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## Reflection of a Sensory Art Therapy Directive in Supporting Coping Skills with Adults with Mental Illness

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Reflection of a Sensory Art Therapy Directive in Supporting  
Coping Skills with Adults with Mental Illness

Capstone Thesis

Lesley University

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Specialization: Art Therapy

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## **Abstract**

### Reflection of a Sensory Art Therapy Directive in Supporting Coping Skills with Adults with Mental Illness

Sensory Jars were created in 3 groups within the partial hospitalization program for adults, dealing with mental health and substance use issues, in order to support learned coping skills through a multi-sensory process. The creation of the jars were intended to specifically support a mindful grounding technique taught at the program called the “5, 4, 3, 2, 1” method. These jars were for the members to have a physical tool in which to help them practice this method before they found themselves within a crisis situation outside of the program. The first group consisted of 11 members (7 women: 4 men), the second group had 4 members (4 women), and the third group had 14 members (4 women: 10 men). When running the directive within the groups, there was some perceived resistance: the first group was resistant to starting the directive; the second group did not seem to have any resistance to creating the Sensory Jars; and the third group had no resistance until they were asked to mindfully observe their finished jars—it seemed hard for the group to sit in silence. A few themes that appeared within the groups when were of group problem solving, play, feelings of being relaxed, and memories. The results of this process implied that further experimentation in more open and exploratory directives could be beneficial for the groups at the partial hospitalization program.

**Key Words:** Art Therapy, Cognitive-Behavioral Therapy, Dialectical-Behavioral Therapy, Mindfulness, Grounding, Multi-Sensory, Sensory Jars

## Introduction

I implemented an arts method to reinforce learned coping skills as a multi-sensory process with adults, specifically an art method for visual grounding. I directed a group experiential in the creation of Sensory Jars, which was linked to a physical representation of a mindful grounding technique used within my internship site. This technique, referred to as the “5, 4, 3, 2, 1” method within my site uses the 5 senses of sight, smell, hearing, taste, and touch as a grounding tool through the individual focusing on: 5 things they can see, 4 things they can touch, 3 things they can hear, 2 things they can smell, and 1 thing they can taste. The intent of these jars were for the members of the partial program to have a physical tool in which to help them practice this method of mindful grounding before they found themselves within a crisis situation.

The method of creating Sensory Jars was applied at my internship site, a partial hospitalization program for adults 18 and over. The program is a dual program that deals with a combination of mental health issues and substance use. The partial hospitalization program is set up so that members will attend 3 groups a day; a psycho-education group, a psycho therapy group, and an expressive therapy group. Within these groups members use cognitive-behavioral therapy (CBT) and dialectical-behavioral therapy (DBT) in order to learn coping skills and symptom management. Due to the nature of the site, this method was implemented within an hour long group therapy setting instead of an individual setting. The partial program is intended to be short term, which allowed for the experiential to be implemented multiple times at the site with new members.

The method was implemented at the site on 3 separate occasions with differing group sizes. The first time the experiential was implemented during the hour long expressive therapies group with 11 members attending. The second time the experiential was implemented it was during one of the weekly hour long group supervision sessions at the partial program that I directed among 3 of my peers and my supervisor. The final session was once again applied during the expressive therapies group with 14 members attending.

The idea to create Sensory Jars in a group had been a thought of mine after I noticed the one sitting in my supervisor's office. The jar in my supervisor's office appeared to be a small honey jar, filled with green liquid and glitter. It wasn't much to look at until shaken, and then suddenly the entire jar was a slow swirling glittering green mass. I had a habit of picking up this jar and shaking it before supervision meetings, just watching it and breathing—I found it was relaxing. I thought the jar would be a cool experiential, but I also wanted a better reasoning for creating them in group, one that the group members would buy into. I had been meeting with some resistance in the expressive groups, and I didn't want the jars to be disregarded because the only reason I could initially think of for creating them was because I thought that they were relaxing.

I started thinking again about Sensory Jars and their potential use within the partial hospitalization setting after a theme began cropping up during the times I was leading the expressive therapies groups. This theme involved the idea that practicing learned coping skills within the setting of the partial hospitalization program was all fine and dandy, but it was bringing those skills back home and practicing it within that setting that was proving to be a challenge. Everything that was worked on during the day, the tools and discussions during groups, were essentially forgotten once home and back within their own environment. It was

after I learned about the “5, 4, 3, 2, 1” method that the jars popped back into my head. I suddenly felt that I had a better reasoning for creating the jars within my program; I thought that they could be a perfect visual cue in helping practice that particular grounding technique. It was a way for me to link a CBT and DBT skill to what was being done within the expressive groups for my members. It took me a while of bouncing ideas around with my supervisor about wanting to create these jars that the notion of adding things to the lids that were textural was formed, as well as the use of essential oils in order to add to the jars the senses of touch and smell. I thought that the sound of the liquid moving around in the jars, or whatever else was added into the jar, when they were shaken could be what was heard. We decided that taste could be something left off of the jar, and then it was just a matter of gathering the proper materials.

