Spring 5-18-2019

Finding My Superpowers: Developing a Coping Skills Method Using Art Therapy as an Intervention for Children and Adolescents with Mood Disorders

Maria Williams
Lesley University, mwilli47@lesley.edu

Finding my superpowers: Developing a coping skills method using art therapy as an intervention

for children and adolescents with mood disorders

Capstone Thesis

Lesley University

May 2019

Maria Williams

Art Therapy

Thesis Advisor: Krystal Demaine, PhD

Abstract

Children begin developing types of coping skills as early as age two. Children and adolescents use both positive and negative coping skills each day in order to navigate life's experiences. Negative coping skills that develop at a young age can affect the child or adolescent later in adulthood. The development of positive coping mechanisms will allow children to lead healthier and more fulfilling lives. When it comes to children with mood disorders, natural skills for coping and resiliency may not come as easy. Children and adolescents experiencing acute mental health treatment in an inpatient facility often come in already in crisis due to maladaptive coping skills. Children and adolescents in acute crisis typically have a difficult time coping with a stressful or traumatic life event. Art therapy has been shown to offer support in the development of coping skills and resiliency for children with mood disorders. This thesis uses an art therapy method designed to help children and adolescents struggling with mood disorders and few coping skills through the creation and design of a superhero. The protocol for the method is based on a strengths-based approach using positive psychology allowing the children to create their own superheroes and superpowers. Forty-one children and adolescents, participated in one group session, that allowed for the creative and artistic development and design of a personal superhero. The results demonstrated a greater understanding of self and the use of personal strengths as coping skills among the participants. Future implementations of the method and further research are discussed.

Keywords: Art therapy, mood disorders, coping skills, resilience theory, superheroes

Finding my superpowers: Developing a coping skills method using art therapy as an intervention for children and adolescents with mood disorders

Introduction

Among children and adolescents, mood disorders, suicide-related outcomes and rates of death by suicide have increased in the United States between the mid-2000s and 2017 (Twenge, Cooper, Joiner, Duffy, & Binau, 2019). Mood disorders have been discussed in the media more over the last few years. The prevalence and onset of this illness among children and adolescents occurs during puberty. The onset is however decreased with age: therefore, the likelihood of onset increases during puberty and peaks during the mid-twenties (Twenge, Cooper, Joiner, Duffy, & Binau, 2019). Those diagnosed with mood disorders with suicidal ideation and suicide attempts are typically hospitalized for treatment. Children and adolescents are admitted to psychiatric hospitals for treatment due to dangerous behaviors, significant harm to self or others, self-harming behaviors, or suicide attempts. (Kagan & Spinazzola, 2013).

Children use art as a vehicle for expression of personality, emotions and personal experiences (Malchiodi, 1998). Art therapy can be viewed as a non-verbal approach, which encompasses various treatments by using expressive activities as a way to promote health and recovery (Gatta, Gallo & Vianello, 2014). Furthermore, art therapy can improve a person's well-being by using creative expression as a way of increasing positive emotions, enhancing relationships and bringing purpose and meaning to life (Wilkinson & Chilton, 2013). Art therapy, using drawing for exploration and problem-solving, has been used with children and adolescents for many years. Children have used drawing for exploration and problem-solving. Childhood artwork has also been understood as an expression of personal statement (Malchiodi, 1998).

Historically, the disease model approach of mental health and study of mental illness has been successful in treating, identifying, and preventing many disorders. Positive psychology and art therapy have focused on improving or restoring a patient's functioning and the individual's emotional, social, and psychological well-being. (Haeyen, van Hooren, van der Veld, & Hutschemaekers, 2018). Children and adolescents in acute crisis typically have a difficult time coping with stressful or traumatic life events leading toto acute hospitalization. As a result, children have developed various types of coping skills, such as maladaptive or adaptive coping skills, to navigate these stressful experiences. These reactions are clearly supported by empirical evidence from Yoo (2019), Mota & Matos (2013), and Tyson, Baffour, & DuongTran (2010). The research supports the use of positive psychology and resilience theory as a means of empowering individuals undergoing treatment related to mental health. Educating children and adolescents on how to turn strengths into positive coping skills is a way of empowerment. The research also supports the use of art therapy interventions and art therapy groups as a form of treatment for children and adolescents with mood disorders.

Research on resilience and strengths-based models have been used as inspiration to create a method to help children and adolescents with mood disorder diagnoses use their strengths as a way of developing coping skills. The proposed intervention and group set-up is modeled after an intervention used by White (2002) where clients were encouraged to identify a problem and rename it. Next, clients were walked through steps of identifying strengths and resources in order to write their own narratives about the problem they named and how they used personal strengths to overcome it. The researcher describes the intervention as a helpful way of developing rapport, diagnosing, and utilizing strengths-based treatment goals. White (2002) uses narrative theory in the intervention and taught patients to externalize problems. White defines

externalizing as "an approach to theory that encourages persons to objectify and at times personify the problems that they experience as oppressive." (p. 272).

This thesis presents an art therapy method of creating superheroes using a strength-based approach to therapy for children and adolescents in a psychiatric inpatient unit. The youth participated in the intervention one time. The intervention was implemented six times. The goal of this thesis is to develop a method for hospitalized children to learn about personal strengths and their use as coping skills through the use of metaphor. This allows children to develop social skills, improve self-esteem and feel empowered.

