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Positive Self Imagery Collage: An Expressive Arts Therapy Intervention Developed for Adolescents in a Virtual Partial Hospitalization Program

Capstone Thesis

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Abstract

This thesis describes an intervention for adolescents in a virtual, group-based partial hospitalization program (PHP). Research in various effective therapeutic methods including supportive music and imagery (SMI), trauma-informed art therapy with adolescents, strength-based psychology, and digital artmaking informed my intervention, “Positive Self Imagery Collage” (PSIC). Group members created virtual collages representative of a SMI experience designed to imagine oneself “trying on” positive traits. PSIC was implemented in a virtual PHP via Zoom for adolescents. The intervention was documented through personal journaling and virtual artmaking. PSIC took place multiple times between January and March 2021, each time with a new set of group members. A range of diagnoses, suicidal and self-harming histories, and anxiety and depression symptoms were exhibited among the group of adolescents, with the acute level of care and crisis being the commonality amongst them. PSIC is a group intervention that can be used in a virtual or in-person acute care setting, with limited adjustments to accommodate the delivery of treatment. PSIC is adaptable enough to allow clients to get what they need individually from treatment, while providing enough structure to accommodate for the range of diagnoses and presentations. Results from the intervention showed the intervention to be successful in multiple, virtual group sizes across various client diagnoses, presentations, and group dynamics.

*Keywords*: adolescent, youth, group therapy, expressive arts therapy, creative arts therapy, partial hospitalization, PHP, virtual therapy, telehealth, supportive imagery and music, SIM, expressive therapies continuum, self-esteem, pandemic, trauma, empowerment
Positive Self Imagery Collage: An Expressive Arts Therapy Intervention Developed for Adolescents in a Virtual Partial Hospitalization Program

**Introduction**

This Capstone Thesis explored the effectiveness of an expressive arts therapy intervention to be used in a virtual partial hospitalization program for adolescents currently receiving an acute crisis level of care. Adolescents at this level of care experience difficulty functioning in daily routines that can be due to exhibiting non-life-threatening safety concerns or presentations in crisis, such as self-injurious behaviors, impulsive or aggressive behaviors, and/or recent history of suicidal ideation and suicidal attempts. The goal in developing an intervention for this population was to promote focus in identifying positive traits and moments of resiliency for prior or future life experiences through supportive music and imagery (SMI), imagination, and virtual art making. The population of American adults, adolescents and children who have had serious thoughts about ending their lives is estimated around 13,000,000 (Jobes et al., 2020). Identifying strengths and positive traits exemplified within oneself is an important area of focus for this particular vulnerable population, as many clients struggle with low self-esteem and low self-worth that inhibits their own self confidence. The added component of the global pandemic, social distancing and isolation, as well as virtual learning has all greatly impacted and affected clients receiving acute crisis treatment in the PHP setting. This intervention also explored the ability and effectiveness of providing an expressive arts therapy intervention with this level of care through a virtual framework.

Many of these individuals have experienced moments of crisis just prior, if not current, while being in this program. Identifying strengths and areas of resiliency can be difficult for adolescents in a time of crisis. Facilitating exploration in a creative realm can be beneficial for
adolescents to self-discover in a different way and through a new approach. The adolescents at the PHP come in with a variety of clinical diagnoses such as major depressive disorder (MDD), posttraumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), and other anxiety, mood, and behavioral disorders. The brief work making up this level of care includes developing coping strategies and supports needed to resume daily functioning within a group therapy setting. “PHPs are designed to facilitate further stabilization and skill-building before discharge to the community” (Hom, et al., 2020, p. 366). The adolescents’ treatment typically lasts no more than 2 weeks, or 8 to 10 days. This therapeutic process can be a short span of time, but it is a crucial point in time where stabilization occurs and where clients receive tools, experiences, and confidence to further their treatment beyond the partial program. I hoped that this intervention would utilize a strengths-based, trauma-informed expressive arts therapy approach in order to help clients improve their self-esteem by providing insight and opportunity towards improving their sense of self. The theoretical orientations and compiled research that helped facilitate the development of this method are described further.

**Literature Review**

The literature being reviewed in this section will highlight the various components, themes, and effective therapeutic practices that aided in the development of the method used in the virtual PHP. The presenting problem of self-esteem was also assessed through several therapeutic approaches within a clinical setting. Gaps in the current literature and research were discovered and discussed in order to further advance the field.

**Virtual/Teletherapy Treatment**

Partial hospitalization level of care is a critical time to step in and provide stabilization for clients (Hom, et. al, 2020). As a result of the COVID-19 pandemic, some PHPs services had to
transition to remote services to ensure safety amongst staff and clients. Hom, et. al. (2020) described the development of a virtual PHP platform as a critical step in the transition for virtual treatment. A user-friendly and reliable virtual program is essential to treatment delivery for this level of care. Zoom is selected as the form of virtual treatment delivery due to its ability to “offer support for group meetings, waiting room, multiple leaders for administrative privileges, screen- and file-sharing functions” (Hom, et. al., 2020, p. 374). The functions within the Zoom platform played an integral role in facilitating the “Positive Self Imagery Collage” (PSIC) intervention while providing the supportive screen and other file-sharing functions.