### **Literature Review**

This review will highlight the current literature that relates to utilizing CBT, DBT, mindfulness, and art therapy approaches within a therapeutic setting in order to reinforce learned coping skills as a multi-sensory process.

### **Art Therapy**

Art therapy is the therapeutic use of art making which, through the creation and reflection of art, can help people begin to heal. Some art therapists see art therapy as a modality that can help individuals to verbalize and work through their thoughts and feelings while other art therapists see the art itself as the therapy; “that is, the creative process involved in art making, whether it be drawing, painting, sculpting or some other art form, is what is life-enhancing and ultimately therapeutic” (Malchiodi, 2012, p. 2).

Moon (2008) contends that some of the curative aspects of art therapy lie in the ideas of art as play, mastery, empowerment, communication, personal metaphor, and relationship. Play is inherent to the process of art making, as the creation of art can bring pleasure to an individual. This type of play allows and encourages people to explore, through materials and imagination, themselves and their experiences. The ability to transform raw art materials and experiences into meaningful art is where the significance of mastery lies in the therapeutic setting. The feeling of adequacy one can gain from mastery of art techniques and media is thought to be linked to self-discipline, which can then lead to positive self-regard. Being able to create a meaningful art object also makes room for the creator to feel empowered. Empowerment can stem from the ability to give shape and transform through art making the conflicts, struggles, and experiences of an individual (Moon, 2008). Empowerment falls on a continuum as a process where people move from relative powerlessness to self-determination and self-efficacy. The creation of art can help clients gain self-efficacy as the process allows clients to exercise creative and critical thinking, and by taking risks (Kapitan, 2014). The idea of art as a communication tool stems from the belief that art offers an authentic form of self-expression and self-exploration in a culture that trends “toward avoidance of feelings, reflection, and sharing” (Moon, 2008, p. 122). The art product itself can serve as a springboard for discussion and the use of metaphor. Moon (2008) also states that the use of metaphor is important within the work due to its ability in using the art object as a means of shedding light on the creator, as well as in the reverse. And finally, art lends itself as an invitation from the creator to relate to others, as it allows others to see ones inner images—“art making is relating” (p. 149).

### **Art Therapy in Groups**

The addition of art making within groups allows for additional possibilities for expression and communication with the self and others. One of the biggest therapeutic values of having group art therapy is a result of creating alongside and with others. Creating with or alongside others is an act of disclosing and relating, whether words are used or not. The feedback that is then given to the creator by the group can help to illuminate “aspects of the self that have become obvious to others, but that are not recognized by oneself” (Waller, 2012, p. 355).

Research into thematic analysis on the mechanisms of change of art therapy within a group setting suggested there were five therapeutic factors of group art therapy: symbolic expression, relational aesthetics, embodiment, pleasure and play, and ritual (Gabel, A. & Robb, M., 2017). Symbolic expression refers to a set of symbols, either personal or universal, that are used to communicate. Within a group, symbolic vocabulary has a chance to expand as others are allowed to reflect their own symbols into each other’s artworks. Relational aesthetics are the affectual and relational interactions that can occur between group members, artworks, and leaders “in which the art serves as a medium for visual/nonverbal and verbal feedback” (Gabel, A. & Robb, M., 2017, p. 129). Embodiment within a group art therapy setting is referring to having a sort of dialogue with the art while being witnessed by other group members. It is a discovery process through the body’s movements, through the art making, that can transform feelings, thoughts, and behaviors. Pleasure and play of art materials and the art making process within the group setting has been reported as allowing members to relax, and it is a sensory stimulant. And finally, rituals within a group art therapy setting has been found to increase participants abilities to remain regulated (Gabel, A. & Robb, M., 2017).



Other studies have linked group art therapy to increased self-esteem, increased trust in self and others, an increase in self-disclosure, an increase in expressing emotions, and improved emotional states (Drapeau & Kronish, 2007).