Literature Review

Mood Disorders

The *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (2013), (DSM-5) described mood disorders as covering a range of diagnoses including: bipolar disorders and depressive disorders. Bipolar disorders included bipolar I disorder, bipolar II disorder, cyclothymic disorder, substance/medication-induced bipolar disorder to name a few. These disorders can be understood as having a fluctuation between manic symptoms and depressive symptoms. The context and length of time symptoms were experienced determined which to be diagnosed. The DSM-5 included disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder and substance/medication induced depressive disorder, to name a few, as depressive disorders. Symptoms considered in each depressive disorder were sad, empty or irritably mood as well as cognitive changes that effected the functioning of an individual significantly. (American Psychiatric Association, 2013).

Prevalence and Diagnosis

A meta-analysis of prevalence studies of child and adolescent depression were conducted over a 30-year period. During this time it was found that 5.7% of 13-18 year old youth had a diagnosis of a depressive disorder (Calles, Jr. & Nazeer, 2012). Studies suggested that 0.3% to 0.5% of adults recalled the onset of bipolar disorder prior to age 10 and over 60% recalled the onset of bipolar disorder prior to age 18 (Rocha, Zeni, Caetano, & Kieling, 2013). Calles, Jr., & Nazeer (2012) defined depressive disorders as having the absence of mania, hypomania or mixed episodes and bipolar disorders as having mania, hypomania and mixed episodes present or present at some point during the duration of the illness (p. 215).

During adolescence the risk for a depressive episode increased from 5% to 20% according to Rocha, Seni, Caetano, & Kieling (2013). The researchers stated that adolescence is a crucial developmental period and combines biological, psychological and social changes. Because of the changes adolescents were predisposed to the development of mental disorders. The researchers also discussed how genetics and puberty played a large role in the onset of a mood disorder diagnosis (Rocha, Zeni, Caetano, & Kieling, 2013).

Suicidal Ideation

Furthermore, due to the prevalence of mood disorders in children and adolescence there was also an increased risk of suicidal ideation and attempts. Twenge, Cooper, Joiner, Duffy & Binau (2019) compared mood disorders and suicide related outcomes among adolescents and young adults. The researchers used data obtained by the U.S. Substance Abuse and Mental Health Services Administration. The sample included individuals 12 years of age and older, 212,913 adolescents ages 12 to 17 from 2005 to 2017. The sample was weighted to make a national representation of the United States. Data was coded in a data set for individuals between the ages of 12 and 21. Data on demographics and socioeconomic status (SES) was also collected

and coded. Results found an increase in adolescents who experienced a major depressive episode between 2005 and 2017. The increase went from 8.7% in 2005 to 13.2% in 2017. Results in regard to suicide related outcomes (thoughts, plants and attempts) also increased. This data was dependent on age brackets. There were higher levels of suicide related outcomes in those born in the 1990's (Twenge, Cooper, Joiner, Duffy, & Binau, 2019). Each of these incidents led to hospitalizations and treatment in psychiatric facilities.

Child and Adolescent Development

Davies (2004) defined childhood development as being "founded on the child's innate characteristics, unfolds according to maturational timetables, and moves forward through a series of tasks and challenges of increasing complexity that the child must master in order to extend his/her ability within him/herself and within his/her environment." (p. 3). During this time research suggested that the child becomes able to see the world as a place with its laws and customs. It proved that during this stage children realized the world was much larger and they have to find their place in it. Research suggested that starting at age two children begin to control their emotions and begin to develop ways of regulating them (Feldman, 2008).

Adolescent development was defined by Yoo (2019) as "an important developmental stage where one forms their understanding of the self and the world." (p. 43). Research has proved that during adolescence individuals enter a new developmental stage and cognitive development progresses. Researchers found that the prefrontal cortex furthers in development. Research suggested that this part of the brain provides impulse control, meaning that an individual is able to think about a situation before reacting emotionally right away. (Feldman, 2008).

Theoretical Perspectives

There have been three main theoretical perspectives on child and adolescent development. Sigmund Freud, Erik Erikson, and Jean Piaget were all considered to be pioneers on the research of childhood development. Freud founded the psychodynamic theory which suggests that "unconscious forces act to determine personality and behavior" (Feldman, 2008, p. 15). Freud determined three aspects that everyone's personality is made up of, the id, ego and superego. The id represented the personality present at birth, the ego represented the ability to maintain the safety of the individual and the superego represented a person's conscious and knowing the difference between right and wrong. Although much of Freud's work has been questioned, it stood as the foundation of research of childhood development. (Feldman, 2008).

An alternate view to Freud's psychodynamic theory came from Erikson. Erikson's perspective focused on social interaction with other people. Erikson suggested that the developmental changes formulate over eight different stages of development across a person's life. These eight stages include: trust vs. mistrust, autonomy vs. shame, initiative vs. guilt, industry vs. inferiority, identity vs. role diffusion, intimacy vs. isolation, generativity vs. stagnation, and ego-integrity vs. despair. Erikson also provided the perspective that development continues throughout the lifespan (Feldman, 2008).