Levy, et. al (2018) found the importance of utilizing telehealth-based creative arts therapy interventions for military veterans with limited access to therapy services. The veterans in their study used the Rural Veterans TeleRehabilitation Initiative (RVTRI) project in conjunction with the newly added creative arts therapy (CAT) component to the project in order to receive services via Clinical Video Telehealth (CVT). All creative arts therapists incorporated multimodal techniques into their practice, including a strengths-based approach to provide veterans with skills to develop self-care practices and resilience. Levy, et. al (2018) believed “creative arts therapy can be successfully adapted for a telehealth delivery model” (p. 23) and that “telehealth allows the participant to take a more active role in his or her own treatment process” (p. 24). This piece of information informed my development of my method by providing clarity in the effectiveness of expressive therapies being delivered via a virtual treatment platform. I was also curious to see how the group members’ would respond to taking on a more active role in their treatment through a virtual delivery model.

Yonty Friesem (2020), an assistant professor and graduate program director at Columbia College Chicago, wrote about the connection with media pedagogy and children’s emotional
learning. They referenced Winnicott’s work describing a child’s growth by moving beyond anxiety caused by the fear of losing control, and how the student’s gained the feeling of control over media production once they developed a greater proficiency in using the equipment. A social intervention program explored the concept of how a transitional object could reveal the social and emotional components within the process of media production. Friesem described that the students were able to have a “successful media production experience once they gained control through a structured freedom” (p. 269). By exploring media production “as a useful transitional object to enhance student’s self-regulation and self-efficacy” (p. 271), Friesem’s work helped to highlight my understanding towards the concept and the awareness of control in terms to access and proficiency in using media as a transitional object.

**Depression/Suicide – Pandemic Effects**

Peter Gray (2011), a psychology research professor at Boston College, wrote about an increase in anxiety, depression and suicidality among adolescents. Gray attributed the increase in anxiety from “increased social isolation and a reduced sense of community” (p. 453). Due to the COVID-19 pandemic, social isolation has become increasingly common to ensure safety across the globe. The ongoing effects of the pandemic continue to provide a lacking sense of control in an individual’s life. Gray also mentioned “when people believe that they have little or no control over their fate, they become anxious” (p. 450). Gray expressed that “when the anxiety and sense of helplessness become too great, people become depressed” (p. 451). Many clients referred to the PHP endorse symptoms of anxiety and depression that have been exacerbated due to the ongoing pandemic and social isolation. These symptoms are among the most common across the adolescents in the PHP, and Gray’s reference to isolation and lacking control highlighted the extent of these factors due to the global pandemic and its effects on the adolescents.
Self-Esteem and Therapy

The topic of self-esteem was researched often in relation to adolescents through the use of expressive therapies. Yu-Pei Shen and Stephen A. Armstrong (2008) discussed the formal operational stage of development adolescents are experiencing at this point in their development, and how the expressive therapies could be beneficial. They stated that this age group could “benefit from a modality that is not completely dependent on verbalization” (Shen and Armstrong, 2008, p. 120). Due to an adolescent’s cognitive development, expressive therapies provide an opportunity to access various ways to express emotions and needs. Shen and Armstrong (2008) stated that structured expressive therapy interventions provide adolescents “the opportunities to change perceptions about self, others, and the world as they try out new roles and solutions in the safety of the group” (Shen and Armstrong, 2008, p. 120). This stage of development can also be highlighted through the cognitive/symbolic level of the Expressive Therapies Continuum (ETC). This stage corresponds to adolescence and their formal operational thought development. Hinz (2020) described the ability of adolescents in this stage to reach complex thoughts and thinking outside of their own experiences. “They are able to use symbols to represent feelings, thoughts, and events” (Hinz, 2020, p. 9). Shen, Armstrong, and Hinz highlighted the importance of the developmental stage adolescents are in, and Hinz provided elements within the ETC that played an integral role in the development of the PSIC method that would be best suitable for their physical and cognitive development.

Yu-Pei Shen and Stephen A. Armstrong (2008) researched the impact sandtray group therapy, an expressive therapies intervention, had on adolescent girls with low self-esteem. The intervention involved group members using miniature figures in individual sandtrays to build their own world. The results showed it was effective in improving the self-esteem of the young
adolescents. Shen and Armstrong (2008) believed that “when dealing with issues such as body image, physical appearance, and peer acceptance, indirect approaches such as sandtray therapy that allow girls to express their perceptions through metaphorical scenes may be less threatening” (p. 134). These areas helped inform the approach of PSIC by providing a different platform to process or portray internal feelings or dialogue in a way that may feel less threatening.