### **Dialectical-Behavioral Therapy**

DBT is a behavior therapy approach that was originally developed to treat suicidal ideation, and become more relevant once it began to be used for treating patients whose diagnoses core features lies in emotional dysregulation; such as in borderline personality disorder, eating disorders, trauma disorders, substance abuse, depression disorders, and anxiety disorders (Heckwolf, J. I., Bergland, C., & Mouratidis, M., 2014). “The theoretical basis of DBT is the dialectical philosophy that two, seemingly opposing things can be true at the same time” (Heckwolf, J. I., Bergland, C., & Mouratidis, M., 2014, p. 330).

DBT is a behavioral mindfulness-based psychotherapy that teaches clients life skills through the use of four skill modules: core mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness. Mindfulness is used in DBT in order to cultivate within individuals an awareness of the current moment without judgment and with acceptance. This non-judgmental awareness is created by forming a type of observing perspective that allows one to become aware of thoughts and emotions as events and not as facts. The goal of emotional regulation within DBT is to decrease suffering due to either denying, being too reactive, or by being unable to regulate emotions once they arise. Distress tolerance is used in order to provide individuals with the strategies to implement in the present moment to help when faced with a difficult situation—to develop patience. Interpersonal effectiveness skills are taught to help clients with their assertiveness, boundary setting, connection building, and in learning how to

assess the healthiness of a relationship. (Daler & Schwanbeck, 2014). A main concept taught in DBT is something called “Wise Mind.” Wise mind is a concept that states that decision making is more sound when emotion and reason overlap (Heckwolf, J. I., Bergland, C., & Mouratidis, M., 2014).

DBT has been found to help treat suicidality, borderline personality disorder, addictions, eating disorders, mood disorders, and emotional vulnerabilities (Daler & Schwanbeck, 2014).

### **Cognitive-Behavioral Therapy**

CBT is based in the idea that psychological problems stem from different types of faulty thinking, also known as cognitive distortions. According to Corey (2013), the focus of CBT is to identify and change these cognitive distortions through the monitoring of automatic thoughts; examining the validity of these thoughts; understanding the relationship between these thoughts, feelings, and behaviors; and developing strategies to counteract these cognitive distortions with more accurate and realistic thoughts, beliefs, and assumptions. “Cognitive therapy is based on the theoretical rationale that the way people feel and behave is influenced by how they perceive and structure their experience” (p. 303). CBT essentially combines cognitive restructuring therapies, coping skill therapies, and problem solving therapies with the goal of providing to individuals symptom relief, relapse prevention strategies, and assistance in dealing with current stressors (Corey, 2013).

CBT has been found helpful, according to Rosal (2001), in adults in “treating depression, anxiety, insomnia, phobic reactions, post-traumatic stress disorder, personality disorders, schizophrenia, and obsessive-compulsive disorder” (p.212).

### **Mindfulness**

Mindfulness, according to Kabat-Zinn (1994), is the process of a particular way of paying attention—nonjudgmentally and in the present moment. Mindfulness works one towards an increase in awareness and acceptance, assisting in emotional and cognitive processing through the attitude of acceptance and non-judgment (Kalmanowitz, D. & Ho, R.T.H., 2016). The key function of mindfulness lies in the ability to notice the direct experience of how things are, noticing the ideas of how things are, and noticing that the ideas of how things are separate from the things themselves (Needleman, L.D., & Cushman, C., 2010). It is important to remember that the practice of mindfulness does not attempt to remove symptoms or change thought content, it is just bringing one's awareness to the present moment and the present thoughts. Segal *et al.* suggests that “we may eventually come to realize deep ‘in our bones’ *that all thoughts are only mental events* (including thoughts that say they are not), that *thoughts are not facts*, and that *we are not our thoughts*” (as cited in Needleman, L.D., & Cushman, C., 2010).

### **Research of Benefits to Multi-Sensory Learning**

“The novelty of repeating information in a different way, such as through artwork, can help make an idea or concept one's own, further reinforcing its retention” (Heckwolf, J. I., Bergland, C., & Mouratidis, M., 2014, p. 330). The ability to coordinate art therapy with CBT and DBT allows for the reinforcing of skills gained within each approach alone as well as link different aspects of therapy for the patient.