Lastly, Feldman (2008) described Piaget. Piaget provided great impact on cognitive development. Piaget's perspective suggested that a child's development passes through four stages: sensorimotor, preoperational, concrete operational and formal operational. He suggested that each of these stages happen between birth and adolescence. Piaget also introduced the idea of schemas. Schemas can be defined as "building blocks of the way we understand the world." (p. 151). Piaget also suggested that schemas make up patterns of functioning that adapt and change depending on the stage of mental development. (Feldman, 2008). Each theory suggested

that during childhood and adolescence individuals began formulating their identity of who they are in relation to the world. The theorists suggested that a child's experiences affect how they perceive the world around them and how they interact with their environment.

Neurodevelopmental Perspectives

Genetic inheritance and environmental experiences shaped the brain from prenatal development to adulthood (Fine & Sung, 2014). Research has found that shaping the brain happens across developmental periods. Researchers identified that the teenage brain is different from an adult's brain. For example, key areas that differed include emotion processing, sensation-seeking and decision making. Neural development was found to be affected by both positive and negative environmental influences. (Fine & Sung, 2014). Youth can be considered susceptible to several influences during development. Research has proved that the brain is easily influenced by environmental factors as well as genetic influence, especially during childhood/adolescence. However, the research proved that brain maturation continues beyond adolescence and into early adulthood. Therefore, childhood and adolescence were considered a very influential time on neural development. Fine & Sung (2014) reviewed research and concluded that specific skills such as modeling, mastery learning, social persuasion and self-regulation were used the most in education and intervention programs. These programs were set to promote self-efficacy in learning and behavioral change in children and adolescents. Not only did this benefit the educational piece of a child's development, but it provided evidence and support to the field of mental health counseling that interventions shape neural functioning and behavioral outcomes. (Fine & Sung, 2014). In light of this research, it can be concluded that traumatic experiences can shape a child's neural development. It also demonstrated the

importance of the work of counselors when developing interventions for the treatment of children and adolescents.

Fine & Sung (2014) reviewed research from a leading researcher (Shonkoff, Boyce, & McEwen, 2009) who suggested using the bio-developmental framework to understand differences in health, learning, and behavior. The past research found that adult behaviors originated during childhood, and sometimes during prenatal development. They discussed the idea that resilience theory worked well in this framework and suggested counseling psychologists to use this approach. Resilience theory focused on understanding healthy development regardless of risk exposure. Both risks and promotive factors were used to either help cultivate positive outcomes or reduce negative outcomes (Fine & Sung, 2014). The perspective of resilience theory provided groundwork for adolescents to build upon their personal experience and use it as a way of coping.

Child and Adolescent Coping Abilities

Tyson, Baffour, & DuongTran (2010) explored the thought that there was a "limited view" of mental illness and that mental health was either good or bad. The researchers studied gender differences in the use of strengths in a time of crisis as a means of coping. Tyson and colleagues found that over time, the strengths that a child or adolescent used during a time of crisis could help with the healing process as well as support and strengthen psychological well-being. In other words, if therapists begin helping children and adolescents identify personal strengths during therapeutic encounters, there can be room for the individual to grow and begin utilizing their own personal experiences and qualities as a way of coping in a moment of crisis. Tyson, Baffour and DuongTran (2010) stated that children and adolescents were hospitalized, regardless of gender, when they are unable to cope with a perceived crisis. If crisis occurred in a

child's life, one possible outcome is hospitalization. A child's ability to cope depends on the

environment in which the child was raised not necessarily on gender.

Wigman, et al. (2014) defined and discussed two types of coping styles, approaching the

stressor or avoiding the stressor. An example of approaching the stressor, or positive coping,

would be problem solving or seeking support. An example of avoiding the stressor, referred to as

negative coping, was when the stressor was ignored or emotional responses such as worrying,

ruminating or engaging in self-blame. The researchers reviewed a study of the general population

of adolescents which showed that the use of adaptive coping skills decreased psychotic

experiences over time in comparison to those who used maladaptive coping skills in which there

was persistence in psychotic experiences over time.

Along similar lines, Aebi, Giger, Plattner, Wikler Metzke, & Steinhausen (2014) defined

coping as "all the strategies an individual uses to manage stress and coping skills to encompass

active problem-solving strategies as well as emotional and behavioral strategies to tolerate

stress" (p. 248). The researchers reviewed several studies involving adolescents and predictors

for crime behaviors. They found that adolescents who used negative coping skills were more

likely to display delinquent behaviors and be involved in more crime. They also reviewed a study

that found that adolescents who were involved in coping skills training were less likely to

continue delinquent behaviors over time. The researchers conducted a study to look at child and

adolescent risk factors involving psychosocial and psychopathology as a predictor for adult

criminal outcomes. One risk factor assessed was the use of coping skills in stressful situations as

well as socio-economic (SES) factors, migration background, perceived parental behavior, and

substance use.

