

Lesley University

DigitalCommons@Lesley

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-16-2020

Development of Dialectical Behavior Therapy Informed Art Therapy Method for Adults with Psychiatric Diagnoses in a Partial Hospitalization Program

Lauren Muller
lmuller2@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Muller, Lauren, "Development of Dialectical Behavior Therapy Informed Art Therapy Method for Adults with Psychiatric Diagnoses in a Partial Hospitalization Program" (2020). *Expressive Therapies Capstone Theses*. 274.

https://digitalcommons.lesley.edu/expressive_theses/274

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

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

Student's Name: Lauren Muller

Type of Project: Thesis

Title: Development of Dialectical Behavior Therapy Informed Art Therapy Method for Adults with Psychiatric Diagnoses in a Partial Hospitalization Program: Capstone Thesis

Date of Graduation: May 16th 2020

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

Thesis Advisor: Dr. Rebecca Zarate, MT-BC, LCAT, AVPT

Development of Dialectical Behavior Therapy Informed Art Therapy Method
for Adults with Psychiatric Diagnoses in a Partial Hospitalization Program

Capstone Thesis

Lesley University

May 1st, 2020

Lauren Muller

Specialization: Art Therapy

Thesis Instructor: Rebecca Zarate Ph.D., LCAT, MT-BC, AVPT

Abstract

Mindfulness based approaches as well as alternative forms of treatment have widely been introduced into the partial hospitalization setting. While the inclusion of art therapy allows individuals to engaged with a tactile experience, DBT and mindfulness informs the individual of concrete skills and coping strategies to be directly applied in the creative space. There has been ample research conducted on the use of DBT in a partial hospital setting, however there is a lack of research on the inclusion of DBT informed art therapy in the same setting. However, small scale phenomenological research has been conducted on the effectiveness of DBT informed art therapy. These studies provide a unique glimpse into the usefulness of integrating both approaches to promote skill acquisition and generalization, practice and role play of skills in a safe therapeutic environment, and authentic self - expression. In addition, empirical research has been conducted on the usefulness of mindfulness and meditation in managing emotions and mental states. These studies suggest that learning to consciously and mindfully control ones breath during meditation, is instrumental in the mastery of both mind and emotions. To contribute to the growing research conducted on DBT informed art therapy, this writer has developed a four group art therapy and DBT skills protocol specific for the partial hospital setting. The group notes, participation, and success seen during their 10 day treatment suggests there are benefits to be explored in the combination of DBT and art therapy in partial hospitalization treatment.

Keywords: Art Therapy, Partial Hospitalization, Dialectical Behavior Therapy, Mindfulness, Emotion Regulation, Distress Tolerance, Interpersonal Effectiveness

Development of Dialectical Behavior Therapy Informed Art Therapy Method
for Adults with Psychiatric Diagnoses in a Partial Hospitalization Program

Introduction

Dialectical behavior therapy is one of the leading evidence - based practices for treating an at risk population (Groves, Backer, Bosch & Miller, 2012). DBT is able to work as well as it does due to its structure and skill building aspects. Comprised of four modules, mindfulness, emotion regulation, distress tolerance skills, and interpersonal effectiveness, individuals have access to weekly skill building groups, 24 hour telephone support, and individual therapy (Fischer & Peterson, 2014). Art therapy is also unique in that art provides a safe and socially acceptable outlet for heightened emotional release. This catharsis of emotions is similar to the skill building module of emotional regulation and distress tolerance from the dialectical behavior therapy format. Therefore, it is important to look at the benefits of combining DBT and art therapy for clinical application and treatment.

Introducing art therapy into DBT skills groups allows individuals to learn, experiment, and process the skills being presented in a safe therapeutic environment. In conjunction with lecture style psycho-educational DBT groups, DBT informed art therapy groups offer new ways to learn and practice skills in real time. For the purpose of this research, we will be directly looking at the effectiveness of dialectical behavior therapy in conjunction with art therapy for effective skill acquisition. It is hypothesized that art therapy informed DBT will better promote learning and generalizing DBT skills in a partial hospitalization setting, when compared to traditional DBT skills groups.

Literature Review

The literature being review in this section will highlight the effectiveness of the expressive therapies, dialectical behavior therapy, and mindfulness in the clinical setting. This writer will also explore where there are gaps in current research, and what is needed to be research to further advance the field.