The use of music in therapy, and its ability to enhance the self-esteem of adolescents, was researched by Mamta Sharma and Tanmeet Jagdev (2012), where they studied the efficacy of music therapy in improving the self-esteem of academically stressed adolescents. Their study suggested that the self-esteem and self-confidence of adolescents could be improved with music therapy due to the structure that exists within music itself (2012). Sharma and Jagdev (2012) describe a passive versus active mode of music therapy. They wrote that the passive form of music therapy “gives importance to listening” and is therefore, “more helpful in boosting self-confidence” (p. 56). Sharma and Jagdev’s writing provided insight into supportive music and passive music listening and the ways it could improve the self-confidence of adolescents. Elements from these findings were utilized in further research through collecting information regarding different theoretical frameworks.

**Effective Theoretical Frameworks**

**Strengths-based.** Victoria E. White (2002), an assistant professor at Youngstown State University, described the facilitation of a strengths-based intervention as a way to empower clients. White (2002) highlighted the technique of a strength-based approach as one that “decreases negative self-labeling and helps facilitate client-generated, positive, action-oriented counseling objectives” (p. 270). White (2002) suggested that client’s problems can be
externalized by identifying client’s strengths. By doing this, clients are informed that they are not the problem, and their problem is, in fact, the problem. Narrative theory technique is a way to externalize problems. White (2002) described this technique as “externalizing problems and emphasizing the problem as something external, not as a part of the person, can reinforce clients’ abilities to fight their problems” (p. 272). While the narrative theory technique is not primary in the facilitation of PSIC, the method was taken into account when developing the intervention as a way to acknowledge and challenge negative self-esteem by reinforcing the clients’ ability to challenge their problems and negative self-views. A strengths-based approach was utilized in the PSIC method as a way to promote clients’ abilities by reinforcing individual strengths in each individual’s intervention experience.

**Supportive Music and Imagery Method (SMI).** The development of the Supportive Music and Imagery Method (SMI) stems from and is an adaptation of the Bonny Method of Guided Imagery and Music (GIM) practice. “The Bonny Method is a long term, explorative, reconstructive approach whereas the supportive and re-educative levels have a short-term, directive approach” (Paik-Maier, 2010). Paik-Maier (2010) described SMI as effective in short-term therapy settings and could be applied “independently or in conjunction with re-educative/reconstructive music and imagery therapy”. Similar to GIM, SMI consists of a prelude, induction, bridge, music/imagery, and return/landing to help guide the session (1999). These components were utilized as structured elements within the PSIC method as it helped in the facilitation and containment within the space.

According to the Bonny Method of GIM (1975), the prelude consisted of setting up the space and explaining the upcoming activity. The goal of the induction was to help the participants relax their bodies and quiet their mind in preparation for the music and imagery experience. The
bridge consisted of a moment where the facilitator invited the participants to bring their attention to the music. During the music/imagery stage, the goal was to provide the participants a positive, resource-oriented experience with a talkover script spoken over a particular piece of music. The final step consisted of the return or landing, where the goal was to bring the participants back to their normal state of consciousness. As Paik-Maier (1999) mentioned, “The Supportive Music and Imagery method works with one’s positive resources rather than one’s issues and problems”. This method was utilized in PSIC in order to provide the group members an opportunity to explore positive self-esteem qualities within a supported, structured, and imaginal experience.

**Collage and Art Therapy.** Collage in art therapy has been utilized in and outside of a partial hospitalization program previously. Randy M. Vick, a board-certified art therapist, discussed various strategies for utilizing various prestructured art elements in art therapy with adolescents in brief, group therapy work. These areas included magazine pictures, magazine words, photocopied images, cut and torn paper, traced shapes, and partial drawings. The information was described as an “effective way of addressing the challenges of working with teenagers in brief art therapy groups” (1999, p. 68).

Vick (1999) shared that providing precut images reduces the potential for distractions within the magazine. Thoughtfully cutting and collecting various words and phrases from magazines also aids in limiting opportunities for distractions as well as removal of any additional context to phrases or words that could make it difficult to separate. Vick (1999) shared that providing a dot, line, or shape on a piece of paper could enable an individual to start with the artwork more easily. While these strategies discussed focus on collage making in the physical sense, these elements are important to consider when providing a virtual collage template similar to the one utilized for PSIC. Due to the flexible and adaptive nature of PSIC from a virtual to in-
person delivery, Vick’s strategies would be beneficial in the implementation of PSIC as an in-

Using Expressive Therapies in Group-Based Settings

Delder M. Abdulah and Bayar Abdulla (2020) researched suicidal ideation and suicide
attempts following a short-term art-based intervention where artistic education was provided for
individuals experiencing suicidal ideation after a traumatic event. Various art instruction and
knowledge was provided over a two-month period. Utilizing the Beck Scale for Suicide Ideation
(BSSI), Abdulah and Abdulla (2020) concluded that the “total score of suicidal ideations was
reduced substantially following two months of the art-based experience sessions” (p. 7). This
displayed that the rate of suicidal ideation experienced could decrease when general art
education and instruction was received. With this gained information, instructional components
and psychoeducation around various art modalities and their implementations were applied into
the delivery of PSIC.