The researchers based their data from the Zurich Adolescent Psychology and Psychopathological Study (ZAPPS) which addressed the risk factors and vulnerabilities of adolescents in relation to mental health. Through this study they found that negative coping skills played a large role in mental health problems (Aebi, Giger, Plattner, Winkler Metzke, & Steinhausen, 2014). Participants were studied longitudinally over ten years, data taken four times. Data was collected from 1,086 students who participated in the study. Children in grades first to fourth were considered too young for the survey used for data collection therefore data was collected from children and adolescents from grades fifth to ninth. The researchers reviewed surveys that looked at objective and subjective stressors in the lives of children and adolescents. The researchers used coping across situations questionnaire (CASQ) to measure coping strategies. The results of the research found that coping styles played a large role in the development of adult crime. Adolescents who used maladaptive styles of coping had more long-term effects on criminal behavior, independent of other factors such as substance use (Aebi, Giger, Plattner, Winkler Metzke, & Steinhausen, 2014). The study provided evidence that coping skills play a large role in all walks of life. Meaning, the use of coping skills, positive or negative were used daily in everyday life, regardless of the situation. In relation to children and adolescents, it showed that the negative coping skills developed at a young age can affect the child or adolescent later in adulthood. It was important to develop ways to teach and implement treatments using positive coping skills to assist in the development of children and adolescents in order to live healthy, fulfilling lives in adulthood.

Yoo (2019) examined the connection between academic stress and suicidal ideation among adolescents. According to Korean statistics, the number one cause of adolescent death was suicide in 2010. The researcher examined the theoretical model of multi-dimensional stress

coping in Korean adolescents between ages 15-24. In Korea, adolescents were reported to be

unhappy, mentally unhealthy and dissatisfied with their lives in general.

The researcher determined that coping strategies developed during adolescents had a

strong correlation to mental health such as: subjective well-being and suicidal ideation (Yoo

2019). The researcher looked at the work of Lazarus and Folkman (1984) who developed the

Stress Coping Theory which examined stress coping mechanisms of adolescents. In the studies

of Lazarus and Folkman (1984) it was found that well-being and suicidal thoughts can be

changed according to how adolescents deal with stress. Yoo (2019) conducted a study to

overcome the limitations of the research conducted by the previous researchers, Lazarus and

Folkman. Yoo tested the validity of the Stress Coping Theory and used the Children

Supplementary Survey of Korean Welfare Panel Study. The researcher used data from the Korea

Welfare Panel Study (KWPS) which collected data on welfare needs in a longitudinal format.

The participants were drawn specifically from the Children Supplementary Survey of Korean

Welfare Panel Study (CSS-KWPS). Participants were high school students in Korea 10th to 12th

grade. 237 male students and 234 female students making gender balanced. Students were

relatively equally distributed by grade: 162 (34.4%) were in 10th grade, 156 (33.1%) were in 11th

grade, and 153 (32.5%) were in 12th grade. To measure subjective well-being the researcher used

the Korean Child Well-Being Index which involves happiness indicators from Health Behavior

in School-aged Children Survey (WHO), Program for International Student Assessment

(EOCD). Subjective well-being was measured with a Likert scale, *one* being very dissatisfied to

five being very satisfied. Five items were measured which included: "I think I'm healthy," "I like

school very much," "I am satisfied with life," "I feel a sense of belonging to my group," and "I

get along with those around me." The higher scores reflected a higher level of well-being.

Suicidal ideation was measured using the Suicidal Ideation Questionnaire (SIQ). The higher

scores reflected a higher level of suicidal ideation.

The results of the study found that participants did not use healthy or helpful coping

strategies. The high suicide problems and low happiness found may be due to the use of

unhealthy coping strategies. Fortunately, the results of this study also showed where

interventions could be placed to assist adolescents in developing healthy coping strategies and

decisions (Yoo, 2019). The results of this study also provided empirical evidence that supported

the importance of developing healthy coping skills during childhood and adolescent

development.

Coping Skills and Self-Esteem

Furthermore, social skills were shown to play a large role in how coping skills are

developed in children and adolescents as well as how they can influence self-esteem. Mota &

Matos (2013) conducted a study to analyze the importance of peer relationships and their effects

on coping skills and self-esteem. The researchers looked specifically at institutionalized

adolescents. In this case, institutionalized refers to children and adolescents living in orphanages

from birth to 15 years old. The researchers stated, "the provision of emotional support by peers

and the expansion of the adolescent's social world seem to be particularly relevant for

institutionalized adolescents, whose emotional ties to family figures tend to be insecure and

disorganized" (p. 95). Meaning that social skills played a large role in the development of

children and adolescents, especially those who have poor attachment and poor relationships with

family members. This can also be translated to those who are hospitalized for acute psychiatric

reasons.

Mota & Matos (2013) conducted the study using a cross-sectional design. The sample of

participants included 109 Portuguese adolescents, 81 girls and 28 boys, in 7th to 12th grades.

Adolescents institutionalized due to behavioral problems were left out of the study. Confirmatory factor analyses (EQS 6) were performed for each measure. The researchers provided four different questionnaires to each participant: Inventory of parental and peer attachment (IPPA), Social skills questionnaire (SSQ), Rosenberg's self-esteem scale, and Coping across situations questionnaire (CASQ). Results were analyzed according to Structural Equation Models (SEM). It concluded that both peer attachment and social skills had positive direct effects on active coping. Additional evidence showed that peer attachment had a direct and positive effect on self-esteem (Mota & Matos, 2013). It can be concluded that peer relationships help children and adolescents develop self-esteem and coping skills. This related to the present research and supports the use of group therapy to assist in developing coping skills. The peer relationships that developed during the group process can assist in the group members building social skills and comradery with peers. This resulted in building self-esteem in individuals.