Dialectical Behavior Therapy and Expressive Therapy

The study conducted by Fischer and Peterson, aimed to look at the effectiveness of dialectical behavior therapy in adolescent binge eating, purging, suicidal behavior, and non-suicidal self-injury (2014). Dialectical behavior therapy integrates mindfulness and acceptance based principles stemming from behavioral change theories (Fischer & Peterson 2014). A unique aspect of DBT is that it specifically targets both triggers for escalation of negative emotions, and behaviors such as non-suicidal self- injure or NSSI, that are used to cope with unwanted to difficult emotions. Although this study did focus on the use of dialectical behavior therapy in the treatment of eating disorders as well as suicidal behaviors, the study did address the lack of evidence in transdiagnostic treatment of both eating disorders and suicidality in adolescents. This study was designed using self reported surveys, the *Beck Depression inventory-II* (Beck, Steer & Brown, 1996) and the *Deliberate Self-Harm Questionnaire* (Gratz, 2001), as well as structured clinical interviews and self monitoring diary cards (Fischer, Peterson, 2014). The results of this study found a self reported reduction in eating disorder scores, and self-injury from pre to post treatment assessment. A 6 month follow up was conducted and 85.7% of participants had abstained from self injury.

In a study carried out by S.James, K. Freeman, D.Mayo, M. Riggs, J. Morgan, M. Schaepper, and S. Montgomery, (2014), the focus was looking at implementing dialectical behavior therapy with two groups of youth engaged in deliberate self-harm. The one-year long

duration of dialectical behavior therapy was found to be much more successful in clients who had private insurance, due to drop out rate and accessibility. This limitation is important to make note of because treatments should be accessible to all socioeconomic classes. L. Ritschel, N. Lim, and L. Stewart, also made a note in their 2015 research on the importance of adapting dialectical behavior therapy treatments to be accessible to wide range of populations.

Coordinating principles of art therapy and DBT a study conducted by Heckwolf, Bergland, and Mouratidis in 2014, aims to incorporate aspects of dialectical behavior therapy into art therapy. The term sublimation is used to describe a process in which conflicting feelings such as affection and aggression are transformed into esthetically satisfying dialectic form (J.Heckwolf, M. Bergland & M. Mouratidis, 2014). This type of emotion regulation can clearly be seen in the ability to transfer these conflicting feelings into an art form, here art is used as a vehicle of emotion regulation to replace maladaptive behaviors such as NSSI. This study found that participants wished to recognize what it was that they where feeling, as this would better help them validate and manage their emotions. By improving emotional regulation, it is shown to lead to better decision making once emotions have been recognized, labeled and managed in a healthy manner. Non-suicidal self-injury is thought to distract from the negative emotions being experienced by diverting attention to concrete stimuli (Fischer & Peterson, 2014). According to Fischer and Peterson, individuals engage in concrete stimuli such as self injurious behavior, to distract from unwanted emotions. The use of art acts as a replacement to maladaptive behaviors, including self harming. The conclusion of this study stated that the development of emotion regulation difficulties, may lead to engagement in multiple maladaptive behavior patterns. This being said, the importance of appropriate emotion regulation skills is vital in developing healthy coping mechanisms. The study found that by combining a kinesthetic aspect such as art making,

with the verbal nature of dialectical behavior therapy, seemed to activate bi-lateral integration in the brain. This enables the linking of left to right brain functioning through art making and verbalization of the art created (Heckwolf, Bergland & Mouratidis, 2014).

According to Susan Clarks book *DBT-Informed Art Therapy*, “ Art therapy offers space and time to explore, practice and integrate the skills in a holistic manner...DBT is not just the skills training group but a comprehensive approach to treatment; homework and practice in the community are what makes DBT come alive”(p. 106). Clarks book goes on to discuss the background of borderline personality disorder, mindfulness, and art therapy. The reader is then exposed to several different methods of integrating the arts into a DBT setting. Firstly, the group leader can utilize a *Combined* method, “this is essentially a standard (DBT) skills training intervention with a creative arts-based activity folded in. The experiential is directly related to that sessions skill lesson and serves to elaborate on it” (p.129). An example of a combined group could be reviewing a traditional DBT emotion regulation hand out. Group members would then verbally process, conceptualize, and practice this skill. Once participants have an understanding of the information being presented, the therapist can then introduce an art directed that enhances the learning of the practiced skill. Secondly, the group leader may choose to implement a *Sequential* method.

The Sequential method of implementing DBT-informed art therapy includes leading a traditional DBT skills group, followed by a related arts- based group. An example of the Sequential method would be holding a 45-minute core mindfulness group on a Tuesday, and that following Wednesday the therapist will lead a arts based group with the theme of core mindfulness. The next identified method is the arts based/parallel process method. Unlike previous mentioned methods, “these sessions are not structured around one of the formal DBT

skills training schedules (Linehan 2015a); therefore, the creative activities have DBT related themes but do not necessarily follow a set progression of skills” (p.130). This could include art groups that explore specific concepts of DBT such as a life worth living, or have a focus on facilitating the use of a DBT skill such as distress tolerance. For the purpose of this research, arts based/parallel process will be the specific method utilized in conducting research. Lastly, there is the *Interdisciplinary* method.