Linking art therapy skills with CBT and DBT skills is made easier in that they share a few things with each other. According to Heckwolf, J. I., Bergland, C., & Mouratidis, M. (2014), a review of DBT theoretical tenants and interventions was shown to share commonalities with art therapy principles. These theoretical commonalities are: awareness and mindfulness; holding

environment and egalitarian stance; containment and distress tolerance; sublimation and emotion regulation; intrapersonal effectiveness and interpersonal effectiveness; and, transitional objects and homework. Rosal (2001) states that “art therapy is particularly suited to CBT, because art is an inherently cognitive process;” art is referred to as an inherently cognitive process because the act of creating involves the artist in uncovering mental images and messages, recalling memories, decision making, and problem solving (p.217). Creativity from a CBT perspective may facilitate awareness of negative assumptions and beliefs, which the permanence of the art product may help to challenge (Reynolds, 1991).

Recent neurobiological research has shown that there are benefits to multi-sensory learning. Due to neuroplasticity, our experiences shape our realities by forming neural links between every sequence of activity within the brain. Research has shown that when a response is multi-sensory, more parts of the brain are being used causing more neural links to strengthen the new response. This suggests that “by intentionally creating adaptive responses to stressful thoughts and emotions and reinforcing these over time, we have the ability to rewire the brain” (Daler & Schwanbeck, 2014, p. 238). Research has shown that combining a kinesthetic modality like art therapy with the verbal nature of DBT and CBT can link left to right brain functioning, also known as bi-lateral integration (Heckwolf, J. I., Bergland, C., & Mouratidis, M., 2014). Daler & Schwanbeck (2014) stated that they found when using creativity to learn, it is enlivening and engaging in sensory stimulation which helps to create “more interest, a sense of playfulness, and openness to exploring new concepts” (p.238). Research also suggests that the use of art making through “goal-directed activities may reduce the frequency and duration of hallucinations” (Lith, 2015, p. 9).

## Method

I directed a group experiential in the creation of Sensory Jars. I first linked the sensory jars to a mindfulness grounding technique taught at the partial program. Three different stations were set up for the clients that held different art supplies, where the clients were asked to spend at least a few minutes at each station to explore the given materials. At the first station there was glass and plastic jars of different sizes supplied, along with water, different dyes, vegetable oil, dish soap, glitter, and figurines. Clients were then asked to explore the glass or plastic jars, the amount of water they put inside them (although no less than half of it should be filled with water), and the result of mixing different dyes and glitter. They were then asked to add and explore the use of the vegetable oil, soap, or a combo of both in their jars. The second station held different kinds of fabrics, ribbons, and other textural materials in order to incorporate the sense of touch into the sensory jars. The third station held collage materials, paints, and essential oils to use for the lids of the jars in order to add to the jars the senses of touch and smell. Once the jars were created, members were asked to explore their finished jars, observing what they see and trying to focus on just their jars, their senses, and their breathing.

The method was implemented at the site on 3 separate occasions consisting of groups of adults 18 and over of differing sizes: 11, 4, and 14. The first and third time the experiential was implemented, it was during the hour long expressive therapies group that consisted of members with a combination of mental health issues and substance use. The first group held 11 members (7 women: 4 men) while the third group held 14 members (4 women: 10 men). The second time the experiential was implemented it was during one of the weekly hour long group supervision sessions at the partial program that I directed among 3 of my peers and my supervisor (4 women).

A few of the limitations I was expecting to run into had to deal with the site; such as a limited set-up period of the stations for the experiential, the groups that the experiential would be run would not be anywhere near the same size, and that there might be a few re-peat members if the experiential was done without enough time spaced in between running it. In the end, I found that a part of my set-up time did cut into the actual group time, but it did not appear to negatively affect the groups' time to work on their sensory jars; but it did mean that they did not get to utilize the full hour for the experiential. The groups themselves did not have as big of a gap between member attendances as I was expecting, however there was an overall greater representation of females to males within the groups. Another limit involved how many staff members participated within the second time I ran the experiential to serve as a comparison. There were no repeat members within any of the groups, on the other hand I ran into a limit I had not been expecting. This limit was due to resources either being used or misplaced in-between the times the experiential was run with groups, so the groups were not all supplied with the same supplies.

The data collected for my reflection of the experiential includes the use of group notes, supervision interactions, peer interactions, journal entries, and response art. Within the group notes I was specifically looking for perceived moods before, during, and after the experiential with my clients, as well as perceived resistance. In my journal entries I was looking at my own mood before, during, and after directing the experiential as well as any of my own perceived resistances. I created response art for each time I gave the directive, with clients and coworkers, for a total of 3 responses. Additionally I reflected in my journal the perceived possible differences between completing the experiential with clients and with coworkers.