Art Therapy and Mood Disorders

Art therapy has been used for many years in multiple disciplines. It has been used to help those who are hospitalized due to unaddressed psychosocial distress. It was also used to promote better management of care including physical symptoms, over all well-being and socialization (Shella, 2018). Art therapy has been used as a form of assessment and used in treatment as a way of creative expression to promote emotional and physical healing. (Shella, 2018). It provided a different level of processing and understanding for patients. It also allowed for a deeper connection between therapist and patient. The expressive arts have also historically proved to aid in individualized care and allowed for patients to participate in their treatment plans through skill building and self-expression (Griffith & Bauer-Leffler, 2018). Art therapy and the expressive arts provided patients with several benefits including different ways of participating in treatment. The

use of art was a nondirect approach for patients to express themselves comfortably with less

feelings of vulnerability (Hamernik, 2002). There have been several studies conducted that

proved the benefits of utilizing the arts in therapy.

Humanistic Approaches

Positive art therapy combined art therapy and positive psychology. Chilton & Wilkinson

(2016) described it as promoting "well-being by building upon what is good in our lives" (p.

249). Positive psychology has built upon several theories under the humanistic approach to

therapy and provided empirical evidence for these approaches such as: Maslow's concept of self-

actualization, Roger's client-centered therapy, and Jahoda who developed a framework for

understanding the difference between mental health and mental illness, to name a few. (Chilton

& Wilkinson, 2016). Positive psychology has not only brought together pieces from each of

these approaches, but also provided a new perspective when viewing mental health.

Chilton and Wilkinson (2016) defined the term "negativity bias" as "an evolutional

mechanism that naturally commands our attention and propels us to channel resources toward

correcting what is not functioning in our own environment" (p. 250). What that meant was that

the negativity bias labeled areas in an individual's life that were considered "problems" and

focused only on the negative. Historically this approach and the study of mental illness have

been successful in treating, identifying, and preventing many disorders. A common argument

from positive psychologists was that the disease model only provided a "limited view" of the

human experience where "people are seen as flawed and fragile" (Wilkinson & Chilton, 2013).

Positive psychology's focus was to take that into consideration but also look at all

components of mental health including happiness, feeling better, and being more productive in

life (Chilton & Wilkinson, 2016). Positive psychologists, however, did not want to discount the

way that this negativity bias has greatly helped the delivery of psychotherapy services. Rather, they want therapists and future therapists to take into consideration both sides and focus more on well-being. By identifying and building on the strengths of patients and clients there was more development in resilience against psychiatric issues (Wilkinson & Chilton, 2013). Moreover, this perspective has recently started becoming more popular in the work of mental health therapists. The perspective that clients brought a rich supply of personal strengths with them to session allows for conversation and discussion. These personal strengths have been looked upon and discussed to help facilitate positive change in the person's life.

Griffith and Bauer-Leffler (2018) examined a program for patients at the Oregon State Hospital known as the Healthy Mind Messages project, which explored the meaning of recovery to patients and staff of an inpatient psychiatric hospital. The project consisted of a collaborative art installation piece and qualitative research exploring the meaning of recovery. Approximately 60 patients participated and ten staff members participated. Participants were asked to respond to the prompt "A healthy mind is…" by finishing the sentence by writing on colored paper. Participants rolled up their paper into a tube and could add it to an assemblage of other tubes. The entire assemblage was created over a period of four months. Patients and staff contributed to the project anonymously. Results of the study found prominent themes from the definitions initiated by the prompt, "A healthy mind is…" These themes included: self-knowledge, physical health, cognition and learning, positive socialization, and principles of mindfulness.

Furthermore, this study related to the current topic in that a collaborative, installation piece can be beneficial to a patient's understanding of well-being and their goals for treatment. This study demonstrated the benefits of patients contributing to their treatment plans and treatment goals. It allowed the opportunity for patient empowerment and provided a positive

perspective on patient care and treatment. The researchers found the experience was a positive experience for patients of an inpatient psychiatric unit.

Group Art Therapy

Gatta, Gallo & Vianello (2014) spoke of group art therapy as a way for adolescents to experiment with personal boundaries. Group art therapy has proved to be beneficial to the child and adolescent development for multiple reasons. Graham and Sontag (2001) used art therapy to assess a child's experience in a grief support group. The study took place during a one-year reunion of the children's group. Members of the group were aged between six and 12 years old. The study was retrospective, completed by an art therapist outside of the group. A non-random group of Caucasian children, from various socioeconomic backgrounds were selected that attended a grief support group in a midwestern town, each child had lost a parent. The participants were divided into groups of two or three and an undergraduate student. The research was conducted in two phases. During the first phase children were interviewed by one of the researchers and were asked to draw or verbally responding three questions. The questions were the following: "do you remember why you first came to the group? When did you feel better? How do you feel now?" Three themes came from the data: the vulnerability of grieving children, the importance of maintaining memories, and the contribution of the group to the process of grieving (p. 38). Results of this pilot study found that art can be used in future studies to assess a child's perceptions of groups and the group process can be instrumental in assisting children in their development.