The interdisciplinary method includes a collaborative clinical team. Art Therapy and DBT skills training groups are included within a coordinated environment that “offers more than one treatment modality, may draw from multiple theoretical perspectives and frameworks” (p131). When using this method, it is assumed that group members have had previous exposure to DBT skills groups as well as DBT psycho-educational groups. Clark then goes on to describe applications and uses of all methods previous listed. As well as provide the reader with a deeper understanding of mindfulness and the importance of a foundational understanding and personal practice.

Mindfulness

Clark describes mindfulness as follows: “Mindfulness is a deliberate, purposeful bringing of clear-eyed, attention to the workings of the mind, body, and behavior” (p.78). For those individuals that utilize mindfulness, it is thought that through full engagement with the present, we open ourselves to the possibility of a lifestyle of greater clarity, peace and freedom from suffering (Clark, 2017). For these reasons, mindfulness has widely fascinated professionals in the world of psychology and mental health. Mindfulness has been proven to improve self regulation of emotions, decreasing anxiety, as well as decreasing the likelihood of depression relapse (Clark 2017). A regular mindfulness practice also appears to decrease avoidance behaviors.

Mindfulness can also be viewed as having commonalities with metallization, “the capacity to identify and think about the mental states...Both mindfulness and metallization seem to improve emotion regulation, cognitive flexibility, and interpersonal; relationships” (p.82). While Clarks book exhibits a vast amount of research conducted on the clinical applications of mindfulness, she goes further to describe the DBT “what” and “ how” skill’s.

The mindfulness “what” skills informed the individual of “what” actions or behaviors they need to practice at any given moment. These actions or behaviors could include using dishes tolerance skills, or other DBT coping skills. The “what” skills are “observe, describe, and participate, and can be employed one at a time or in conjunction with one or more “how” skills (p.87). The mindfulness “how” skills are used to provide the individual with guidance on “how” to most effectively implement the “what” skill’s. The DBT mindfulness “how” skills include “observing non judgmentally, one mindfully, and effectively”. The author concluded her section on mindfulness with a note on the use of mindfulness in empirically founded mental health treatment such as DBT.

According to Feliu-Soler, Pascual, Borrás, Portella, Martín-Blanco, Armario, Alvarez, Perez & Soler,(2014) evidence suggests that dialectical behavior therapy could be associated with modifications in the activation of brain areas responsible for emotion regulation. Feliu-Soler’s study sought to examine whether dialectical behavior therapy with a focus on mindfulness in addition to treatment as usual, could improve emotional responses to a negative emotional induction procedure. The hypothesis was that mindfulness training would be able to reduce emotional reactivity measured by self report of the participants. Although the results were not statistically significant, both the treatment as usual group and the dialectical behavior therapy with mindfulness showed clinical improvements. However greater improvement in depressive

symptomatology and psychiatric severity was seen in the DBT-mindfulness group (Feliu-Soler et, al, 2014).

According to Laury Rappaports book *Mindfulness and the Arts Therapies Theory and Practice*, “Mindfulness skills are at the core of DBT skills because increased awareness in the moment leads to increased flexibility in responding...allowing one’s self to become aware of thoughts, emotions and triggers as events, not as facts, thus creating distance from them” (p. 236). By honing one’s ability to slow down and notice, individuals who have developed maladapted coping skills such as self harming now have the ability to quite literally stop and think before they act.

Expressive Therapies and Trauma

In their study of art therapy and at risk youth, conducted by Sitzer and Stockwell (2015) sought to investigate the presence of early life stressors, that may lead to increased likelihood of developing maladaptive behaviors such as substance abuse and self-harm later in life (Sitzer & Stockwell, 2015). This study is specifically interesting because it sought to provide preventative treatment through art work. Focused on the intersection between prevention and treatment, less focus was placed on identifying youth with specific traumatic histories (Sitzer, & Stockwell, 2015).