Kristi Perryman, Rochelle Moss, and Katt Cochran, all educators at their respective
universities, determined the effects of conducting an expressive arts/play therapy group with at-
risk adolescent girls within a public-school setting (2015). They believed that the expressive
therapies could “help young adolescents communicate their difficult thoughts and feelings
through various artistic modes” (p. 206). Perryman, Moss, and Cochran (2015) discussed how
“integrating play therapy and expressive arts within a humanistic framework provides a
developmentally responsive process of self-discovery” (p. 209). They shared that the various
interventions implemented in the group therapy setting reportedly provided the young girls with
a “sense of accomplishment” and “pride” that they did something (p. 214). “Group art therapy,
like any group therapy, creates the opportunity for communication and interactions with others”
POSITIVE SELF IMAGERY COLLAGE

(Malchiodi, 2007, pp. 38-39). The information from this research informed the development of PSIC and its fully structured and guided experience that I facilitated throughout. This structure aimed to provide the group participants with a comfortable environment that eased anxieties and promoted an opportunity for connection and interaction.

This concept of self-discovery is found in psychodrama’s role-theory, “when people take on a role, they reveal aspects of themselves” (Landy, 2007, p. 94). Landy (2007) described the application of psychodrama and drama therapy as a point in healing through playing out chaos in inner lives and outer realities and allowing a new order to emerge. This focus on self-discovery was explored in developing PSIC, I had hoped this would support and structure a supportive and comfortable environment to begin imagining the self in varying roles. Active imagination, a technique described by Jung, releases creativity through dreams and fantasy (Malchiodi, 2007). Through active imagination, group members are encouraged to observe internal images and allow them to change and emerge. These considerations were incorporated into the method and goals of PSIC. I had hoped that providing an opportunity to engage in active imagination and role imagination would offer group members to explore oneself further in a safe and supportive environment.

When utilizing artistic creation within a therapy setting, the focus of the content may play a significant role in its effects as an intervention. Krista Curl (2008), a graduate student at the University of North Dakota, conducted a research study examining stress in relation to cognitive focus when engaging in artistic creation. Participants in the study either engaged in a positive or negative-focus condition while creating art. Curl’s (2008) study supported that art creation included emotional catharsis, helping facilitate the reduction in stress levels. By focusing on a positive situation, participants in this group experienced significant reductions in stress levels.
while engaging in artistic creation. Curl (2008) reflected that “The cathartic release of positive emotion combined with the satisfaction of creating something new and unique may have given the participants the same ‘creative high,’ which presented itself as an immediate reduction in stress” (p. 168). Curl’s findings informed the foundational component of PSIC and what the method would be based on. I hoped that by inviting group members to focus on positive elements, a cathartic release or reduction in stress would be experienced following the PSIC method.

Annette Shore and Sarah Rush (2019) explored various art therapy methods and approaches in an inpatient psychiatric short-term treatment facility. While the crisis intensity at this level of care may not match that of a partial program, gaining knowledge in areas to best manage and provide support for clients in expressive art group work on an inpatient level would be beneficial in developing an intervention to be utilized within a PHP setting. Shore and Rush (2019) highlighted a “focus on under-stimulation,” “building individual strengths through accessing creativity,” and “helping to gain a sense of control” (p. 3) as important elements towards designing and facilitating an art therapy approach within a psychiatric hospital setting. The importance and value of these considerations helped inform the method and delivery of contents within PSIC.

**Trauma-Informed.** These highlighted areas from Shore and Rush provided further insight and understanding towards the needs of clients at this level of care and the needs that best meet short-term, crisis treatment. Many of these elements followed a trauma-informed approach as well. By cultivating safety and resources, understanding the client’s worldview, and reclaiming and reframing, treatment is approached in a trauma-informed way. Richardson (2016) described the importance of being clear with the wants or needs of the client/family when
working with clients in a limited time frame like that of PHP treatment. “Understanding and learning how to use resources can be very beneficial for the child and caregiver as they try to successfully navigate the child’s world when time is limited (Richardson, 2016, p. 69).

Treatment in partial level care is a critical timeframe for clients and their families, Richardson, as well as Shore and Rush, informed some of the goals of PSIC, to provide beneficial structure and resources to best support the group members and their families following conclusion of treatment. Echterling & Steward (2015) emphasized that the purpose of crisis intervention was not to achieve a cure, but to promote resilience through support and the installation of hope. I hoped that PSIC would utilize a trauma-informed approach to contain safety and support at the foundation and throughout the expressive space.