On a related note, Reed, Kennedy & Wamboldt (2015) studied a community arts mentorship program for chronically ill children, through a program called Art for Life. The mentorship program worked with children enrolled in the Medical Day Treatment (MDT)

program which operated out of the Psychiatry and Behavioral Sciences Department of a

Children's Hospital. Five students participated (12-18 years old, three males and two females),

along with parents and staff. Two interview guides were developed. Parents, students, and staff

were asked the same 12 interview questions. After analyzing the interviews the themes that

emerged were coded and put into categories. Six common themes emerged from the interview.

The themes included: Importance of Relationship with Artist/Student, Building Students' Self-

Esteem and Self-Confidence, Students' Engagement in the Program, Strengthening Students'

Family Bonds, Students Developing New Coping Skills, and Artists Growing Personally and

Professionally (Reed, Kennedy, & Wamboldt, 2015). The results of the study concluded that

there were several benefits of the Art for Life program; for example, participants were able to

build community among their peers and a place of support. Both community building and having

support were important factors to consider when working with the youth population.

Methods

Participants

For this research, participants included 41 children and adolescents aged nine to 17 years

old who were patients in a short-term acute psychiatric hospital. Among the 41 participants, 24

were considered adolescents aged 12-17 years old (Group 2), and 17 were children aged 9-12

years old (Group 1). 14 of the participants were males, 22 participants were females, and five

participants identified as transgender males. The majority of participants were Caucasian (22

participants), 16 participants were African-American and three participants were Latino. The

average length of stay for patients was five to seven days.

Materials

Materials 8 ½" x 11" construction paper of various colors, markers, colored pencils, and oil pastels. A minimum of three pieces of paper were used during the intervention. A female and male body outline worksheet was provided as a guide for those who chose not to draw their own superhero form. Other materials were available to participants on an as needed basis. If a material was not already put out for use it could be requested, participants were instructed to ask the leader for any additional material and they were checked out as per safety precautions at the site.

Procedure

The art therapy intervention took place in the group room of the child and adolescent psychiatric inpatient unit. The method was implemented one time with each group. The protocol was repeated an additional two times for validity purposes for a total of six implementations. The researcher chose to facilitate the intervention every other week to account for patients staying longer than seven days in order to not repeat the intervention during their hospital stay. Each session, the intervention protocol involved the same three parts: Opening warm-up, intervention, and closing/wrap-up.

Warm up – The facilitator asked patients to think about their favorite hero. The facilitator provided verbal examples; from comic books, movies, books, or personal experience. Patients were provided with a piece of paper and something to write with and asked to write down their hero's name and three qualities about that hero. Patients were invited to share their hero and one thing about them by going around the room one by one. Participants were then asked to write their name at the top of the paper. The facilitator discussed positive qualities with the participants. Participants were encouraged to pass around their piece of paper in order for peers to write down one positive quality about that person. Once each participant was complete,

the papers were returned to the original owner. Time for reflection was given to participants to read and reflect on what positive qualities were written about them.

Art therapy intervention – The facilitator discussed qualities and characteristics that make a superhero/hero heroic as well as the qualities and characteristics that make up different types of villains described in movies, books, media, etc. The facilitator invited participants to think about what may have brought them to the hospital or different issues they may struggle within day to day life. Participants were asked to write down at least two of these issues and why. Once this was completed participants were asked to review the list of positive qualities created by their peers and choose at least three from the list. Participants were also encouraged to add any additional strengths or qualities they felt necessary. Participants were encouraged to create a superhero using the positive qualities and personal strengths as the superhero's superpowers or create superpowers that could defeat their personal issues.

Closing and wrap up – To wrap up the activity the group patients were encouraged to share their superhero and superpowers with the group. The group facilitator asked processing related questions such as: How did it feel to read the things your peers wrote about you? How did it feel to create a superhero based on these strengths? Would it have been more difficult to start out writing positive qualities about yourself without the help of your peers? The facilitator allowed time for discussion and followed the direction of the participant's discussion topics.

Results

The intervention, "Finding My Superpowers," was practiced during the patients' stay at the hospital. The participants were observed once during their admission. Hospital charts were used to gather information on demographics and psychiatric diagnosis. The protocol was implemented twice. One time with Group 1 and one time with Group 2. The protocol was

repeated an additional two times with each group to test reliability and validity for a total of six

implementations. During one of the Group 1 facilitations there was only one participant due to

the age division. During this implementation the participant demonstrated oppositional behaviors

and due to behavioral and safety concerns the protocol was stopped. During the other five

implementations of the protocol participants were able to complete the warm up activity with

ease. Participants were observed working quietly with minimal talking during the first phase of

the protocol, Warm up. Each time the warm up was used, participants would lead the group with

asking the facilitator questions until they were able to settle and focus on the task at hand. During

two of the groups, participants were chosen randomly to share, as they did not spontaneously

offer their ideas. When participants were allowed to read comments written by their peers,

participants were observed smiling and relaxing in their chairs more so than before. It was

observed that some participants felt relieved after reading some of the comments. One participant

commented stating, "I didn't know that about myself but it is true!" Participants felt encouraged

and empowered by this part of the activity.

During the second phase of the protocol, art therapy intervention participants were asked

to create a superhero based on the comments and qualities that their peers had written.