I expected to find that the Sensory Jars would be perceived as helpful in the support of learned coping skills at the partial hospitalization program as they are engaging the client in a multi-sensory way. I expected to perceive that the Sensory Jars would be considered a helpful tool for future use in the “5, 4, 3, 2, 1” mindful grounding technique for clients, and an empowering instrument as something that they have created. I also believed that I would find some resistance from group members during the initial process of creating the jars due to the resistance I had received prior in conducting other art therapy groups, but less resistance from co-workers at the site. I was expecting that there would be less resistance from co-workers as they work within the therapy field and would, therefore, hopefully be more open minded. Overall I thought that the perceived mood of the clients would increase after the creation of the jars.

### **Results**

The first group I directed in the Sensory Jars experiential, which held 11 members, I found that I had a lot of initial resistance in running the group. A week prior to running the experiential within the group, there had been some negative feedback from a few members about how they didn't think that the expressive therapies group was a good use of their time. Most did not seem to express this opinion, but the excitement of running the group was drained a little at knowing that a few of the members wouldn't even try to participate. I was also worried that these members would affect the dynamic of the group: would others not want to participate due to fear of being judged? Would the group space still feel safe enough to create? I was suddenly anxious and nervous about running the group with the current members, but I was determined.

I started the group as planned, linking the Sensory Jars to the “5, 4, 3, 2, 1” method that should have been familiar to most of the group members, and explaining the method in greater

detail for newer members that were unfamiliar. Afterwards I explained how to create the Sensory Jars, the stations and the materials at each station, and held up an example of a jar I had created. This example was a simple Mason jar filled with light blue liquid, vegetable oil, and silver glitter—the cover was bare. When the explanation was finished, no one moved; it felt as though all 11 people were just staring at me blankly. The determination I had going into the group dwindled slightly into frustration at myself, was I not explaining things clearly? I had to verbally prompt the group members to begin by selecting a jar. Once one member ventured into selecting a jar, the rest slowly followed suit, before promptly sitting back into their chairs. When I realized that no one was going to start the process, I encouraged the members to start by adding water and dye to their jars. A member asked if I could help by showing them what to do, and so I began my instruction again by actively making a jar for the group to see. Once the jar had liquid, dye, and glitter in it, the group was suddenly moving and getting into the process. Members began exploring the different dyes, the ratios of vegetable oil and soap, and glitter. Members didn't just explore the process alone, they were suddenly working together through this process of color mixing, suggesting different ways to each other on how to get the color they wanted: such as more water, less dye, and sharing how the addition of the slightly green tinged soap affected the color versus the vegetable oil. Being able to step back and watch the sudden development within the group provided excitement and relief. The frustration returned however when I realized I had not set up the essential oils during preparation when members started working on the lids of their jars; and that I could not find any of the essential oils while the group was working on their jars. The essential oils had been moved somewhere within the shared intern office space, and none of the staff present knew where they were—therefore a part of my experiential was missing. I was a little sad that about only half of the group added anything textural to their lids—some adding soft



fabric, ribbons, and different colored wood chips to their—while the rest stopped after the initial steps. However, I was excited to see that those who stopped in the early stages of their jars would periodically shake their jars while waiting for the group to come back together for discussion. With my initial reservations, I was pleasantly surprised that only one member did not participate in creating a Sensory Jar. My perception of the group's mood before, during, and after the experiential was: reserved, then interested and playful, and finally calm.

When the group was over, I reflected with my supervisor on how it went. It was after talking that I realized that perhaps passing around the jar I had and letting members explore that first would have been helpful; as well as adding an example of the smell and touch component to the jar. We reflected on how perhaps the way I worded the directions, the stations, and the many options of materials may have felt overwhelming for the group. Not all of the stations were in the same room, due to the size of the room, which could have lent a hand in fewer people participating in adding the textural component to the lids of their jars. However I was happy, I felt that overall the Sensory Jars had went well—even if the essential oils had been missing. We also discussed how it was interesting that a few members shared with the group memories that the process of creating the Sensory Jars had brought up. When I went home, I wrote about the experience and created response art, depicted in figure 1 in the index.

The second group I directed in the Sensory Jars experiential, which was the 4 member group of my peers and supervisor, I was really excited—no resistance. I was a little nervous, mainly because I was leading a group and I wasn't sure who of the staff was going to attend besides my fellow interns, but the overall feeling was that of eagerness. I set everything up, the only station not in the same room was the one that required the sink, and the essential oils were present.