**Methods**

The PHP was a virtual group-based program where clients participated in three therapeutic groups each day – psychoeducation, psychotherapy, and expressive arts therapy. The expressive group was conducted every afternoon, daily, via Zoom. On site clinical supervision and off-site expressive arts therapy supervision were benefitted during the development and processing of this intervention. Due to the nature of the program, each client in a group was at a different point in their treatment from one another. Some clients were just beginning their treatment while others were discharging that same day. Due to this, staff avoided repeating interventions during any one client’s admission to the program. This intervention was implemented with a new group of clients each time; therefore, it was each adolescent’s first and only time participating in the intervention. The intervention was facilitated with the adolescent group, clients aged 14-18.
Intervention

The intervention consisted of a warm-up, activity, and closure. The warmup involved a 5-minute introduction to the topic of positive traits and strengths. Clients were asked to create a list together of different positive traits or qualities individuals can have, such as “kindness,” “supportive,” or a “sense of humor.” Examples were provided to encourage participation if needed. The clients then transitioned into a 10-minute SIM experience. The SIM began with an introduction, where the clients were instructed to get comfortable in their space, to close their eyes if they felt comfortable, and to invite the music into their space. Similar guidelines to the Bonny Method of GIM were followed, including dialoguing while music played in the background (Bonny, 1975). Through the SIM dialogue, clients were invited to “try on” the different positive traits and strengths the group brainstormed together (See Appendix for full dialogued script). Once the SIM concluded, the clients were gently and gradually guided back to the group. Additional time to arrive back was provided if needed.

After the clients returned to the space, they were provided with a link via the Zoom chat to an online collage making website. They were encouraged to create a collage on the experience of imagining themselves trying on different positive traits or strengths. Additional prompting was provided if needed, such as the effects of the music and/or the dialogue. Dependent on the number of clients in the group, they were encouraged to spend 10-15 minutes exploring the website and to create a collage on their experience. If there were six or more clients in the group, 10 minutes of collage making was provided to allow for enough time for clients to share. If there were five or less clients, they were provided up to 15 minutes of collage making. Other determinates were also considered, such as average age, developmental age, and overall client presentation and engagement at the time of the group. The final 10-15 minutes of the expressive
therapy group consisted of sharing and discussion. Clients were encouraged to share their process with the group. Additional prompts were provided if needed, such as a client’s personal experience of the intervention, images they included in their collages, or words or sensations that came up through PSIC. Due to the PHP Zoom settings, the “Share Screen” setting was disabled for clients in the group. Clients were encouraged to describe their collage with words or used another device to take a photo and share it with the group. To close the group, clients were invited to share in the Zoom chat a title they would give for their collage.

**Capturing my Experience**

In order to organize and make sense of the information I’ve gathered, I created a virtual collage representative of each session, utilizing the same resource as provided to the clients, Canva. Some of the collages created were representative of the word’s clients shared during the warmup or closing, the images that were common amongst clients’ collages, and the groups presentation at the conclusion of the group. Client confidentiality has been maintained through my own creative art; all represented art pieces are my own. A journal was kept for notes during and after each session where notes were written on client’s dialogue and presentation during the group. Immediately following the end of the group, personal journaling was done in order to capture the information, sensations and feelings that the group possessed by the end of the session. This journal was utilized in order to create the collages that embodied the clients, their discussions, and their group process. The collages represent my own perception of the clients’ experiences from the intervention.

**Results**

The PSIC intervention was completed four times from January to March 2021. I led the intervention individually each time, and it was conducted one time per each group of
participants. The group members that participated in the group ranged from ages 14 to 18 and were all receiving daily virtual group therapy as part of their treatment in the PHP program. The number of group members that participated in the group ranged from three to eight, with one occasion where a client was taken out to meet with a clinician during the group. PSIC utilized the theory of SMI in a strength-based and trauma-informed approach to explore self-esteem. The beginning of the intervention consisted of identifying positive qualities, traits, or strengths individuals could exemplify. The SMI facilitation encouraged group members to imagine themselves trying on the different positive qualities that were brainstormed at the beginning of the group. Group members were then transitioned into creating a college utilizing a photo layout website, Canva, that was to be representative of their experience. The strength-based brainstorming of positive traits took five minutes, followed by the 10-minute SMI facilitation, into the 8–10-minute collage making experience. The group was brought back together for discussion for 5-10 minutes. Due to the nature of the virtual PHP program, the virtual collages group members made could not be viewed by the facilitator or other group members, as the “Share Screen” function on Zoom is disabled for all participants within the virtual PHP program.