Participants struggled at first with coming up with ideas. It was observed that participants sat at

their table staring at the piece of paper in front of them. Seven participants were observed going

straight to work on creating the superhero. 21 participants out of the 41 chose to create a

superhero without the body outline worksheet that was offered as an option.

During the time for discussion 34 out of the 41 participants reported that having their

peers write down qualities about them helped them create superpowers for their superhero.

Participants reported that it would have been more difficult to think of positive qualities about

themselves independently without assistance. Three participants struggled with coming up with a

hero at the beginning of the protocol. The facilitator spent time speaking one on one with these

participants, providing reflective listening to the participant. After one on one discussion two out

of the three participants were able to complete the intervention. One participant chose not to

participate in the intervention at all. That participant sat in the room and observed during the

group time and was not disruptive. Prior to dismissing the group participants were asked how

they felt after the protocol. 36 out of 41 participants reported they felt good about themselves.

One participant stated, "I want to use these superpowers in real life to help me with my

problems." Of the remaining five participants, three chose not to respond to the verbal question,

and two participants reported they felt the same.

Discussion

The protocol was implemented the same way each time it was facilitated, with minimal

adjustments in regard to group size or behavioral issues. The results of the proposed protocol,

"Finding My Superpowers," varied each time the intervention was implemented due to many

variables. It was difficult to complete each step of the protocol within the time scheduled for the

group. In the future it would be recommended to divide or extend the intervention over two

groups or the option of extending the group time. By extending the group time the facilitator

could add more to the protocol in regard to providing more time to discuss reasons for

admission, different life stressors that may be affecting the patient. The group could be extended

by creating villains out of the daily life stressors that each patient faces to which the patient

could then create a comic or narrative of their superhero overcoming the villain. It could allow

patients to make their own definitions for experiences in their life rather than being labeled and

give meaning to their own life experiences and understand them in a different way. It would also allow the patient to experience more strengths-based interventions to allow for empowerment.

Another variable to be considered was that patients were often taken out of group to be interviewed by the treatment team, or came to group late due to meeting with the treatment team. At times this changed the dynamics of the group because different personalities were either added or subtracted to the group. The flow of the group was also interrupted. During these occurrences the group facilitator would provide time outside of group time for patients to complete unfinished projects. Due to the nature of the site this interruption was unavoidable. If this group was provided outside of the hospital setting it could offer a solution for the interruptions.

The interest for future research could examine hospital readmissions among adolescents as well as suicidal risk. The single intervention used for the purpose of this thesis could be used as one session in an eight-week intervention. The intention for the eight-week intervention would be to offer an opportunity for children who have been newly discharged from an inpatient mental health program to use art to help develop and practice coping skills. The protocol would be developed and then provided post-discharge as a way of a step-down service to help patients reintegrate into their daily lives but still provide support and a space to practice coping skills.

Conclusion

This exploratory method proposal shed light on ways of implementing a strengths-based model for the treatment of children and adolescents diagnosed with mood disorders. The research took into consideration the development across the lifespan of children and adolescents as well as the onset of mental health diagnoses at this age. The research also concluded that art therapy and group art therapy are strong components in the treatment of children and adolescents. It was

noted that art therapy theory and positive psychology provide a balance in the treatment of those

diagnosed with mood disorders as well as other acute psychiatric diagnoses. It provided

opportunities to explore resilience in patients as well as the strength-based approach to treatment.

The research also examined the rates of suicide among those diagnosed with mood disorders at

an early age. The rise in numbers could be considered an epidemic and reason for future

research. The intervention developed for the proposed protocol involved externalizing problems

that patients face in their daily life. It allows for a more approachable way to define and discuss

personal qualities that children and adolescents may have a hard time coming up with on their

own. The results of the proposed method led the researcher to think about future

implementations of the directive and a way to organize it into an eight-week intervention for

patients recently discharged from psychiatric inpatient treatment and to help prevent hospital

readmissions with this population as well. The research gathered and the results of the proposed

method contribute to the general discussion regarding the stigma of mental health.

References

Aebi, M., Giger, J., Plattner, B., Winkler Metzke, C., & Steinhausen, H.-C. (2014). Problem

    coping skills, psychosocial adversities and mental health problems in children and

    adolescents as predictors of criminal outcomes in young adulthood. *European Child &*

    Adolescent Psychiatry, 23(5), 283-293. doi:10.1007/s00787-013-0458-y

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*

    (5th ed). Washington, DC: Author.

Calles, Jr., J. L., & Nazeer, A. (2012). Adolescence and mood disorders. *International Journal of*

    Child Health and Human Development, 5(2), 215-225.

Chilton, G., & Wilkinson, R. (2016). Positive Art Therapy. In J. Rubin (Ed.), *Approaches to*

    Art Therapy: Theory and Technique (3rd ed., pp. 249-267). Routledge.

Davies, D. (2004). *Child Development: A practitioner's guide* (2nd ed.). New York, New York:

    The Guilford Press.

Feldman, R. S. (2008). *Development Across the Life Span* (5th ed.). Upper Saddle River, New

    Jersey: Pearson Education Inc.

Fine, J. G., & Sung, C. (2014). Neuroscience of child and adolescent health development.