I started the group by explaining the reasoning behind the jars to my peers and supervisor, and how I linked the jars to the “5, 4, 3, 2, 1” method. Afterwards I explained how to create the Sensory Jars, the stations and the materials at each station, and held up and offered an example of the jar I had created—I still hadn’t added anything to the lid of the jar. I shared that I had some bark that I was planning on gluing to the lid as an example of the textural component, and offered my jar to pass around. Everyone selected a jar fairly quickly and began the process right away. No nudging was required, and everyone explored the materials in unique ways. I was surprised however by some of the questions I received while my peers were making their jars, such as confirmation seeking questions. I think I was surprised because we talk about how there’s no wrong way to create in the expressive therapies group all the time, which my peers also sometimes lead. It was exciting to watch their process, and honestly made me want to work on my own jar, specifically start gluing some of the bark to my lid. I did give in to the impulse and glued a piece of bark onto my lid, but stopped when I realized that there might not be enough glue sticks for everyone if I continued. I watched as some problems arose while creating the jars, such as some of the jars weren’t sealing and started leaking, and the group problem solved together to fix these problems. Everyone in the group added something textural to the lids of their jars, while 2 added essential oils as well. One member was so into the process, they continued to work on the jar even after the group time was up, taking some materials home with them to finish what they had started. My perception of the group’s overall mood before, during, and after the experiential was: interested, playful and focused, and finally calm.

During reflection with my supervisor and peers about how the group went, we talked about the process itself. We discussed how the sensory jars could start off looking like a step by step process, but how it really was a very open and exploratory one. The only clear direction in

making the jars themselves was that they had to be filled at least half way with water, the other half with vegetable oil or soap, and that the outcome was going to be a sensory jar. The openness to what materials were to be used was thought to be both something that could be considered freeing as well as anxiety provoking—especially if there is an unfamiliarity with the offered materials. There was also some discussion about how the combined smells of the essential oils were a little strong, but we were currently in a smaller group room so perhaps that affect wouldn't be so bad in the larger room that the expressive therapies group is held in—especially because that room has windows. And finally there was some discussion about whether or not doing the experiential during the morning versus the afternoon, due to energy levels, would make a difference for some clients. I felt that the Sensory Jars had been well received by the group, and I was happy that I had all the supplies this time. When I went home, I wrote about the experience and created response art, depicted in figure 2 in the index. I also finished adding the textural component to my own sensory jar to be used as a better example for the next time I lead the directive, depicted in figures 3 and 4 in the index.

The final group I directed in the Sensory Jars experiential, which held 14 members, I found that I was incredibly excited to lead. The day prior to leading this directive, I had run another group that I felt lent itself really well as a preparation to creating the Sensory Jars. In the previous day I had members create fidget tools, where I had them mindfully explore all of the materials first—which included a lot of the materials used in the creation of the Sensory Jars. The group had been fairly receptive to that group, so I was excited to see how they would react to creating the Jars.

I started the group by linking the Sensory Jars to the “5, 4, 3, 2, 1” method that was familiar to most of the group members, and by explaining the method in greater detail for newer

members that were unfamiliar. Afterwards I explained how to create the Sensory Jars, the stations and the materials at each station, and passed around examples of jars. Among these examples was the jar I had created along with the jars my peers had created, with their permission. All of the members, except for one, found a jar immediately to work with without any prompting. Members started immediately exploring the materials; there seemed to be a large interest in exploring the different dyes, soap, vegetable oil, and glitter combinations. It was interesting to watch the group members' work together to try to find a way to dye the vegetable oil, and to get the correct hue of dye for the water. Unlike the first group, there seemed to be a line to use the hot glue guns to add things to their lids for the textural component. The members also worked together to solve the problems of jars leaking, or materials not properly gluing to lids. There was a lot of joking around and laughter as the group worked, and it was wonderful to witness the process of the group. The only resistance I seemed to meet during this group was when they were asked to take a moment to mindfully observe their own jars; it seemed hard for the group to sit in silence. My perception of the group's overall mood before, during, and after the experiential was: curious and eager, playful and happy, and finally calmed or soothed.