Typically, the smaller group sizes utilized less time for sharing and discussion at the end of the intervention, and the larger groups allotted additional time at the end for discussing. Additionally, group members towards the end of their treatment were more eager and willing to share their experience. This may have been due to their acclimation to expressive therapies after participating in several other expressive therapy groups throughout their time in treatment. These group members may have also been more comfortable sharing in a group environment due to participating in multiple groups daily and being near the end of their treatment. Typically, the
larger group settings included more group members near the end of their treatment, where the smaller group sizes included a mix of group members at the beginning of their treatment and some at the end, impacting how comfortable they felt to share with the group. According to Yalom’s five stages of group development, the groups near the beginning of their treatment may still have been in the forming stage and trying to understand how to achieve their own primary task of treatment, where other groups near the end of their treatment may have been more in the norming stage – developing a group cohesion and connecting in each other’s interpersonal worlds (Yalom, 2005).

The quality of the facilitation also played a role in the group members experience. During one group facilitation consisting of three group members, one of the group participants was taken out of the group by a clinician. They later came back one minute following the transition from the SMI facilitation into the virtual collage making and thus, had not experienced the full five minutes of the brainstorm, or any of the SMI facilitation. Due to the nature of the virtual PHP program, the facilitator could not speak individually with the group member themself, so the facilitator had to explain the group process while other group members engaged in their collage making. This may have resulted in a break of the natural flow and disrupted the therapeutic space that was created within the group. During the discussion portion, the three group members were reserved in sharing their experiences initially, but upon further prompting, common themes around time were expressed amongst the group members. One group member shared how they included one single image of a clock in their collage that was representative of their lack of time spent in the group as well as feeling like they had limited time to create their collage. After this group member expressed these experiences, further discussion ensued about the impact the additional instruction had their college-making. One group member shared that they felt they had
struggled to maintain the connection to themself that resulted from the SMI facilitation and reflected that it felt difficult to bring their awareness back into that space on their own. I created a virtual collage in Figure 3 at the end of this group to process my own thoughts and feelings on this disruption in the facilitation process. This collage represents what I perceive to be the group members’ experiences in the group.

![Collage Image]

*Figure 1.* Canva virtual collage reflecting my own thoughts on group experience exploring timing and disruption in artmaking process.

In a slightly larger group of five group members, a common theme around nature and color choice in the collage making portion came up during the discussion. Many of the members in the group struggled with self-esteem but found it easier to brainstorm positive qualities or traits when thinking about other qualities rather than their own. During the discussion, many of the clients shared that they felt gravitated towards a particular color that remained consistent throughout the artmaking process. One other group member shared that the music used during the SMI facilitation reminded them of autumn and had them thinking about the different
activities they take part in during the autumn months. Other group members connected to the theme of different seasons and shared how their self-esteem varies depending on the time of year. All of the group members in the group expressed that their self-esteem is at its best during the summer months. The group members that had similar experiences with color selection in their collage making connected these summer months to the colors they incorporated into their collage. Many group members shared similar colors and themes in their collages such as yellow and blue and images of the sun and sky. I created a virtual collage in Figure 2 representative of these common colors and nature-based images that were reflected during the group discussion.

Figure 2. Canva virtual collage reflecting my own thoughts and images on group experience reflecting color and nature-based themes.