    Journal of Counseling Psychology, 61(4), 521-527.

    doi:http://dx.doi.org.ezproxyles.flo.org/10.1037/cou0000033

Gatta, M., Gallo, C., & Vianello, M. (2014). Art therapy groups for adolescents with personality

    disorders. *The Arts in Psychotherapy, 41*, 1-6. doi:10.1016/j.aip.2013.11.001

Graham, PhD, M., & Sontag, PhD, ACSW, M.-A. (2001). Art as an evaluative tool: a pilot study.

    Journal of the American Art Therapy Association, 18(1), 37-43.

    doi:10.1080/07421656.2001.10129451

Griffith, F. J., & Bauer-Leffler, S. (2018). What is a Healthy Mind? Art informs recovery at a

    state psychiatric hospital. *Art Therapy, 35*(1), 42-47.

    doi:10.1080/07421656.2018.1459117

Haeyen, S., van Hooren, S., van der Veld, W. M., & Hutschemaekers, G. (2018). Promoting

    mental health versus reducing mental illness in art therapy with patients with personality

    disorders: A quantitative study. *The Arts in Psychotherapy, 58*(April 2018), 11-16.

    Retrieved from https://doi.org/10.1016/j.aip.2017.12.009

Hamernik, J. R. (2002). Use of creative therapy with adolescents in an inpatient setting. *Journal*

    of Clinical Activities, Assignments & Handouts in Psychotherapy Practice, 2(2), 109-118.

    Retrieved from http://www.haworthpressinc.com/store/product.asp?sku=J182

Kagan, R., & Spinazzola, J. (2013). Real life heroes in residential treatment implementation of

    an integrated model of trauma and resiliency-focused treatment for children and

    adolescents with complex PTSD. *Journal of Family Violence, 28*(7), 705-715.

    doi:10.1007/s10896-013-9537-6

Malchiodi, C. A. (1998). *Understanding Children's Drawings.* New York, New York: The

    Guilford Press.

Mota, C. P., & Matos, P. M. (2013). Peer attachment, coping, and self-esteem in institutionalized

    adolescents: the mediation role of social skills. *European Journal of Psychology of*

    Education, 28(1), 87-100. doi:http://dx.doi.org.ezproxyles.flo.org/10.1007/s10212- 012-

    0103-z

Reed, K., Kennedy, H., & Wamboldt, M. Z. (2015). Art for Life: A community arts mentorship

    program for chronically ill children. *Arts & Health, 7*(1), 14-26.

    doi:10.1080/17533015.2014.926279

Rocha, T. B., Zeni, C. P., Caetano, S. C., & Kieling, C. (2013). Mood disorders in childhood and

    adolescence. *Revista Brasileira de Psiquiatria, 35*(1), S22-S31.

    doi:http://dx.doi.org.ezproxyles.flo.org/10.1590/1516-4446-2013-S106

Shella, T. A. (2018). Art therapy improves mood, and reduces pain and anxiety when offered at

    bedside during acute hospital treatment. *The Arts in Psychotherapy, 57*(February 2018),

    59-64. Retrieved from https://doi.org/10.1016/j.aip.2017.10.003

Twenge, J. M., Cooper, A., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019). Age, period, and

    cohort trends in mood disorder indicators and suicide-related outcomes in a nationally

    representative dataset, 2005-2017. *Journal of Abnormal Psychology, 128*(3), 185-199.

    doi:http://dx.doi.org/10.1037/abn0000410

Tyson, E. H., Baffour, T. S., & DuongTran, P. (2010). Gender comparisons of self-identified

    strengths and coping strategies: a study of adolescents in an acute psychiatric facility.

    Child & Adolescent Social Work Journal, 27(3), 161-175. doi:10.1007/s10560-010-0196-

    7

White, V. E. (2002). Developing counseling objectives and empowering clients: a strength-based

    intervention. *Journal of Mental Health Counseling, 24*(3), 270-279. Retrieved from

    https://search-ebscohost-

    com.ezproxyles.flo.org/login.aspx?direct=true&db=aph&AN=7123543&site=eds-

    live&scope=site

Wigman, J. T., Devlin, N., Kelleher, I., Murtagh, A., Harley, M., Kehoe, A., . . . Cannon, M.

    (2014). Psychotic symptoms, functioning and coping in adolescents with mental illness.

    BMC Psychiatry, 14(97). Retrieved from Retrieved from https://search-ebscohost-

com.ezproxyles.flo.org/login.aspx?direct=true&db=psyh&AN=2014-47939-

001&site=eds-live&scope=site

Wilkinson, R. A., & Chilton, G. (2013). Positive Art Therapy: Linking Positive Psychology to

Art Therapy Theory, Practice and Research. *Art Therapy: Journal of the American Art

Therapy Association, 30*(1), 4-11. doi:10.1080/07421656.2013.757513

Yoo, C. (2019). Stress coping and mental health among adolescents: applying a multi-

dimensional stress coping model. *Children and Youth Services Review, 99*(C), 43-53.

doi:https://doi.org/10.1016/j.childyouth.2019.01.030

THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Maria Williams

Student's Name: _____

Type of Project: Thesis

Finding my superpowers: Developing a coping skills method using art therapy as an intervention

for children and adolescents with mood disorders

Title: _____

May 2019

Date of Graduation: _____

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Krystal Demaine, PhD

Thesis Advisor: _____ _____