After the group ended, I reflected on how it went with my supervisor. We discussed how the previous days group of mindfully exploring the materials could have lent a hand to the receptiveness of creating the Sensory Jars—there was hardly any hesitation in using any of the supplied materials. The members that hadn't been a part of the previous day's group seemed a bit more tentative in exploring some of the materials. I reflected with my supervisor how, like the first group, members shared memories that the process of creating the jars seemed to have brought up for them. Finally we discussed how I felt that over all I think the group went well, and about my hope that the group members would use the Sensory Jars outside of the program as

they were intended. When I went home, I wrote about the experience and created response art, depicted in figure 5 in the index

### **Discussion**

The sensory jars were used at the partial program to reinforce the coping skill of mindful grounding through a multi-sensory process. The intent of these jars were to provide members of the partial program with a tool in which to help them practice this technique, the “5, 4, 3, 2, 1” method which uses the 5 senses, before they found themselves within a crisis situation. The grounding technique itself is multi-sensory, as is the process of creating the Sensory Jars. Neurobiological research has shown that when a response is multi-sensory, more parts of the brain are being used, which causes more neural links to strengthen that new response—effectively rewiring the brain (Daler & Schwanbeck, 2014). According to Heckwolf, J.I, Berglan, C., & Mouratidis, M. (2014), repeating information in varying ways, such as through the art process, helps to further reinforce its retention. Therefore, coordinating art therapy with CBT and DBT allows for the reinforcing of skills within each approach; such as reinforcing the original coping skill of the “5, 4, 3, 2, 1” method, mindfulness, and symptom relief.

After reflection of the process of the 3 groups of 11, 4, and 14 members that were ran with this directive, I found that a few themes seemed to crop up within the groups; these themes were of: group problem solving, play, feelings of being relaxed, and memories.

As mentioned before, one of the biggest therapeutic values of holding group art therapy stems from creating alongside and with others; a process which allows for additional possibilities for expression and communication (Waller, 2012). The art itself can lend itself as a springboard for conversation, and as an invitation from the creator to relate to others (Moon, 2008). In this

case, the creation of the Sensory Jars sparked every group in participating in some form of group problem solving. The first group worked together to get the right hue for the dye; the second group worked together to figure out how to fix leaking lids; and the third group worked together to find a way to dye the vegetable oil, get the correct color with the dyes, fix leaking lids, and how to glue certain materials down better. The overall nature of the process of creating the Sensory Jars—with its fairly open direction, wide variety of materials, and room for exploration—I think lent heavily to the increase in communication amongst group members. I also think that more communication and group problem solving occurred within the last group compared to the others due to the similar nature in the expressive group they had the day prior with creating fidget tools; that particular group had already had a taste of a more open type of directive that allowed for further exploration and play of the art materials.

The use of creativity to learn has been found to be enlivening and engaging in sensory stimulation, which helps to create “more interest, a sense of playfulness, and openness to exploring new concepts” (Daler & Schwanbeck, 2014, p.238). Within each group, members opened themselves up to exploring and playing with the provided materials—regardless of whether they had initial reservations about the process. The entire dynamic of the groups seemed to shift as members were allowed to freely explore due to the open nature of creating the Sensory Jars, where a lot of the directives run at the partial program lean more towards being highly structured. I think that the openness of the process made room for members to engage in play more than is normally seen within the expressive therapies group. The room itself would go from quiet to lively as members began to engage, which supports the idea that play encourages people to explore themselves and their experience through materials and imagination (Moon, 2008). This interaction of play between all the groups also supports the concept that pleasure and play

of art materials and process allows for members to relax more within the group setting, allowing for further interaction between the members (Gabel, A. & Robb, M., 2017).

The theme of feeling relaxed was based off of my perceived notion of the group's moods before, during, and after the creation of the Sensory Jars—every group seemed to end on a much calmer feel. I linked the calmer tone at the end of each group to the final prompt of the directive; which was to explore their finished jars, observing what they see and trying to focus on just their jars, their senses, and their breathing. In other words I was asking them to engage in mindfulness, to practice awareness of the present moment nonjudgmentally (Kabat-Zinn, 1994). I do believe that mindfulness was involved in creating the sensory jars themselves through the exploration of materials and process, as mindfulness is a principle in art therapy interventions (Heckwolf, J. I., Bergland, C., & Mouratidis, M, 2014). I believe that the perceived calm mood supports the concept of the Sensory Jars in helping to practice the mindful grounding coping skill of the “5, 4, 3, 2, 1” method.

The final theme I wanted to discuss was of members sharing memories that the creation process of the jars seemed to bring up. Perhaps this occurred because, as stated by Moon (2208), art offers an authentic form of self-expression and self-exploration in a culture that tends to avoid feelings, further reflection, and sharing. The process of creating the jars helped open that door for the members to engage in self-exploration, reflection, and sharing. Or perhaps there is something about the multi-sensory nature of the process that linked something neurologically.