In a larger group of seven clients, similar common themes arose regarding colors and nature-based images created in the group members collages. Within this group of seven, six of them were near the end of their treatment. Three of the seven group members had been in the group setting with one another for the past six days prior, with three others joining the group at some point within the five days prior. One group member was participating in their first day of
treatment. During the discussion, two group members with a significant bullying history were sharing about the initial discomfort they felt during the SMI facilitation of trying on different positive traits. They shared that some of these qualities didn’t feel natural to them, and this resulted in them feeling bad about themselves. After this was expressed to the group, three other group members provided these two clients with encouragement and validation in their feelings and their experience. They even went on to tell them that they see those positive traits exemplified within themselves already. They explained to these group members why they think they encompass those positive traits and shared examples of how they reflect those traits in group. Individually, the two other group members responded by providing the three group members with gratitude, followed by positive traits they all hold as well. The two group members that had not shared yet shared how supportive the group felt because of the support and different positive qualities that each member of the group brings. The one group member that was participating in their first day of treatment expressed to the group that they were initially feeling nervous about the program and anxious about meeting new people but noted how quickly and easily those fears went away once they joined the group. I created a virtual collage in Figure 3 representative of the group’s connectedness and support they provided for one another in the group discussion.
In the largest group of eight group members, a similar theme of connection and support was brought up during the discussion portion. While brainstorming, some group members discussed how some of the positive qualities being described may come across, read, or feel negative to other individuals. For example, one group member shared how someone who is helpful or willing to help others could be perceived as a negative trait because they may put others before themselves because they lack self-esteem and don’t feel any value towards helping themselves. Another group member related to this experience and described themselves as someone who is eager to please others but doesn’t view that as a positive trait because it inhibits their ability to care for themselves. The discussion furthered as two additional group members expressed how people’s perceptions can be different from one another but clarified that this makes individuals unique. One other group member jumped into the discussion claiming that they often find others with different perceptions from their own as a learning opportunity to try to learn or better understand someone else’s viewpoint.
In the same group, a supportive environment was created during the discussion after the group members created their virtual collages. Similarly, five of these group members had been in treatment with each other for at least five program days and had built a connection to one another. Two other group members were on their third day of treatment, and one group member was participating in the program for the first time. I received a private message via the Zoom chat feature from one group member with a trauma history that shared that the experience helped them realize how much their anxiety around their body image affected their self-esteem. Space was created in the group for participants to share on the theme of body image. Another group member who struggles with anxiety around their body image shared that they felt this experience allowed them to accept how much of their low self-esteem comes from their worries about what they look like or how they look at any given time. They shared that a lot of their time is spent thinking about how they appear or thinking about what others are thinking of them and taking time to imagine themselves differently allowed them to see how much these thoughts impact their self-esteem. Three other group members provided this participant with validation and encouragement. After a few seconds of silence, the group member who sent the private message spoke up and shared their experience to the group. This particular group member was on their third day of treatment in the program and was reserved and quiet in groups prior. The group member continued to connect and share similar experiences and feelings with other group members. The other group members in the group held the space for them to connect and to provide support through the sharing experience. I created a virtual collage after this group in Figure 4 that explored the different viewpoints and depth of individuality the group members shared in the space.
Figure 4. Canva virtual collage reflecting my own thoughts on groups experience exploring positive outlooks and inspirations.

Discussion

The goal of PSIC was to provide and encourage adolescents receiving treatment at the virtual PHP to explore different positive qualities within themselves through a strengths-based approach, SMI and virtual artmaking to improve self-esteem or feelings of self-worth. The results of the intervention varied each time and was dependent on the quality of the facilitation. Most times, the intervention resulted in a discussion where group members felt encouraged and supported by their other group members. On one occasion, group members felt a disconnect occur in the middle of the intervention due to an interruption in the structured group time. The methods of this intervention were changed after attempting it twice with other groups whose results are not included. Initially, group members were encouraged to create a superhero sidekick that encompassed some of their ideal positive qualities and created a short story about how their superhero sidekick would help them through an event or transition coming up that they are nervous about. This either resulted in group members feeling discouraged or limited time being
left for discussion. After changing the intervention to include the SMI facilitation and a virtual art engagement that felt more age appropriate, the group members were able to gain a better understanding of their own experience and be more willing to participate in the group discussion. By adjusting the approaches to the facilitation, the group members were able to stay engaged and motivated throughout the different elements of the intervention.

This intervention was intended to provide a trauma-informed, strength-based expressive arts therapy approach to be used with adolescents in a virtual group-based PHP setting. An SMI approach and facilitation was included in the development of PSIC as well. Various research and literature in virtual therapy, expressive arts therapy in an acute or inpatient setting, and working with adolescents and self-esteem was collected to help develop and facilitate this intervention in a virtual, acute care setting. Limited research and literature were available regarding expressive arts therapy facilitated in a partial hospitalization program setting, even more so within a virtual platform. While there were numerous amounts of literature regarding adolescents, self-esteem, and art therapy, there was a lack of attention towards these topics being implemented within PHP treatment.

In collecting information through various literature, implementing a strength-based approach in order to empower the group members was an important first step in facilitation. Implementing this framework during the brainstorming portion of the intervention invited the group members into a positive, cognitive thought process. Other areas from the literature, such as providing a structured intervention with pre-structured elements within the collage making portion aided in facilitation for the adolescents. The website that was utilized in the intervention provided pre-structured images, stickers, fonts, and background images the group members were able to easily select for their collage. Finally, the literature aided in the importance of building
individual group members’ strengths through creativity. By implementing the strength-based approach through the brainstorm at the beginning of the intervention, the positive qualities and traits encompassed the container of the intervention. Allowing the group members access to a creative way to explore and express areas of this container was integral to the process.

This intervention provided clinical practice into the expressive therapies field that utilizes expressive arts therapy, SMI, and online collage making within a virtual PHP setting. Expressive arts therapy, SMI, or collage making may have previously been explored with adolescents; this intervention allowed for a virtual facilitation that focused on self-esteem utilizing a strength-based approach within the implementation. Limited research exists in conducting group expressive arts therapy sessions in a virtual setting, this clinical practice of the “Positive Self Imagery Collage” intervention implemented various areas that attributed to the development of a successful intervention that was facilitated in a virtual expressive arts therapy group in an acute care setting.