Expressive art therapy stays within metaphorical symbols individuals generate themselves, this can provide feelings of safety as well as a means to explore and process trauma. This study was also developed with a pre-post test design with individuals serving as their own controls, each week an art directive was given followed by a in depth conversation regarding the initial drawing prompt. Prompts included, trust building, family cohesion/stages of change, anger management, coping skills, and mindfulness, resilience and development of integration (Sitzer &

Stockwell, 2015). *The Wellness Inventory* was used to measure information regarding the drawings and prompts, this is a 26 item, 7 point Likert scale set reported inventory. Eleven items from the Wellness inventory were found to be statistically significant from pre test to post test, this is evidence of the effectiveness of art therapy in conjunction with aspects of dialectical behavior therapy (Sitzer & Stockwell, 2015). However due to the small sample size of this study, findings may not be generalizable to other populations. Future research could include more attention to which art directive or combination of art directives, promotes the greatest change as well as a more diverse socioeconomic and ethnic background.

Method

Participants

The individuals who will be participating in this research study are ages 18 to 75, with a psychiatric diagnosis and/or substance abuse. Individuals are currently attending Beverly Hospitals Partial Hospitalization Program. Individuals will be referred to PHP level of care in one of three ways, a self referral, referral by outpatient provider, or as a step down from inpatient level of care. Participants are mostly from the North Shore area, with some individuals coming from New Hampshire and Middlesex county. Clients will attend 5 groups a day, each day will include a traditional DBT skills group. Art Therapy informed DBT groups will be held on Monday and Tuesday, with adjunctive art therapy groups held on Wednesdays. At the end of each day participants will be interviewed and given the opportunity to further describe their art work and experience in the traditional DBT group and the art therapy informed DBT group.

Research Question and Hypothesis

To observe the benefits of art therapy integrated with dialectical behavior therapy in providing effective coping skills for a partial hospitalization level of care, the following research

questions and hypothesis have been proposed. Firstly, does the combined use of art therapy and dialectical behavior therapy help the identified population learn mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance skills better than each form of treatment without the use of art therapy. It is hypothesized that there will be a positive correlation between art therapy integrated DBT treatment and the applicable use of the identified skills in a partial hospitalization level of care. Additionally, art directives related to each of the four DBT models will be used from Clark's book *Dbt-informed art therapy: mindfulness, cognitive behavior therapy, and the creative process*.

Procedure

DBT informed art therapy directives will be implemented twice weekly in the partial hospitalization setting. These groups are 45 minutes in length and DBT module specific directives will be utilized from Susan Clarks book, *DBT-Informed Art Therapy*. Clarks book provides both background knowledge on art therapy and dialectical behavior therapy. The author then combines principles from both practices to develop clinically informed art directives. Informal interviews/group discussions will be held at the end of each week to gain feedback on the effectiveness of the groups. Topics such as, skill understanding, skill acquisition, and skill application will be recorded by the researcher in journaling format. Clients will be asked to compare their experience in both the DBT groups and the DBT informed art therapy groups. Arts based research will also be conducted by viewing client art work and client descriptions of the creative process and skill acquisition. This writer will also be engaged in the creative process during each art therapy and DBT group. This will be done as to share visuals examples of the directives used in each group, as well as provide this writer with insight into the creative experience of group members.

Session Procedures

While each individual will experience total of 4 DBT informed art therapy groups throughout their treatment, groups will be conducted in the following patter as to reflect the order in which the modules are taught from a traditional DBT model, Group 1 core mindfulness, group 2 interpersonal effectiveness, group 3 emotion regulation, and group 4 distress tolerance. The information below highlights each group art invitation, materials, procedure, and my reflection. I have also included my own artwork to reference for each described group.

Group 1: Mindfulness of Art Materials

The skills and concepts focused on are basic mindfulness, what skills (observe, describe, participate), and how skills (one- mindfully, nonjudgmental, effectively). The materials required include the following: drawing and water color paper cut into 5x5 inch squares, graphite pencil, oil pastels, colored pencils, chalk pastels, watercolor paints, paint brushes, and tempera paint.

The procedure is as follow: the session will begin with the group leader instructing participants sit quietly in their chairs for a moment, eyes can be closed or open. The group leader will then invite individuals to bring their attention to the bodily sensations they feel while seated, guiding them to relax the jaw, hands, and shoulders. Next the group leader will invite participants to focus their attention to the sense of touch, noticing the temperature of the room, and how their clothing feels on their skin. Individuals will then be guided through noticing any sounds or smells in the room. The group leader will reinforce the practice of nonjudgmental noticing of these sensations, utilizing an observe and describe language. Participants will next be guided into focusing on the breath, noticing inhalations and exhalations, without altering their natural pace of breath. Once this brief founding breath work is completed, the group leader will prompt the participants to open their eyes and return to the room. From here, individuals will be

invited to pick up a piece of pre cut paper. First noticing what the paper feels like in their hands, noticing the corners, edges, the texture, as if they had never seen a piece of paper before. This will be done with both the watercolor paper and the drawing paper in a non judgmental manner. Next, the group leader will prompt participants to do this same nonjudgmental noticing exercise with the graphite pencils. From here participants will explore mark making with the colored pencil on drawing paper. The idea is not to create anything specific, rather to notice what is being experienced, the contrast, the sound of the pencil on paper, and so on. Individuals will be invited to observe thoughts, emotions, bodily sensations, likes and dislikes. This exercise will be done with each of the materials listed above, spending about 3-5 minutes with each material. Each medium will be explored in the following order (from most restrictive, to least restrictive)

