout the dialogue. According to Lesley University professor, licensed mental health counselor, and registered expressive arts therapist Mitchell Kossak (2015), the expressive arts have a way of tapping into a heightened sense of awareness of emotions (p. 120). At this level of care, the processing of emotions and ability to monitor emotional shifts is more significant than sharing about trauma itself (Granello, Granello, and Lee, 2000).

The other two group members, in this group of five, created puppets related to their learning difficulties. One group member created a monster that could not read and write, and therefore became angry when going to school. This participant declined to share their dialogue with the rest of the group but allowed other group members to make guesses about what their puppet might say. Later it was discovered that this group member had a diagnosis of dyslexia and had frequent anger outbursts in school due to frustration. The other participant decided to make a superhero puppet instead of a monster. When asked about the puppet, the participant shared about their autism spectrum diagnosis. The group member initially identified the different ways their disorder lowers their self-esteem and prevents them from doing things they would like. When asked to create a dialogue, the participant created an entire story about how their puppet gained special super powers because they had other struggles. The group member shared feeling that their diagnosis used to be a monster, but they have chosen to embrace their uniqueness. Processing all of these different ideas and stories which came up in this group, relationship to food, gender identity, and learning difficulties, I created the puppet in Figure 3 after the group to reflect the chaotic racing thoughts these participants verbalized dealing with.



Figure 3. Monster Puppet reflecting racing thoughts

Discussion

The intervention went differently with a group of nine participants. This group consisted of participants that were all in the first one to three days of treatment. The brainstorm covered a much larger spectrum of ideas and less time was available to discuss the topics individually. The group members also took a longer time to begin constructing their puppets. Due to the amount of materials and number of participants, group members needed to wait longer at times to use what they needed. Furthermore, there were several group members struggling with anxiety. Between being unfamiliar with the PHP and group members and not being exposed to expressive therapies in the past, some participants were required to work through a lot of resistance. By individually checking in with each group member during the creative process, the main issues were: not understanding the task, fear of not being good at art, and discomfort confronting the topics which came up during the brainstorm.

It was expected that these resistances might come up, which is why the design of the intervention allows participants to only go where they are able to safely. In other words, triggering the participants by forcing them to be deep and insightful, especially at this level of care, would not serve them. The puppets created in this group resulted in much more surface level conversations about common fears and phobias. Puppets were created about spiders, snakes, and one participant, diagnosed with OCD, created a puppet about their fear of messiness. When beginning the dialogue piece of the intervention, the participants were encouraged to dig deep into their childhood imagination. The directive became more about being playful and silly. There was still resistance, but, according to Peter Gray (2011), it is important for adolescents to have the permission to play. Working through this resistance contributes to building rapport

with the participants, ultimately benefiting the remainder of their treatment in the PHP (Webb & Baggerly, 2015).

The methods of this intervention were changed after trying it twice with groups whose results are not included. Initially, instead of posing the question about associations with monsters to the group, group members were instructed to think of and list five fears that they had, large or small. This either resulted in participants being too triggered by strong worries in their life or did not challenge them enough to go below the surface. Although a participant staying surface level was appropriate, the group brainstorm process invited more discussion and opportunity for connection. After changing the intervention so it began as a group brainstorm, it added a new dynamic to the structure of going from group work, to individual work, back to group work. A lot of resistance was initially met when trying to bring the group together from working individually for the majority of the hour. By beginning as a group, there was less hesitation when bringing it back to the group for dialogue performance and discussion.

This project intended to provide a structure and example of an intervention to be used with adolescent groups in an acute care setting, such as a PHP. Using literature researching trauma focused care, group work, expressive arts therapy, and play therapy, this intervention aimed to provide space for adolescents in crisis with varying diagnoses. Prior to this project, finding literature encompassing treatment approaches to PHP level of care was catered to specific diagnoses such as OCD and eating disorder programs. Furthermore, it was more challenging to find play therapy techniques used with adolescents versus children. Although there is literature written about adaptations, there is a lack of focus on the necessity of play and creativity as an essential part of treatment.

The Monster Puppets intervention was successful in addressing participants treatment goals related to their admittance to the PHP such as improving self-esteem, self-advocacy, coping strategies, processing emotions, and beginning to process trauma. This intervention can be adapted, modified, and used with other populations as well, within and outside of PHPs. Within the PHP in which this project was introduced, it was also used with younger clients ages 6 to 12. With younger group members required more hands-on facilitation and guidance when constructing the puppets. Additionally, depending on how young, instead of having group members write out a dialogue, they were encouraged to engage in more active role playing. Children were more open to the idea of play than the adolescent groups recorded, so more containment and redirection was required.

If this intervention were to be used in an outpatient setting, such as one on one therapy, the puppet can develop and be revisited in different sessions. Further and more complex construction on the puppet can be done because of a less strict time frame to complete it. In one on one therapy, there is more opportunity to explore specific events in a client's life which may come up. Unlike at the PHP, if a client were to begin storytelling, it could be explored to gain further knowledge of the client. The additional artistic process of creating the puppet can stimulate and bring up more than what initially arises in the first session. This intervention could be used through the lens of trauma narrative writing and rescripting, as Sosin and Rockinson-Szapkiw (2016) have done in their research using their "Creative Exposure Intervention."

This project contributes to the advocacy for use of expressive arts and play in therapy with adolescent populations, not only in PHPs. The resistance which arose during the intervention often came from participants expressing their uncertainty of how to access their imagination or feeling silly performing in front of the group. There were also instances of

participants using the play to their advantage to avoid the challenges of therapeutic work. These were all themes to be explored during the treatment process and, as Peter Gray (2011) believes, this process of exploration is important. Gray explains that, aside from the natural development of children using play as language and a way to learn skills, it helps adolescents experience joy, a feeling which Gray's research reports is declining in children and adolescents.

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