The intervention was found to be successful and allowed group members to explore and share with other group members, however, it is recommended that this intervention be conducted in a longer group session - ideally one hour. Most often is each group facilitation, the discussion had to be cut short due to the group time coming to an end. Additional time could be provided for group members to create their virtual collage or for brainstorming as well. This intervention could be adjusted to be implemented in-person as well. It would be recommended to facilitate this intervention in a 60-minute group if in-person, to allow for time for group members to search for images and texts to create on their collage. Providing pre-structured and pre-cut images or text may be helpful with in-person facilitation of the intervention. Overall, this intervention could be easily adapted in both virtual and in-person facilitations, as well as
brainstorming and exploring various ideas or themes most applicable to the specific group setting. In conclusion, the utilization of a strength-based, trauma-informed expressive arts therapy approach can be implemented within a virtual framework for clients receiving PHP treatment. PSIC is adaptable enough to allow clients to get what they need individually from treatment, while providing enough structure to accommodate for the range of diagnoses and presentations present in the group therapy setting.
References


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Appendix

Preparation:

“We’re going to take a few minutes to use music and guided imagery to imagine and explore these positive traits. Through this process, know that I offer this to you as a journey, your journey, take as much of it in as feels comfortable for you. When we arrive back together, you’ll begin creating your collage then. For now, let’s begin by making ourselves comfortable, whatever that means to you in the moment. Remain sitting, laying down, keeping as much or little of your figure in the camera frame that feels comfortable to you, but be sure to remain on screen (following PHP guidelines). Try to let go of self-judgement and reframe your attention towards making yourself comfortable in your space”.

Induction:

“As you begin to settle in, you may close your eyes if you feel comfortable, or look down at the ground at nothing in particular. Begin to tune into your breath. Breathing in and breathing out, lengthening your spine and relaxing your shoulders. Breath in through your nose, and out through your mouth. Try to maintain your attention towards your present self, where you are in the space around you, feeling your chair supporting you above the ground, and continue to breath in and out”.

Bridge:

“When the music begins, allow yourself to open to the sounds of the music, invite the music into your space. My voice will guide you through your journey and remind you of the positive traits that we just brainstormed together. If you find my voice distracting, focus on the music. If you find the music distracting, focus on my voice. Allow the music to support your journey”.

Music:

“Season Suite: Late Winter, Early Spring” by John Denver

0:12 Bring to your mind the positive qualities, traits, and strengths that were just brainstormed together

0:23 Which ones are you remembering?

0:27 Maybe it’s __________, or __________. Perhaps ________? (reference brainstormed traits)

0:38 Or maybe none of them…that’s okay too.

0:45 Are new ones coming up for you? Maybe ________ or ________?

1:00 How do those resonate with you?

1:05 You don’t have to do anything with it right now, just notice it.
1:14 Remember to breath in…1:19 and out…

1:25 As you think about these positive traits we shared together as a group; I invite you to try some of these traits on yourself.

1:34 Imagine putting on the positive trait as if it were an accessory or a piece of clothing.

1:40 How does it feel to have one of those traits on, to wear that trait? What does it look like? Do you look different? Act different? Maybe you’re the same?

1:57 Or maybe it just feels different.

2:00 What does it feel like?

2:05 Try on different positive traits. Try them on one at a time.

2:10 If one doesn’t feel right, you can take it off and try on another. These traits don’t have to be permanent; we’re just exploring them for now.

2:23 You can try on as many or as little positive traits that feel right for you in this moment.

2:30 If it begins to feel overwhelming, you can ignore my voice and listen to the music.

2:40 Try to notice what other imagery is coming up.

2:47 Maybe it’s colors, words or song lyrics, or maybe you can see yourself in a whole different environment. It’s safe, but there’s new elements around you.

3:00 What are they?

3:06 What does it look like?

3:14 Try not to judge anything coming up throughout your journey,

3:20 there is no right or wrong way to experience this.

3:35 We only have a short bit of time left.

3:42 Begin to take off the last trait, fold it up, and put it aside for now. Maybe you have to shake it off or rub it off. Do whatever you need to do to discard the traits you don’t want to keep right now.
Return:

“As the music has ended, try to hold any imagery, colors, or words in your mind. Begin to enter back into your space by bringing awareness back to your breath, breathing in…breathing out. Become aware of the sounds around you, the sounds inside the room you’re in, the sounds outside the room. Start to bring your awareness towards the room you’re in, and the sense of being psychically supported beneath you once again. When you feel ready to do so, begin to open your eyes or lift your focus, noticing the objects around you. As you begin to bring your attention back to our spaces, try to notice something new of the objects around you, like the small details of a pattern, or the way light is reflecting off a surface. Whenever you are ready, come back to the screen and begin working on your collage, reimagining, recreating, or portraying your experiences of your journey. Reflecting on some of the images or sensations that came up throughout your experience.”
THESIS APPROVAL FORM

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

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