- 1.graphite drawing pencil on drawing paper
2. colored pencil on drawing paper
3. oil pastel on drawing paper
- 4.chalk pastel on drawing paper
5. tempera paint on watercolor paper
6. watercolor paint on watercolor paper

The seventh and final art exploration will be done with at least two of the previously explored materials. The idea is not to make a cohesive piece of art work, but rather focusing on how the materials interact with one another. During this portion of the group, individuals will be encouraged to notice sensory experiences, likes and dislikes, and cognitive/ emotional responses to the creative process. The discussion and processing portion of this group will be participant lead for the most part, with prompting from the group leader as needed. Individuals will be encouraged to reflect on their experience moving through each mindfulness activity as well as

their application of the core mindfulness skill. Potential topics to facilitate group discussion can include individuals likes and dislikes, their ability to practice nonjudgmental noticing, and what felt difficult for them and why. The group leader can also encourage non judgmental noticing, rather than “good and bad” aspects of individuals art. Figure 1 below is an example of my own artwork made following the prompt mindfulness of art materials.



Figure 1. Mindfulness of art materials.

Group 2 Relationship Mural

The interpersonal effectiveness skills being presented in this group allow participants to practice their EI skills within the space of the creative process. The materials needed are as followed: butcher/mural paper, card stock, a drawing matures (colored pencils, markers, oil pastels, pens), glue and scissors. For this group, the group leader will facilitate a group lead brainstorm as to decide on a topic or theme for their mural. If this is met with resistance or uncertainty, some themes could include: hope, recovery, effectiveness, community, a life worth

living, and interdependence. Once participants have collectively decided on a topic for their mural, they will each individually create a self portrait on the card stock provided. These portraits can be representational, or symbolic i.e. self as a tree. Once finished group members will be invited to briefly share their self portrait with the group. From here, participants are encouraged to keep the chosen theme in mind when comprising all of their self portraits onto the mural paper. When all portraits are accounted for, participants will discuss how to further embellish their collective mural. While working collaboratively on the mural, the group leader will take on the role of witness. This allows participants to practice their interpersonal effectiveness skill in the frame of the creative process with one another.

Group discussion and processing will be focused on the individual's experience working with one another, the use of their interpersonal effectiveness skills, and as a whole the group will explore the murals expression of the chosen theme. While verbally processing, the group leader will remind participants to maintain a radically nonjudgmental stance in regards to feedback. Seen below in figure 2, I have included my own artwork from the relationship mural prompt.

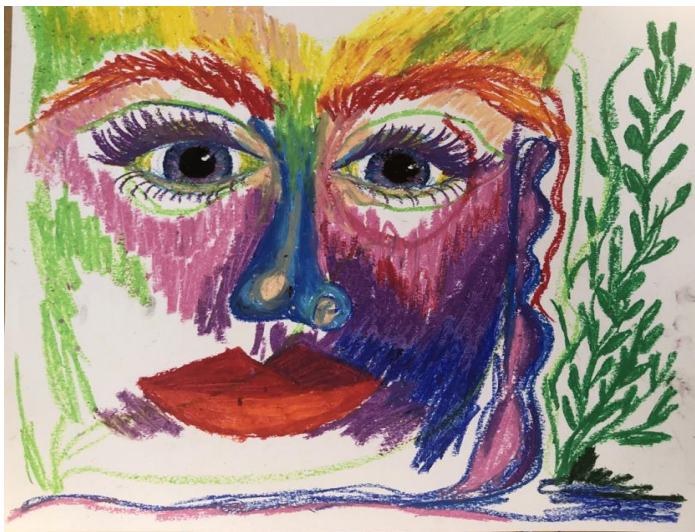


Figure 2. Relationship mural.

Group 3: Draw your emotions wave, hurricane, roller coaster, or other emotional image.