There were some limitations to the experimentation and reflection of creating Sensory Jars as an arts method to reinforce learned coping skills as a multi-sensory process with adults. First and foremost, there is not enough supporting literature on the use of CBT, DBT, and Art

Therapy in use together. Another limit within the directive itself lied in the amount of time the groups were run for. Having an hour sounds like a lot of group time; however, that hour included setting up the directive as well as explaining it, which cuts down on the time in which group members really had in creating the Sensory Jars as well as the time for processing and discussion of the jars afterwards. I think it would have been really beneficial for the group to run longer than just the hour that is usually allotted at the program for the expressive therapies group.

Another limit to the experience itself was shown in the ratio of men to women per group. Overall there wound up being an almost equal number of men to women who created Sensory Jars, but there was a large variance within the groups themselves: the first group which held 11 members had 7 women to 4 men, the second group of 4 members were all women, and the third group of 14 members had 4 women to 10 men. The biggest limitation I find of creating the Sensory Jars is that I won't know if clients are using the jars outside of the program to help in supporting the coping skill of the "5, 4, 3, 2, 1" method—which was the main reasoning behind creating these jars.

This process of creating the Sensory Jars implies that further experimentation in more open and exploratory directives could be beneficial for the groups at the partial hospitalization program. It could be beneficial because the openness allowed for the members to engage more in play, encouraging further self exploration as well as further group interactions. It also implies that there should be further research in the field done for the use of Art Therapy, CBT, and DBT together. Art Therapy, CBT, and DBT share a few core principles with each other—such as mindfulness—and seem to complement each other well in practice, as evidenced by the literature; however, there appears to be very little literature on these practices being used



together. And finally there are implications that there is something about the multi-sensory process that can activate old neural pathways, such as memories.

In conclusion, I found that the Sensory Jars linked very well to the mindful grounding technique of the “5, 4, 3, 2, 1” method, both the process and product. I believe a form of empowerment occurred through creating the jars, through creating one’s own coping skill. The creation of art can help clients gain self-efficacy as the process allows clients to exercise creative and critical thinking, and by taking risks (Kapitan, 2014). In that sense I hope the jars are being used outside of the program.

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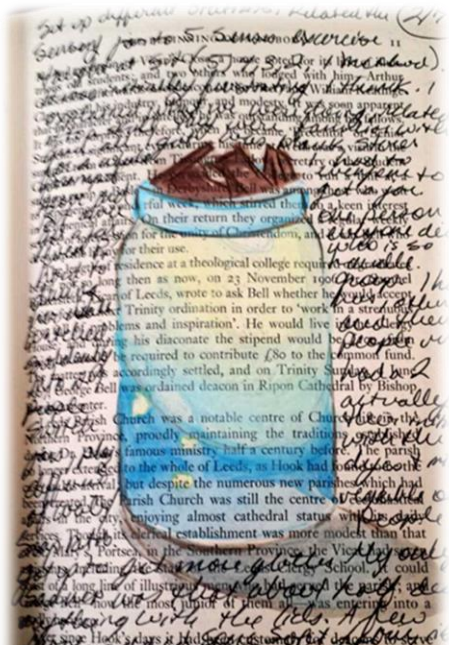


Figure 1

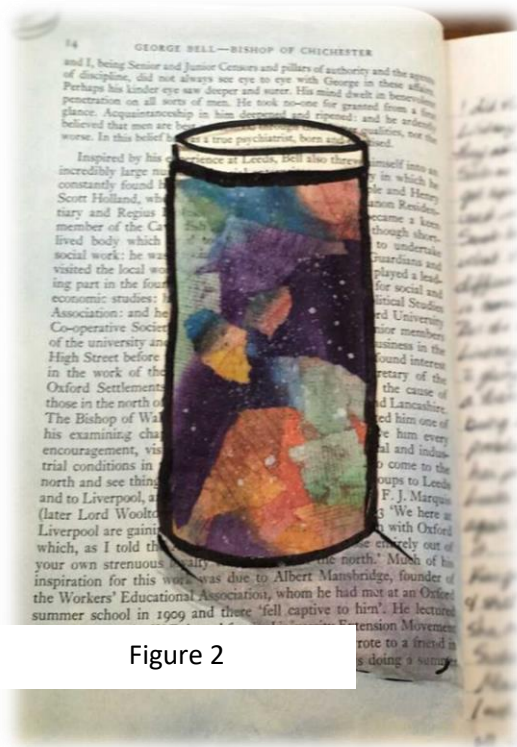


Figure 2

stopped after the initial steps. For  
Hesperia's sleep and seemed to avoid



Figure 3



Figure 4



Figure 5