The skills and concepts being explored in this group include: general mindfulness, understanding and naming one's emotions, processing ones emotions, emotional expression, and self validation. The materials needed for this session include, large drawing paper 18x24, markers, crayons, colored pencils, oil pastels, chalk pastels and glue. As the title implies, this art invitation guides individuals towards expressing the life cycles of an intense emotions, using symbolic metaphor. Clark describes this activity, "the emotional iris cycle becomes the twisting and turning rail upon which cyme patient as coaster car travels. She labels her thoughts/feelings and behaviors leading up to a crisis, the crisis itself, and what happens on the way down (as the crisis abates and eventually concludes). The exercise provides tangible ways to acknowledge a crisis prior to its becoming one..." (p. 214). While engaging in the creative process, client may list identifiable behavioral responses for some or all stages of the emotional wave/roller coaster. This is done to provide insight into the maximum emotional intensity. From there, working to identify other DBT skills that can be utilized to either prevent this escalation of emotions, or to decrease it in a more efficient manner. DBT skills that could be utilized for emotions regulation include, TIP one's body chemistry or Temperature, Intense Exercise, Paced Breathing, and Progressive Relaxation. This skill asks us to alter our body chemistry in order to regain control of our emotions and behavioral responses. As we as SELF-SOOTH using the five sense. These skills are designed to give the individual the control and power to intentionally regulate their emotions. When processing the art directive, it can be important for the group leader to facilitate peer to peer feedback as this often helps clients to gain a deeper understanding of their experience (Clark, 2017). Reflection and discussion based in naming and identifying intense emotions is helpful in the first step to de-escalation. Peer insight can also be an extremely

validating and affirming experience for group members. The image below in figure 3 shows my own artwork done in response to the emotional wave art directive.



Figure 3. Emotional wave. Group 4:

Accepting with Paint, watercolor reflections (Clark 2015)

The skills and concept being addressed in this group include core mindfulness, self sooth, radical acceptance, and distress tolerance. The materials required for this art invitation include liquid watercolors, tubed watercolors, watercolor paper, watercolor brushes, palettes, sponges, paper towels and containers for water. When applying watercolor paint onto a saturated paper surface, the individual is practicing an act of willingness and radical acceptance. Letting go of control, allowing the watercolors to interact freely and spontaneously the artist has little to no control over the out come. This surrender can be both fighting and liberating, and is particularly useful when working with clients who have over-controlled traits and behaviors.

The group leader will first demonstrate how to work with tubed and liquid watercolor, as some clients may not be familiar with their use and application. Once participants have an

understanding of how to use the materials, the therapist will encourage group members to use an ample amount of water, enough to fully saturate their paper. Rather than creating anything in particular, encourage group members to rather experiment with the low control media in a curious and flexible way (Clark 2015). To further release control, the therapist may invite participants to tip the paper in various directions, allowing the paint to flow freely. Over the course of the group, the therapist may need to reinforce the importance of maintaining a nonjudgmental stance, while being able to tolerate the uncertainty of the watercolors.

While this directive can be particularly channeling in facilitating clients to let go of expectations, the group leader may need to walk clients through their discomfort during their creative process. For those who crave control, this activity may be particularly difficult for them. These fears can be met with reassurance from the group leader. Simply remind participants that the worst that can happen is that they dislike the finished product and they throw it away. Due to the nature of this directive, no one will be able to make a “perfect” painting. It can be helpful to suggest everyone act as if they are 4 or 5 years old again playing with the materials solely for the enjoyment of it. Once the creative process has come to a closure, invite participants to describe their experience with the directive. Ask group members if they noticed any particular emotions and or thoughts arise? Notice particularly if they were judgmental thoughts. Inquire about the natural progression of the experience, reviewing individual’s reactions and experiences from the start, middle, and end of their creative process. Shown below in figure 4 is my own artwork done using this directive.



Figure 4. Accepting with paint.

Techniques

Throughout the duration of the research being conducted, the group leader will gather and sort data gathered from each group. After each group therapy session, the group leader will utilize the following techniques to analyze data, identify themes, and reflect on their personal experience in leading the groups. The techniques used to collect and synthesize data include the following:

- Clinical observations during group therapy session by the group leader.
- Examination of group leader's clinical notes done after each group.
- Reflections from the group leaders personal experience in leading the group.
- Themes gathered from personal recollections of the group gathered by the group leader.

Once the information from personal notes has been reviewed, the themes that emerge will be displayed below in the the appendix.

Record Keeping





The data that is being collected from this study will be carried out through the researcher's phenomenological experience of leading the groups listed in the method section. The researcher will be an active participant in the group dynamic and will record their personal experience within the group, as well as themes that emerge from post group notes. The themes will be lifted out using inductive analysis techniques (Frechette, 2020) for frequency and organization of themes, and further discussed to parse out commonalities of DBT informed art therapy in skills acquisition. The research will report on this writer's own noticing and analyze their first-hand experience in creating alongside group members.

Results

Upon reading non-clinical notes, as well as reflecting on each group and the researcher's own phenomenological experience, the researcher was able to parse out significant information with regards to major themes that emerged from using specific topics and materials. Major observations across all groups revealed; connections between inherent process of art-making as a mindful activity; the continuous presence of mindfulness skills throughout each group; a process of entering into a state of noticing, and enhanced emotional regulation skills. Specific art materials that were utilized in cultivating mindfulness, noticing, and emotion regulations were observed by this research in personal art making as watercolors, oil pastels, and markers. In addition, there were also important themes which emerged from each group. Table 1 describes the major themes that have been lifted out of non-clinical notes cultivated after each group therapy session.

Table 1.

Table showing Prevalent Themes from each DBT- informed Art Therapy Group

Group	Prevalent Theme 1	Prevalent Theme 2	Prevalent Theme 3	Notable Materials/Media
Mindfulness with materials	Mindful	Noticing	Energized Acceptance Exploring	
Relational Mural	Grow	Mindful Acceptance	Notice Process Connected	
Emotional Wave	Calm	Noticing	Mindful De-escalation Build-up Waves	
Accepting with Paint	Being supported	Radical Acceptance Distress tolerance	Surprise Noticing	

The researcher was able to pull out the major themes listed above by journaling, reflecting on post group notes and the use of phenomenological art-based reflections related to the method of each group. The results show a relationship between the DBT module being used and the most prevalent theme. These non-clinical notes consisted of personal reflections and noticing that arose from being present in each group. These non-clinical notes did not include any client information, words, or artwork. From there, the research returned to the note taking and parsed out reoccurring words, and themes. Themes elicited from each group were based on the number of times each word was written in reference to the researcher’s experience in the group. Once the reoccurring themes had been tallied, the top 5-6 themes from each group were recorded and presented in a graph viable in the appendix.

In group 1 mindfulness with materials, the following themes were recorded; mindfulness, noticing, exploring, acceptance, and energized. As the research recorder their experience in the group, it became clear that both mindfulness and noticing were dominant themes. These themes were able to emerge in part due to the material used. Certain colors, shapes, and movements from the art making process were noted as representing this high level of connection to the group topic. As seen in Table 1, the research watercolor art was comprised of smooth organic shapes, rather than harsh lines and angles. The free flowing nature of the art work is also reflective of in the moment processing that is core to mindfulness.

In group 2 relational mural, grow, mindful, and acceptance are major occurring themes. It is interesting to see the prevalence of mindfulness in this group, highlighting the use of generalizing the core mindfulness skill. In the researcher's artwork there is evidence of growth as seen by the inclusion of plant growth. This direct relation to group theme and art work can be seen in the evidence of research artwork. Due to the methodology of this group, a collaborative component was required. This aspect can be seen in emergent themes connected and acceptance.

Looking at group 3 emotional wave, calm, noticing, mindful, and de-escalation are the major themes. Here there is a direct relationship to the topic of the group, emotion regulation, and emergent themes. De-escalation is vital when learning to regulate intense emotions, and was recorded as a prevalent theme. This shows both skill acquisition and understanding, both vital components in DBT. In the researcher's art work, the theme de-escalation is apparent and depicted via the wave returning to neutral water. In addition to de-escalation as a major theme, mindfulness has again emerged as a theme. This reinforces the use of generalized core mindfulness skills across applications of other DBT skills.

Lastly, in group 4 accepting with paint, the DBT skill of distress tolerance can clearly be seen as a major theme, along with supported, radical acceptance, and noticing. Here we see a direct relationship to the DBT skill being practiced and emergent themes within the group. While this group did not have mindfulness as a major theme, it did have noticing. Noticing can be directly related to mindfulness as it holds qualities of a non-judgmental awareness. Radical acceptance is also directly related to the distress tolerance module of DBT. The inclusion of radical acceptance as a major theme in a distress tolerance group highlights skill acquisition and generalization.

Discussion

While the art therapy informed DBT groups conducted at a PHP in the Greater Boston area provided insight into my own clinical application of DBT skills, the brief treatment does not allow for an in-depth exposure to the entirety of DBT treatment. Because of this, I have found it to be most effective to focus on skills that can be learned out of contexts to the DBT master work book. The combination of psycho-education groups, and DBT informed art therapy groups not only increases individuals' exposure to DBT, but allows them to use both sides of the brain when conceptualizing and implementing what they have learned. Utilizing art therapy as a learning aid as well as a therapeutic technique has proven to be an effective way in teaching DBT skills.

Looking at the literature, the inherent value in cultivating core mindfulness skills. Clark states "that through full engagement with the present, we open ourselves to the possibility of a lifestyle of greater clarity, peace and freedom from suffering" (Clark, 2017). With a core mindfulness practice, individuals are able to live a life of less suffering. This immense application and importance of mindfulness discussed in the literature can be seen in the emergent themes of mindfulness throughout three of the four groups. The presence of mindfulness as a

main theme within groups one, two and three show a strong resonance with the usefulness of mindfulness in a clinical setting. While this information is exciting, the small sample size of this research may not allow data to be generalized to other populations.

It should also be noted that traditional Dialectical Behavior Therapy starts with core mindfulness skills before introducing emotion regulation, distress tolerance, and interpersonal effectiveness skills (Clark, 2015). The importance and success of mindfulness applications in clinical settings has been clearly documented and researched in the literature above. Additional research should further the examination of arts - based mindfulness treatment, as well as DBT informed art therapy. It is clear that there is clinical value in utilizing the arts when applying a dialectical behavior therapy framework in the partial hospitalization setting.

Transferring Findings into a Clinical Model

A consideration moving forward is to embrace group member conflicts if and when they arise. Rather than jumping in to mediate as one might do in a typical group therapy setting, conflict can allow group members to practice skills in a controlled environment. This ability to practice skills in a safe and supportive environment is unique to the creative arts process and should be utilized.

While this researcher utilized a specific ordering of groups in a partial hospital setting, it can be helpful to align arts based DBT groups with traditional DBT groups as to optimize skill acquisition. Therefore, using the mindfulness group on the same day a traditional DBT mindfulness group is being done. If used outside of a clinical setting, the DBT informed art therapy groups being presented are able to be used as stand alone groups, or in conjunction with additional treatment.

References

- Clark, S. M. (2017). *Dbt-informed art therapy: mindfulness, cognitive behavior therapy, and the creative process*. London: Jessica Kingsley.
- Feliu-Soler, A., Pascual, J. C., Borràs, X., Portella, M. J., Martín-Blanco, A., Armario, A., . . . Soler, J. (2013). Effects of Dialectical Behaviour Therapy-Mindfulness Training on Emotional Reactivity in Borderline Personality Disorder: Preliminary Results. *Clinical Psychology & Psychotherapy, 21*(4), 363-370. doi:10.1002/cpp.1837
- Fischer, S., & Peterson, C. (2015). Dialectical behavior therapy for adolescent binge eating, purging, suicidal behavior, and non-suicidal self-injury: A pilot study. *Psychotherapy, 52*(1), 78-92. doi:10.1037/a0036065
- Frechette, J., Bitzas, V., Aubry, M., Kilpatrick, K., & Lavoie-Tremblay, M. (2020). Capturing Lived Experience: Methodological Considerations for Interpretive Phenomenological Inquiry. *International Journal of Qualitative Methods, 19*, 160940692090725. doi: 10.1177/1609406920907254
- Groves, S., Backer, H. S., Bosch, W. V., & Miller, A. (2011). Dialectical behaviour therapy with adolescents. *Child and Adolescent Mental Health, 17*(2), 65-75. doi:10.1111/j.1475-3588.2011.00611.x
- Heckwolf, J. I., Bergland, M. C., & Mouratidis, M. (2014). Coordinating principles of art therapy and DBT. *The Arts in Psychotherapy, 41*(4), 329-335. doi:10.1016/j.aip.2014.03.006
- James, S., Freeman, K. R., Mayo, D., Riggs, M. L., Morgan, J. P., Schaepper, M. A., & Montgomery, S. B. (2014). Does Insurance Matter? Implementing Dialectical Behavior Therapy with Two Groups of Youth Engaged in Deliberate Self-harm. *Administration*

and Policy in Mental Health and Mental Health Services Research, 42(4), 449-461. doi:
10.1007/s10488-014-0588-7

Rappaport, L. (2013). *Mindfulness and arts therapies*. London and New York: Jessica Kingsley Publishers.

Ritschel, L. A., Ph.D, Lim, N. E., Ph.d, & Stewart, L. M., Ph.D. (2015). Transdiagnostic Applications of DBT for Adolescents and Adults . *American Journal of Psychotherapy* , 69, 111-128.

Sitzer, D. L., & Stockwell, A. B. (2015). The art of wellness: A 14-week art therapy program for at-risk youth. *The Arts in Psychotherapy*, 45, 69-81. doi:10.1016/j.aip.2015.05.007

Appendix

